

School Board of Levy County
480 Marshburn Drive
Bronson, FL 32621
Phone - (352)486-5231 FAX - (352) 486-8249

NON - INSTRUCTIONAL REFERENCE FORM

Applicant's name: _____ **Social Security#** _____

The above listed is an applicant with the School Board of Levy County. Please answer the questions below which will help us make important staffing decisions. Thank you for your time and input.

- When applicant worked with you, what was their position? _____
- Between what dates did you work with the applicant? _____
- In what capacity did you work with the applicant? _____

Rate the applicant on the following topics on a scale of 1-5 (low to high) and include any comments:

1. Professional judgment _____
2. Professional attitude _____
3. Cooperation _____
4. Emotional composure _____
5. Time management _____
6. Knowledge in field of work _____
7. Planning and preparation _____
8. Problem-solving skills _____
9. Initiative/Personal motivation _____
10. Interpersonal relations _____
11. Written communication skills _____
12. Oral communication skills _____
13. Knowledge of Office procedures _____
14. Computer skills _____
15. Dependability _____

- On a scale of 1 to 10 (low to high), how would you compare the applicant to other employees you have supervised or worked with in similar positions? _____
- Describe the candidates strength that you feel would be an asset to our position: _____

- If position available, would you recommend for hire/rehire? ____ Yes ____ No
- Do you know of any reason this applicant should not be employed to work with children?
Yes ____ No ____ If yes, explain: _____
- Can you think of anyone else who would be important to contact before making an employment decision regarding this applicant?
