



## PASTOR'S REFERENCE FORM TO BE COMPLETED BY APPLICANT:

Print Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Daytime Phone (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_  
Evening Phone (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Email Address \_\_\_\_\_

I am applying for the position of: **Summer Missions Intern**  
City on a Hill Staff Member Overseeing the Hiring: **Tony Hanna**

**I understand that this confidential reference will be submitted directly to City on a Hill and that its contents will not be shared with me. I specifically waive any rights I may have to review any information provided to City on a Hill or its agents or representatives by the individual(s) completing this reference form.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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### TO BE COMPLETED BY APPLICANT'S PASTOR:

The above named individual is interested in employment at City on a Hill in the capacity listed above. He/She has identified you as his/her pastor. Your cooperation in answering the following questions would be greatly appreciated. We recognize that if your congregation is large you may not be able to answer all of the questions. Please answer as many as you can. This information will be used in the selection process.

***Please send the completed form directly to the City on a Hill staff member overseeing the hiring for this position, whose name is indicated above and included in the address on the enclosed return envelope.*** If you are related to the applicant, this form should be completed by another member of the pastoral staff. Thank you for your assistance.

1. How long have you known the applicant? \_\_\_\_\_ In what capacity?  
\_\_\_\_\_

2. How well do you know the applicant? \_\_\_slightly \_\_\_casually \_\_\_well \_\_\_very well

3. To what extent is the applicant involved in your church?

\_\_\_\_\_ no involvement \_\_\_\_\_ slightly involved \_\_\_\_\_ extensively involved

4. In what form of Christian service has the applicant been engaged? Briefly evaluate his/her success.

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5. Please provide your observations in the following areas:

Evidence of financial responsibility \_\_\_\_\_

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Relationships with the opposite sex \_\_\_\_\_

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Relationships with children \_\_\_\_\_

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Ability to get along with others \_\_\_\_\_

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Personal character including strengths and weaknesses \_\_\_\_\_

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Special abilities \_\_\_\_\_

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6. Please answer the following with the appropriate response: Yes, No, or Unsure.

- a. Do you believe the applicant is a committed Christian? \_\_\_\_\_
- b. Is the applicant emotionally able to engage in full-time Christian service? \_\_\_\_\_
- c. If the applicant is married, do you believe his/her spouse is in full agreement with the decision to seek employment at City on a Hill? \_\_\_\_\_
- d. To your knowledge, has the applicant participated in the use of intoxicants, tobacco, or illegal drugs? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

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e. To your knowledge, has the applicant engaged in any other addictive/compulsive behaviors? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

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**How would you rate the applicant in the following areas?**

If you don't know the applicant well enough to respond, please leave the line blank.

Area	Superior	Above Average	Average	Inferior
Mental Ability				
Emotional Stability				
Ability to Cope with Stress				
Leadership				
Concern for Others				
Ability to Accept Criticism				
Cooperation				
Attitude Toward Authority				
Personal Appearance				
Christian Lifestyle				
Reliability				
Honesty				

**Knowing the applicant as you do, what recommendation would you make?**

\_\_\_\_\_ Strongly recommend    \_\_\_\_\_ Recommend    \_\_\_\_\_ Recommend with reservation

\_\_\_\_\_ Do not recommend    \_\_\_\_\_ Prefer not to make a recommendation

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Print Name: \_\_\_\_\_

Name of Church: \_\_\_\_\_

Address: \_\_\_\_\_

Position/Title in the Church: \_\_\_\_\_

Church Phone (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please accept our thanks for the time and effort you've given to assist in our selection process.**

**Your comments will be kept confidential.**

City on a Hill  
ATTN: Tony Hanna  
2224 W. Kilbourn Ave.  
Milwaukee WI 53233  
Phone # 414-931-6670