



"An Independent Christian School Ministry Serving the Cape Fear Region"
1422 Ireland Dr • Fayetteville, NC 28304 • (910) 483-3905 Office • (910) 483-6966 Fax • www.fayettevillechristian.com

For Employment at FCS
PASTOR REFERENCE FORM

To the Pastor:

The student named below is a candidate for admission to FCS. We would appreciate your completing this form and returning it within one week to: FCS Admissions Office, 1422 Ireland Dr, Fayetteville, NC 28304 or Fax to (910) 483-6966.

Name of applicant _____ Position applying for _____

To be completed by any full-time Pastor on staff:

- 1. How long have you known the individual?
2. Are you currently their pastor or associate pastor?
3. How would you evaluate the applicant in the following areas:
a. Their church relationship, attendance, and loyalty
b. Their personal relationship to Jesus Christ
c. Their interest in having their child know and walk with the Lord
d. Do they command respect and obedience from their family?
4. What positive contribution would this applicant be likely to make at FCS?
5. In what areas do you feel we could possibly be most helpful to the child?
6. What are the first words that come to mind to describe this student?

I recommend this student: ___ enthusiastically ___ strongly ___ fairly strongly ___ with reservation

Additional Comments: _____

Pastor or Associate Pastor's Signature

Date

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Address _____ City _____ State _____ Zip _____