



DIOCESE OF JOLIET CATHOLIC SCHOOLS OFFICE

TEACHER APPLICANT CLERGY REFERENCE

DATE: / /

TO BE COMPLETED BY APPLICANT

NAME OF APPLICANT		TELEPHONE	
ADDRESS	CITY	STATE	ZIP

Dear Reverend:

The applicant, whose name appears above, has applied to be considered as a teacher in the Joliet Diocesan School System. We would appreciate your comments and observations as to the applicant's full and active participation as a member of your parish community or congregation.

Please include your observations of this person's qualifications and ability to demonstrate faith leadership in a Catholic School. Actual examples that you could relate would be most helpful.

TO BE COMPLETED BY REFERENCE

NAME		TELEPHONE	
ADDRESS	CITY	STATE	ZIP
SIGNATURE		SIGNATURE DATE ____/____/____	

RETURN TO:

Teacher Personnel Coordinator
Catholic Schools Office - Diocese of Joliet
402 S. Independence Blvd.
Romeoville, IL 60446-2264