The School District of Volusia County
Division of Human Resources
200 North Clara Avenue •Deland, FL 32720
Telephone: (386) 734-7190 • Fax: (386) 626-0041

EMPLOYMENT REFERENCE FORM

Please print your information in black ink only.

TO BE COMPLETED BY THE APPLICANT

I understand that I cannot be considered for employment until my references are on file. Please complete this reference form, seal it in an official company or agency envelope bearing the logo or name and return to me. It is my responsibility to include the sealed envelope containing the reference when I submit my application.

LAST NAME OF APPLICANT	FIRST NAME OF APPLICANT	MIDDLE INITIAL

MAIDEN NAME/AKA

TO BE COMPLETED BY THE REFERENCE

This candidate has applied for a position with the District School Board of Volusia County and has given your name as a reference. This reference form will be included in the applicant's file for review by appropriate supervisors and also may be shown to the applicant upon request. Your evaluation will be a service to this district, the applicant and our students.

I have known this applicant as a/an: ☐ employee ☐ student ☐ volunteer ☐ client/vendor			
Dates of employment:		**From (mm/yy):**	**To (mm/yy):**
Position or job title of applicant when employed:		**Your position while supervising applicant:**	
Why did applicant leave your employment?			
Company policy does not permit any response other than verifying dates of employment. ☐			

Please rate this candidate in the areas listed below. A scale of 5-1 is provided with 5 representing a rating of high and 1 representing a rating of low.

Qualities	High 5	4	3	2	Low 1
Resourcefulness					
Ambition/initiative					
Honesty/judgment					
Health, vigor, energy					
Enthusiasm for job/position					
Ability to work with others					
Cooperation/helpfulness					
Promptness/dependability					
Value of individual to organization					
Office, classroom or other organization management					
Understanding treatment of students/fellow employees					
Planning and preparation					

Is there any reason this applicant should not work around children? ☐ **YES** ☐ **NO**	**If yes, please explain:**
Is the applicant eligible for re-employment? ☐ **YES** ☐ **NO**	**If no, why not?**
Additional comments: (Use reverse side if necessary)	

PRINTED NAME OF REFERENCE	**COMPANY NAME**
TELEPHONE NUMBER	**STREET ADDRESS**
SIGNATURE OF REFERENCE **DATE**	**CITY, STATE, ZIP CODE**