



BRAZOS CHRISTIAN
SCHOOL

PASTOR REFERRAL REQUEST FOR EMPLOYEE APPLICANTS

Employee Applicant Information

Applicant Name

Applicant Email

Applicant Home Phone

Applicant Cell Phone

Church Contact Information

Name of Church

City/State

Phone Number

Fax Number

Name of Pastor (the one to be contacted for reference)/Title

Pastor Email Address

By signing this document, I authorize Brazos Christian School to contact my church to obtain a pastor recommendation.

Applicant Signature

Date