**SCHOOL EMPLOYMENT REFERENCE FORM**

**ARCHDIOCESE OF BALTIMORE**

**DEPARTMENT OF CATHOLIC SCHOOLS/DEPARTMENT OF HUMAN RESOURCES**

To: Date:

Name of Applicant:

Position Sought:

Please use the following guide in completing the next portion of this form:

1. **OUTSTANDING**

 Consistently exceeds agreed upon standards; performance and growth serve as a goal for others.

1. **GOOD**

 Usually meets agreed upon standards; accepts recommendations for improvement and evidences growth.

1. **NEEDS IMPROVEMENT**

Does not meet one or more agreed upon standards; has not evidenced improvement.

1. **UNSATISFACTORY**

Does not meet agreed upon standards; has not evidenced improvement.

1. **UNKNOWN**

No opportunity to observe or no knowledge of applicant in this area.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PLEASE CHECK THE APPROPRIATE NUMBER:** |  **1**  |  **2** |  **3** |  **4**  |  **5** |
| Interpersonal Relationships with: Children  |  |  |  |  |  |
|  Youth |  |  |  |  |  |
|  Young Adults |  |  |  |  |  |
|  Adults |  |  |  |  |  |
|  Parents |  |  |  |  |  |
|  Co-workers |  |  |  |  |  |
|  Administrators/Supervisors |  |  |  |  |  |
|  Pastors/Clergy |  |  |  |  |  |
| Respect for the Value of the Individual |  |  |  |  |  |
| Competence in Performance of Duties and Responsibilities |  |  |  |  |  |
| Knowledge of Current Theory and Practice in Position Sought |  |  |  |  |  |
| Knowledge of current trends in education |  |  |  |  |  |
| Administrative Ability |  |  |  |  |  |
| Ability to Motivate |  |  |  |  |  |
| Ability to Work Under Pressure |  |  |  |  |  |
| Competence in Conflict Resolution |  |  |  |  |  |
| Written Communication Skills |  |  |  |  |  |
| Oral Communication Skills |  |  |  |  |  |
| Honesty |  |  |  |  |  |
| Punctuality |  |  |  |  |  |
| Attendance |  |  |  |  |  |
| Initiative |  |  |  |  |  |
| Quality of Work  |  |  |  |  |  |

**How long have you known this applicant?** \_\_\_\_\_\_\_\_\_\_\_ **In what capacity?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Please state the applicant’s**

Strengths: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Weaknesses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If applicant is a former employee**

Dates of employment: From\_\_\_\_\_\_\_\_\_\_ To\_\_\_\_\_\_\_\_\_\_ Full-time Part-time

Position held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for termination \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Would you re-employ this person? Yes No

1. To the best of your knowledge, has this applicant ever been the subject of a child sexual abuse or sexual misconduct investigation by an employer, arbitrator, county board, state licensing agency, law enforcement agency, or child protective services agency? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_

If Yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. To the best of your knowledge, has this applicant ever been disciplined, discharged, non-renewed, or asked to resign from employment, or ever resigned from or otherwise separated from any employment while allegations of child sexual abuse or sexual misconduct were pending or were under investigation, or due to an adjudication or findings of child sexual abuse or sexual misconduct? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_

If Yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. To the best of your knowledge, has this applicant had a license, professional license, or certificate suspended, surrendered, or revoked while allegations of child sexual abuse or sexual misconduct were pending or under investigation, or due to an adjudication or findings of child sexual abuse or sexual misconduct? Yes\_\_\_\_\_ No\_\_\_\_\_ If Yes, please explain:

If Yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Do you recommend that this applicant be employed for the position sought?**

 Yes No With reservations (please clarify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please use the space below to give additional information that may be helpful in our consideration of this applicant:

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

Completed by Date Completed

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

Signature Title

Please return this form to:

**School name and address**

**Thank you!**

**Revised 5/2020**