Charlotte County Public Schools, Florida HUMAN RESOURCES DEPARTMENT 1445 EDUCATION WAY PORT CHARLOTTE, FL 33948

FAX (941) 255-7569

EDUCATIONAL SUPPORT PERSONNEL REFERENCE FORM

(Reference from relatives cannot be considered)

SECTION A - To be completed by the applicant												
Applicant's Name (Please Print/Type) Applica			t's Personal ID #									
I have applied for educational charlotte County Public School	support positions withlols in the following area	Name of Person Giving Ref a(s):	erence	:								
To assist Charlotte County Public Schools in assessing my qualifications for the position(s) for which I may apply, I hereby authorize Charlotte County Public Schools to seek out/verify information regarding my present/previous employment and educational records. I hereby release Charlotte County Public Schools and any person, company, and/or entity who provides such information from any liability or damage which may result from furnishing information requested below.												
Applicant's Signature		Date										
	SECTION B - To	be completed by referer	ce									
Consider this applicant in relat number using the following sca	ale. Thank you.	sted below. Please indicate y	our rati	ng b	y circ	cling	the a	appropriate				
5=Extremely competed 4=Very competent/profess	ofessional	1=Much less than	2=Less than competent/professional 1=Much less than competent/professional 0=No basis for judgment									
TECHNICAL KNOWLEDGE - technical information required		g and ability to use	5	4	3	2	1	0				
TECHNICAL PROFICIENCY - Level of performance in technical area.			5	4	3	2	1	0				
WORK STANDARDS -	Quantity of Work Quality of Work		5 5	4 4	3	2	1 1	0 0				
JUDGMENT - Making decisions which are based on logical assumptions and which reflect factual information.			5	4	3	2	1	0				
DEPENDABILITY - Reliable and trustworthy.			5	4	3	2	1	0				
PUNCTUALITY - Observant of appointed time.			5	4	3	2	1	0				
ENERGY - Maintains high activity level, alert, energetic.			5	4	3	2	1	0				
INITIATIVE - Takes action to achieve goals beyond what is necessarily called for.			5	4	3	2	1	0				

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Applicant's Name (Please Print/Type)		Applicant's Socia	Applicant's Social Security #							
ADAPTABILITY - Maintains effectiveness in varying environment and responsibilities.		ents, tasks,	5	4	3	2	1	0		
SENSITIVITY - Considers the feelings and needs of others.			5	4	3	2	1	0		
COMMUNICATIONS -		5 5 5 5	4 4 4 4	3 3 3 3	2 2 2 2	1 1 1	0 0 0 0			
This assessment covers t	he following dates(month to(mont	n)(year) :h)(year)								
I have known the applicar	ntyearsmonths in m	y position as								
This person was employed in the following position(s):										
ADDITIONAL COMMENTS, P	LEASE									
Please include a phone numbe	er where you can be reached to	verify this reference. (
Position:	Print Na	ame:								
Name of Company:										
Address:										

In order to quickly and fairly assess this candidate as an applicant for the position he/she applied for, please return this reference form within five days of your receipt to the Human Resources Department, Charlotte County Public Schools, Florida. Thank you for your assistance.

No person shall, on the basis of race, color, religion, sex, age, national or ethnic origin, political beliefs, marital status, handicapping condition if otherwise qualified, social and family background, or on the basis of the use of a language other than English by Limited English Proficiency (LEP) students, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity, or in any employment conditions or practices conducted by this school district, except as provided by law. CCSBP 4122

THIS FORM WILL BE SHOWN TO APPLICANT OR OTHER MEMBER OF THE PUBLIC ONLY ON SPECIAL REQUEST, IN COMPLIANCE WITH FLORIDA STATUTE 119, PUBLIC RECORDS LAW.

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