

**Catholic Schools Office**  
Diocese of Fort Wayne-South Bend  
PO Box 390  
Fort Wayne IN 46801

**PROFESSIONAL REFERENCE**

SECTION I. DIRECTIONS TO THE APPLICANT: Please complete the information in Section I and send to your referents to complete Section II.

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

The person named above has applied for a position with us and indicates previous employment with your school (if other than a school, please insert supervisor's name in place of principal). Your comments will be held in strict confidence.

Position Held: \_\_\_\_\_ Employment Dates: \_\_\_\_\_

Principal: \_\_\_\_\_ Final Salary: \_\_\_\_\_

To assist in the evaluation of my employment qualifications, I authorize the Diocese to request and receive any information from past employers or personal references concerning evaluations of my work performance and other matters of opinion. I also authorize any of the references, past employers or schools listed above, except those noted, to furnish the Diocese with any or all of the information requested above. I further release them and the Diocese and its affiliates from any and all responsibility arising out of the release of any such information.

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

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SECTION II. DIRECTIONS TO THE REFERENT: Please correct any discrepancies in the above information as well as providing the reference below. Please evaluate the applicant on the basis of his/her employment with you using the following scale: 1 (low) to 5 (high).

Job Knowledge \_\_\_\_\_ Conduct \_\_\_\_\_ Attendance \_\_\_\_\_

Planning and Organizing \_\_\_\_\_ Quality \_\_\_\_\_ Communication \_\_\_\_\_

If any of the above characteristics is less than acceptable, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Would you re-employ? \_\_\_\_\_ If not, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Organization \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_