



Reference Form
Gaston County School System
 Human Resource Services Office
 1351 Bradford Heights Road
 Gastonia, NC 28054
 704/866-6129

To the Applicant:

Complete the applicant section and direct this form to one of the individual listed on your application as a reference. Ask the individual to return to you the completed form in an envelope, which must remain sealed until received in this office. Family members may not serve as references.

Applicant's Full Name: _____

Applicant's Address: _____

Applying For Position As: _____

You are asked to waive your legal rights to see this letter of reference in order that it will be as frank as possible. I hereby
 _____ **waive** _____ **do not waive my rights to see this document.**

 Applicant's Signature

 Date

To the Referencing Individual:

Place this completed form in an envelope and sign your name across the sealed flap. Return the sealed envelope TO THE APPLICANT who will submit it with his/her application. Please respond to each of the areas below, giving your candid opinion of the applicant's qualifications for the position indicated above. Narrative comments on the back are welcome if you desire to elaborate. This information will be maintained in a separate pre-employment file and will not be made available to the employee except under subpoena or court order. Thank you for your assistance.

Please check the level at which the applicant consistently performs.	Superior 6	Well Above Expectations 5	Above Expectations 4	At Expectations 3	Below Expectations 2	Unsatisfactorily 1
1. Character (general Conduct, ethics, morals)						
2. Personal Appearance (dress, grooming)						
3. Health and physical energy						
4. Personality						
5. Voice Quality						
6. Tact						
7. Self Control						
8. Enthusiasm						
9. Willingness to accept criticism						
10. Ability to work closely with others						
11. Dependability						
12. Promptness and thoroughness						
13. Overall attitude						
14. Loyalty and cooperation						
15. Communication skills (oral)						
16. Communication skills (written)						
17. Decision-making skills						

Professional Relationship

How long have you known the applicant and in what capacity?
 (Please check one response in each column)

- | | |
|--|--|
| <input type="checkbox"/> Less than one year | <input type="checkbox"/> Student |
| <input type="checkbox"/> One year | <input type="checkbox"/> Employee directly or under my supervision |
| <input type="checkbox"/> Two years | <input type="checkbox"/> Educational associate |
| <input type="checkbox"/> More than two years | <input type="checkbox"/> Friend |
| | <input type="checkbox"/> Other (Please explain) |

Applicant's Dates of Service

From	To	Length
Month Year	Month Year	Month Year

 Subject(s) or Grade(s) taught:

Attendance Record: Excellent () Good () Fair () Poor ()

OVER

Do you know of anything that would cause this applicant to be unfit for this position?

No _____ Yes _____ (If yes, please explain)

To your knowledge, has this applicant ever been subject to any disciplinary action or asked to resign?

No _____ Yes _____ (If yes, please explain)

If you were personally responsible, would you recommend the employment of this applicant?

No _____ Yes _____ (If no, please explain)

Additional Comments:

____ Check here if you would like us to phone you for additional information which is pertinent, but not covered on this questionnaire.

Signature _____
Name (please print) _____
Position _____
Company/School _____
Address _____
() _____
Telephone Number _____ Date _____