

REFERENCE FORM

Applicant Name:	*Applicant's Social Security Number:
Former Name(s):	Today's Date:

Applicant Signature:

Relationship to Applicant: Current/most recent supervisor Co-Worker Friend Other
(Please check the appropriate selection.)

The applicant named above has applied for a position with the St. Lucie County School District and has listed you as a reference. Your evaluation will be a service to this office, the applicant, and the students in our system. Please complete the following sections and sign this reference form. Please check the appropriate columns for the factors which you have adequate knowledge to evaluate this applicant.

	Excellent	Good	Adequate	Unsatisfactory	Not Applicable
Attendance Record					
Ability to get along with others					
Effective use of time					
Dependability					
Judgment					
Ability to Follow Directions					
Knowledge of Job Requirements					
Planning & Organization					
Student Discipline					
Professional Knowledge					

Please record your overall evaluation of this applicant by selecting a number from 1 – 10. *(10 being the highest)*

Is this applicant eligible for rehire? (If no, please explain.) Yes No

Please list the strengths and weaknesses of this applicant.

Do you recommend this applicant? Yes No

Were the last three (3) years of evaluations satisfactory for this applicant? Yes No

Do you have any additional knowledge of something that was not previously asked which could influence our decision on hiring this applicant? Yes No

Evaluator's Name: <i>PLEASE PRINT</i>	Evaluator's Title: <i>PLEASE PRINT</i>
Applicant's position at the time of this evaluation: <i>PLEASE PRINT</i>	Dates covering this evaluation:
If necessary may we contact you for additional comments about this applicant? <input type="radio"/> Yes <input type="radio"/> No	Phone number at which you can be reached:
Evaluator's Signature:	Today's Date: