



OFFICE OF THE
SUPERINTENDENT
OF SCHOOLS

HUMAN RESOURCES
FOR SCHOOLS

DIOCESE OF BRIDGEPORT

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PASTOR RECOMMENDATION LETTER

Date: ____/____/____

Name of Applicant: _____

Address: _____

Position Applying for: _____

Name of Reference: _____ Title: Pastor

Reference Address: _____

Phone: (____) _____ Email: _____

☐ I waive my option to view this recommendation

☐ I retain my right to view this recommendation

Applicant's Signature: _____

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. How long have you known the applicant and in what pastoral relationship?

2. (For Catholic applicants): To your knowledge is the applicant a committed member of the Church and a witness to Catholic values and beliefs? ☐ Yes ☐ No

3. (For Non-Catholic applicants): To your knowledge is the applicant a committed member of his/her denomination? ☐ Yes ☐ No **AND**

(For Non-Catholic applicants): To your knowledge is the applicant able and willing to uphold the teachings of the Catholic Church? ☐ Yes ☐ No

4. The Witness Statement for those who serve in Catholic education states: "All who serve in Catholic Education in the school programs of the Diocese of Bridgeport will witness by their public behavior, actions and words a life consistent with the teachings of the Church." Is there any reason you are aware of why the candidate would not be able to abide by this Witness Statement?

Please check the appropriate responses:

| | | |
|--|------------------------------|-----------------------------|
| Registered in your parish? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Attends Sunday Mass? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Marriage (if applicable) is valid in the Church? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Are you aware of any reason that this person could not assume a role in a Catholic School in the Diocese of Bridgeport? ☐ Yes ☐ No (if yes, please explain)

Pastor's Signature: _____

Title: Pastor

Parish: _____

Date: ____/____/____

Please return this form to:

BriAna M. Pechin
Assistant Superintendent of Academic and H.R. Services
Office of the Superintendent of Schools
Diocese of Bridgeport
238 Jewett Avenue
Bridgeport, CT 06606

HRforSchools@diobpt.org