DIOCESE OF ORLANDO
REFERENCE REQUEST

Reference for: _____

Position desired: _____

The person listed above has applied for a position in the Diocese of Orlando and has submitted your name as a reference. Will you kindly answer the following questions and add any remarks which you think may be helpful in placing this applicant? Thank you for your assistance.

	Excellent	Good	Fair	Poor	Unknown
General personality					
Relationship with children and youth					
Relationship with parents					
Honesty					
Neatness and appearance					
Administrative ability					
Sense of responsibility					
Ability to lead					
General health					
Professional competence					

In what capacity have you known the above named candidate? _____

_____

What position did the applicant hold (grade level-subject area)? _____

_____

Time period of employment (ex. 8/90-6/94): _____

_____

Would you employ or re-employ? Yes _____ No _____ If no, why not? _____

_____

Please feel free to use the back of this page for any additional comments you wish to make. Thank you again for your kind assistance.

_____

_____
Last Name First Name Telephone Number

_____
Address City State Zip

PLEASE RETURN THE COMPLETED FORM IN THE ATTACHED, SELF-ADDRESSED ENVELOPE OR BY E-MAIL TO:
CBRENNAN@FATHERLOPEZ.ORG