



ARCHDIOCESE OF BALTIMORE REFERENCE CHECK

To:

Organization

Attention

Address

City

State

Zip

Phone #

Fax #

From:

Parish/School

Attention

Name

Title

Address

City

State

Zip

Phone #

Fax #

I hereby authorize your organization to release to the Archdiocese of Baltimore any and all information in your possession pertaining to my employment or me with your organization. I hereby release you and the Archdiocese of Baltimore from all liability for any damages resulting directly or indirectly from this disclosure.

Applicant's Signature

Date

Applicant's Social Security #

Positions Held

Immediate Supervisor

Dates of Employment

Any information will be held in confidence by the Archdiocese of Baltimore.

Applicant Data:

1. Was applicant employed by your company? Yes No
 2. Employment Dates: _____ to _____
 3. Starting Position: _____
 4. Starting Salary: _____
 5. Ending Position: _____
 6. Ending Salary: _____
 7. Applicant's Responsibilities: _____
- _____
- _____
- _____

**Rate the applicant's performance by using the following scale:
1 lowest - 5 highest rating**

Performance/Behavior	Rating	Comments
Attendance		
Cooperation		
Job Skills		
Initiative		
Reliability		
Quality of Work		

Please state the applicant's:

Strengths: _____

Weaknesses: _____

Would you rehire the applicant? Yes No

Reason for termination? _____

How long have you known this applicant? _____ In what capacity? _____

To the best of your knowledge, has this applicant ever been charged with, accused of, or convicted of child abuse or sexual abuse? Yes No (If yes, please explain)

Do you recommend that this applicant be employed for the position sought? Yes No With Reservation (please clarify)

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

Completed by Date Completed

Signature Title

PLEASE RETURN THIS FORM TO:

Pastor/Principals
Parish/School
Address
Phone Number

THANK YOU FOR YOUR ASSISTANCE!