

Diocese of Springfield – Catholic Schools

Catholic Schools Office - 65 Elliot Street, PO Box 1730, Springfield, Massachusetts 01102-1730 413-452-0840 / FAX: 413-452-0555

Parish Reference Form

APPLICANT: LIST YOUR NAME AND ADDRESS AND YOUR PASTOR'S NAME AND ADDRESS IN THE SPACES PROVIDED BELOW. BRING/SEND THIS FORM TO YOUR PASTOR AND ASK TO HAVE IT SENT DIRECTLY TO ME AT THE ADDRESS LISTED ABOVE.

_____ Pastor	_____ Your Name
_____ Church	_____ Your Address
_____ Church Address	_____ City, State, Zip Code
_____ City, State, Zip Code	

This person has applied for a position as a teacher in our schools and has indicated that he/she is a member of your parish. We are concerned that our administrators be technically competent, exercise prudent and mature judgment and bear Christian witness in their daily living as active members of their Church. Please state your attitude toward hiring this person by checking the following as indicated.

1. () I recommend with enthusiasm.
2. () I recommend.
3. () I have mild reservations about hiring him/her.
4. () I do not recommend him/her.
5. () I have insufficient information about this person.

Signature _____ Date _____
Pastor or Priest Delegated

N.B. Please submit additional information, pro or con, as you wish.

COMMENTS: _____

IT IS IMPERATIVE THAT WE RECEIVE A REPLY AS THE PERSON CANNOT BE CONSIDERED FOR EMPLOYMENT WITHOUT A STATEMENT FROM YOU.

Although this form is addressed to the pastor, any priest of the parish may complete it at the pastor's request.

Be assured that your response will be held in complete confidence.

Thank you for your help,
Dr. Bonnie Moriarty
Associate Superintendent
School Personnel and Curriculum