

Elbert County School System
 RETURN FORM TO: Human Resources / Fax No: 706-213-4073
 50 Laurel Drive, Elberton, Georgia 30635
CONFIDENTIAL REFERENCE FORM

Applicant: _____
 Last name, first, middle maiden (if applicable) SS#

I hereby authorize you to provide the Elbert County School System with information regarding my suitability for employment.

 Signature of applicant Position/Area applied for (be specific) Date

Individual providing reference: _____ Business/School _____

Current/Former Employer _____ Principal _____ Supervising Teacher _____ College Professor _____ Other _____

 Address & Phone number of Business / School

A note to the provider of this reference:

The above named applicant is seeking a position of employment with the Elbert County School System and has listed you as a reference. Your evaluation will be a service to the applicant, this office, and the children of our school system. Please provide the following and return this form directly to the Department of Human Resources as quickly as possible. **PLEASE DO NOT RETURN THIS FORM TO THE APPLICANT.**

Place a check in the appropriate column for characteristics of which you have adequate knowledge to rate this applicant:

<u>Personal Traits</u>	Excellent	Good	Fair	Poor	<u>Professional Traits</u>	Excellent	Good	Fair	Poor	Not Observed
Attendance/Punctuality					Ability to work with parents and community					
Character					Classroom management skills					
Dependability					Enthusiasm for teaching					
Dresses Appropriately					Instructional techniques and methods					
Initiative					Job performance					
Reliability					Knowledge of subject matter					
Self-Control					Lesson planning and preparation					
Sound Judgment					Sensitivity to individual student needs					
Diplomacy					Teacher Expectation of Student's Class Work					

Please indicate your overall evaluation of applicant by circling the appropriate number.

Excellent	Good	Fair	Poor	Not Observed
1	2	3	4	5

I have known the applicant as:

Dates of employment or time you have known applicant:

Employee _____ Student _____ Other _____

From _____ to _____

Applicant's position or job title at time of employment:

Your title at the time you supervised applicant:

For what type of position do you feel this applicant is best suited?

If applicant is former employee, why did they leave your employment?

Would you consider this applicant for re-hire?

Yes ___ No ___ Comment _____

Would you prefer us to call you for additional information?

Yes ___ Phone Number: () _____

Additional Comments: _____

Signature of Evaluator

Business or School

Date