



Applicant ID # _____

Employment Reference

The applicant has applied for a position with the School District of Palm Beach County and has listed you as a reference. This reference form will be included in the applicant's file for review by the appropriate supervisor. Return the completed form to the applicant or fax or mail to the above number/address. **Print and use blue or black ink.**

<p>SECTION I Applicant Name: _____</p> <p>_____</p> <p><i>I authorize you to provide the Palm Beach County School District with information regarding my suitability for employment. *Note: all references will be verified by Human Resources.</i></p> <p>_____</p> <p><i>Signature of Applicant</i></p>	<p>SECTION II</p> <p>Evaluator Name _____</p> <p>Evaluator Title _____</p> <p>Company/School _____</p> <p>Address _____</p> <p>Direct Phone # _____</p> <p>E-mail _____</p>
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SECTION III: TO BE COMPLETED BY EVALUATOR

I have known the applicant **(check one)**

- Current Employer
 Former Employer
 Co-worker
 Student
 Volunteer
 Professional
 Personally

PROFESSIONAL TRAITS	Excellent	Good	Average	Below Average	Unacceptable	Not Applicable
Dependability/Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Accept Criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment/Common Sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language and Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Job Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TEACHING TRAITS	Excellent	Good	Average	Below Average	Unacceptable	Not Applicable
Enthusiasm for Teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of Subject Matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lesson Planning/Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensitivity to Individual Student Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student Response to Teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work with Parents/Community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom Management (Discipline)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employment dates or length of time you have known the applicant: From ____ / ____ / ____ To: ____ / ____ / ____

Would you consider hiring (re hiring) the applicant? Yes No Position/ job title when employed _____

Would you approve hiring (re hiring) the applicant as a substitute teacher? Yes No Not Applicable

Does company policy prohibit rehiring? Yes No

Were any disciplinary actions initiated with this applicant? Yes No If, yes, provide information below*

If former employee, why did the applicant leave your employ? _____

* Provide any additional information on the applicant we may need to know as a prospective employer. _____

_____ <i>Signature of Evaluator</i>	____ / ____ / ____ <i>Date</i>	<p>OFFICE USE ONLY</p> Date ____ / ____ / ____ Time ____ : ____
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