



OKEECHOBEE COUNTY SCHOOL BOARD

700 SW Second Avenue

Okeechobee, FL 34974

863-462-5000 Ext. 222 Fax 863-462-5013

TO BE COMPLETED BY THE APPLICANT

Applicant Name: Last, First, MI Date:

Employer Reference Name:

Company Name: Phone:

I have applied with the Okeechobee County School District, Florida for the position of... I authorize you to provide the Okeechobee County School District with information regarding my suitability for employment.

(applicant's signature)

TO BE COMPLETED BY THE REFERENCE

Employer Reference Name Title

Company/School Address

City State ZIP Code Phone

Applicant's Position Dates of employment

Table with 7 columns (Excellent, Very Good, Good, Fair, Poor, Unknown) and 13 rows (Judgment/Common Sense, Personal appearance, Dependability/Reliability, Attendance / Punctuality, Initiative, Scholarship, Attitude, Enthusiasm for Teaching, Working with others, Classroom Management, Use of teaching methods, Planning and Preparation, Academic Competency). Includes text questions on the right regarding hiring, reasons for leaving, and other pertinent information.

(Reference Signature) (Date)

This form will be shown to applicant or other members of the public only upon specific request in compliance with Florida Statute 119, Public Records Law.