

**DEPARTMENT OF EDUCATION – Form 16**  
**Archdiocese of Mobile**

\_\_\_\_\_  
(Name of Reference)

\_\_\_\_\_  
(Number and Street Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

Name of Applicant \_\_\_\_\_

I have submitted an application for an instructional position with the Catholic Schools in the Archdiocese of Mobile. Since I cannot be considered for employment until my references are on file, I would appreciate your consideration in checking the items below and mailing this form at your earliest convenience directly to the following name and address.

Attn: Mr. Justin Castanza

(Contact Name)

Montgomery Catholic Preparatory School - Central Office

(School or Office)

5350 Vaughn Road

Number and Street Address)

Montgomery

(City)

AL

(State)

36116

(Zip Code)

REFERENCES: (Instructions) For every item, write the number of the rating (1 to 7) that indicates your response in the space provided beside the statement.

1 = Superior 2=Good 3=Average 4=Poor 5=Spasmodic 6=No knowledge of this aspect of the applicant  
7=Do no wish to comment on this aspect

\_\_\_\_\_ Attitude toward pupils: recognizes and copes with their needs.

\_\_\_\_\_ Adaptability: Skill in adapting to new people and responsibilities.

\_\_\_\_\_ Competency in the academic field.

\_\_\_\_\_ Planning and preparation.

\_\_\_\_\_ Effective use of methods and techniques.

\_\_\_\_\_ Classroom organization and control

\_\_\_\_\_ Evidence of being up-to-date professionally

\_\_\_\_\_ Professional attitudes; professional relationships; ethics

\_\_\_\_\_ Reliability: Is consistent, dependable, and accurate in carrying responsibility to a successful conclusion.

\_\_\_\_\_ Personal Appearance: Grooming reflects neatness, attentiveness and appropriateness of attire.

\_\_\_\_\_ Poise

\_\_\_\_\_ Personality: Shows the qualities that make teaching effective, e.g., enthusiasm and appealing manner.

\_\_\_\_\_ Speech and voice qualities

\_\_\_\_\_ Health

\_\_\_\_\_ Loyalty to the school

\_\_\_\_\_ Initiative: Has the quality of seeing what needs to be done and is judicious in doing it

This evaluation covers the period from \_\_\_\_\_ to \_\_\_\_\_ Total number of school years \_\_\_\_\_ .

Would you recommend employment of the above named applicant as a teacher?

(Please check) Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please state why in space below.

---

Information given above is based on (check items that apply):

\_\_\_\_\_ Personal acquaintance with applicant

\_\_\_\_\_ Worked under my supervision.

\_\_\_\_\_ Student teacher under my supervision

\_\_\_\_\_ Student in my class

\_\_\_\_\_ Applicant was co-worker

\_\_\_\_\_ Other (please specify)

---

OTHER COMMENTS: \_\_\_\_\_

\_\_\_\_\_ (Signature of the Reference) \_\_\_\_\_ (Position)

\_\_\_\_\_ (Telephone Number) \_\_\_\_\_ (Date)

NAME OF SCHOOL CONSIDERING APPLICANT \_\_\_\_\_

**VERIFICATION OF TEACHING EXPERIENCE**  
**Form 17**

This is to certify that \_\_\_\_\_ was employed as a regular full-time teacher at \_\_\_\_\_ School, as indicated below.

Name of School \_\_\_\_\_

School Address \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

Telephone Number of School \_\_\_\_\_

Subjects or Grade Taught: (Include only full-time teaching for which salary was paid. Use separate lines for each school term

From: Month/Year	To: Month/Year	Full Semester(s)		Subject/Grade Taught
		Yes	No	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Name(s) of Administrator(s) during the period indicated above:  
\_\_\_\_\_

Kind of teaching certificate applicant held during period of employment:  
\_\_\_\_\_

Was the school registered with the State Department of Education during the period of employment indicated above? Yes \_\_\_\_\_ No \_\_\_\_\_

Remarks: \_\_\_\_\_

Date: \_\_\_\_\_  
Signature of Superintendent or Administrator

(This form when completed is to be filed with the applicant's cumulative personnel record.)

Dear Applicant:

This form #17 should be sent to the proper person who will complete it and return to

Montgomery Catholic Preparatory School  
ATTN: Mr. Justin Castanza - Central Office  
5350 Vaughn Road  
Montgomery, AL 36116

Experience credit for teaching cannot be granted until the Superintendent has received this form. The school employing you will then be notified concerning the experience credit you have earned.

Your understanding and cooperation in this matter is appreciated.

Dear Former Employer:

I have been asked to provide verification of my experience credit earned while in your employ. This verification is needed so that I can receive credit for salary purposes in the Catholic schools of the Archdiocese of Mobile.

Please complete the form on the opposite side of this page and return it to

Montgomery Catholic Preparatory School  
ATTN: Mr. Justin Castanza- Central Office  
5350 Vaughn Road

Montgomery, AL 36116 An addressed and stamped envelope is provided for your convenience. Thank you for your assistance.

Sincerely,

---

Name of Applicant

---

Date