



DIOCESE OF VICTORIA CATHOLIC SCHOOLS

Diocese of Victoria – Office of Catholic Schools | 1505 East Mesquite Lane | Victoria TX 77901

PERSONAL REFERENCE FORM

Applicant's Full Name: Position & Location:

Unless otherwise specified, applicants waive their right to access this completed referral.

Full Name of Reference

Email

Title/Profession and Employer/Organization

Phone Number

Capacity / Relationship Length of Relationship

In the field below, provide the following information:

1. **Describe the applicant;**
2. Share the applicant's **most outstanding abilities and characteristics;** and
3. Define his/her **area(s) of growth.**
4. Feel free to include any additional information you believe would be helpful in considering the applicant for this vacancy.

1. On a scale from 1 to 5, with 5 being the highest, I recommend this applicant:
 1-with reservation 2-somewhat recommend 3-recommend
 4-strongly recommend 5-enthusiastically recommend
2. May we call you? Please indicate if you agree to talk by phone and help us better assess the candidate. Yes No

Reference's Signature

Date Submitted