



**PASTOR
RECOMMENDATION
FORM**

Name of Applicant: _____

Address: _____

Position Applying for: **Teacher**

The applicant named above is applying for a position in a Catholic School. Please answer the following questions to the best of your ability.

1. To your knowledge is the applicant a practicing member of ...

- Catholic Church
- Other Faith (Name) _____
- Unknown

2. *All who serve in Catholic school education in the Archdiocese of Hartford will witness by their public behavior, actions and words, a life consistent with the teachings of the Church.* Are you aware of any reason why the candidate would not be able to abide by this statement?

- Yes
- No

3. Are you aware of any reason that this person could not assume a role in a Catholic School in the Archdiocese of Hartford?

- Yes
- No

Additional Comments: _____

Pastor's Signature

Parish/City

Date: ____/____/____

*Please return this form to: Valerie Mara, Assistant Superintendent of Academics
Office of Catholic Schools, 467 Bloomfield Avenue, Bloomfield, CT 06002, Email: valerie.mara@ahct.org*