



HIGHLINE PUBLIC SCHOOLS

REFERENCE FORM FOR CLASSIFIED EMPLOYMENT

NOTE: It is the responsibility of the applicant to distribute two of these forms to current and/or past supervisors.

Position(s) of interest or job #(s):

I, am an applicant with the Highline School District. Please state frankly your opinion of my abilities on the form below. If the form is not suited to your use, you may reply by letter. Please reply within five days. Thank you for your assistance.

I hereby authorize Highline School District to conduct reference checks to obtain information relating to my application of employment with no liability arising therefrom. I am advised that the reference checks may include information on my character, general reputation and personal characteristics as they may relate to my ability to perform the job for which I am applying.

Signature of Applicant: Social Security #:

WHEN AND UNDER WHAT CIRCUMSTANCES HAVE YOU BEEN ACQUAINTED WITH THE APPLICANT?

APPLICANT'S JOB TITLE: DATES OF EMPLOYMENT: TO: DUTIES/RESPONSIBILITIES:

REASON FOR LEAVING THIS POSITION:

IS APPLICANT ELIGIBLE FOR RE-EMPLOYMENT: YES NO

PLEASE CHECK THE APPROPRIATE COLUMN:

- QUALITY OF WORK
ABILITY TO WORK SUCCESSFULLY WITH COLLEAGUES, PUPILS, AND PARENTS
ABILITY TO SPEAK AND WRITE EFFECTIVELY
INITIATIVE AND FOLLOW THROUGH
ATTENDANCE AND PUNCTUALITY
PROBLEM SOLVING ABILITY AND JUDGEMENT
FRIENDLY, POISED, AND CONFIDENT MANNER
ABILITY TO WORK UNDER PRESSURE
OVERALL RATING OF THE APPLICANT

Table with 6 columns: Poor, Fair, Good, Strong, Superior, Information Insufficient to Rate. Rows correspond to the list items on the left.

DO YOU WISH THIS REFERENCE FORM TO BE: CONFIDENTIAL NON-CONFIDENTIAL

REMARKS: PLEASE USE THE OTHER SIDE

NAME: ORGANIZATION: SIGNATURE: ADDRESS: POSITION: PHONE #: DATE:

PLEASE RETURN TO: Human Resources Department, 15675 Ambaum Blvd. SW, Burien, WA 98166 Telephone (206) 433-2281 Fax # (206) 248-6649