



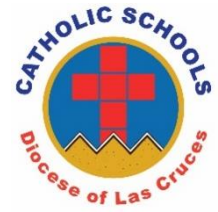
Diocese of Las Cruces

Catholic School Office

1280 Med Park Drive

Las Cruces, New Mexico 88005

Tel: (575) 523-7577 • Fax: (575) 524-3874



Professional Reference Form

To Be Completed by Applicant:

Name of applicant: _____

Address: _____

Position applied for: _____

To Be Completed by Reference

Name of reference: _____

Address: _____

Phone # _____

Relationship to applicant: _____

The applicant named above is applying for a position in a Catholic school and has given your name as a reference. Please rate the applicant in the following areas:

	Outstanding	Satisfactory	Limited	No Opportunity to observe	Does not apply
Knowledge of Catholic Faith	_____	_____	_____	_____	_____
Practice of Catholic Faith	_____	_____	_____	_____	_____
Commitment to the mission of Catholic education	_____	_____	_____	_____	_____
Moral character	_____	_____	_____	_____	_____
Teaching potential or ability	_____	_____	_____	_____	_____
Knowledge of content area(s)	_____	_____	_____	_____	_____
Classroom management	_____	_____	_____	_____	_____
Knowledge of curriculum	_____	_____	_____	_____	_____
Ability to work/team with others	_____	_____	_____	_____	_____
Accepts direction	_____	_____	_____	_____	_____
Emotional maturity	_____	_____	_____	_____	_____

Verbal communication	_____	_____	_____	_____	_____
Written communication	_____	_____	_____	_____	_____
Ability to take initiative	_____	_____	_____	_____	_____
Time management	_____	_____	_____	_____	_____

The Witness Statement for those who serve in Catholic education states: “All who serve in Catholic education in the school programs of the Diocese of Las Cruces will witness by their public behavior, actions, and words a life consistent with the teachings of the Catholic Church.”

To your knowledge, is there any reason why the candidate would not be able to abide by this Witness Statement?

What particular contribution do you think the applicant would bring to the position for which he/she has applied?

Would you employ this candidate in the position for which he/she has applied? Yes _____ No _____

Date: _____ Signed: _____

Position: _____

**References will be held in confidence to the greatest extent feasible.
If you have specific confidentiality concerns, please contact directly.**

**After completing this form, please return to: Diocese of Las Cruces
Superintendent, Office of Catholic Schools
1280 Med Park Drive
Las Cruces, NM 88005**

- or -

**Fax: (575) 524-3874
Email: jfracker@dioceseoflascruces.org**