

Goochland County Public Schools

P. O. Box 169 – Goochland, Virginia 23063-0169
 (804) 556-5316 – FAX: (804) 556-3847 – Voice/TDD: (804)556-2716
 website: www.glnd.k12.va.us

REFERENCE EVALUATION – Classified Applicants

The applicant listed below is formally applying for a position in the Goochland County Public School System. As part of our employee selection process, **we request each applicant to forward a copy of this reference form to three persons** who are uniquely familiar with his/her ability, potential and/or past performance. Your prompt attention in completing the items below and returning the form to us will be greatly appreciated. Your reply will be considered strictly confidential.

Name of Applicant: *(please print)* _____

Position Applicant is Applying for: _____

Name of Reference: _____ Title: _____

Address of Reference: _____

TO APPLICANT: Many people will not complete references unless confidentiality can be assured. If you wish this reference to be confidential, please sign and date the waiver of access below. All applications and accompanying records become the property of the district and are not available to candidates.
WAIVER OF ACCESS: I, THE UNDERSIGNED, WAIVE ANY RIGHT OF ACCESS TO THIS REFERENCE.

 Signature Date

Please record in the boxes below a check from the following scale which describes your comparison of the above-named applicant with persons you have known with comparable years of experience.

PLEASE CHECK	Superior	Above Average	Average	Unsatisfactory	Unknown
1. Character (general conduct, ethics, morals)					
2. Knowledge of skills for the position held.					
3. Organization skills.					
4. Skill in job performance.					
5. Interpersonal relations with co-workers					
6. Community relations					
7. Company loyalty, work ethics					
8. Health					
9. Enthusiasm					
10. Personality					
11. Personal Appearance					
12. Professional attitude					

(Please Use Reverse Side For Additional Comments)

1. How long and in what capacity have you known the applicant? _____

2. What position did the applicant hold? How many employees did the employee supervise? _____

3. Please indicate exact dates of service: _____

4. Would you employ or re-employ this applicant? _____

5. Please include any additional comments which might aid us in the overall evaluation of this applicant: _____

 Date Signature of Person Completing Form Title