



**Diocese of Providence  
Catholic School Office**

One Cathedral Square  
Providence, RI 02903  
Tel: 401- 278-4550 • Fax: 278-4596

**PROFESSIONAL REFERENCE FORM**

(2 References required)

**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 Providence 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:**

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