



**Non-Instructional
Reference Form**

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: _____ Date: _____
Last, First, MI

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 _____

	Excellent	Very Good	Good	Fair	Poor	Unknown	
Job Performance							Is applicant currently employed with your company? <input type="checkbox"/> Yes <input type="checkbox"/> No
Resourcefulness							If not currently employed, would you rehire this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dependability/Reliability							How long have you known the applicant? _____
Ability to work with others							What was the applicant's reason for leaving? _____
Attendance / Punctuality							Describe the duties of the applicant _____ _____
Ability to learn							Do you know of any reason why it would not be advisable for this individual to be employed in a capacity where he/she would come in contact with children? <input type="checkbox"/> Yes <input type="checkbox"/> No
Initiative							If yes, please explain: _____ _____
Personal appearance							_____
Judgment/Common Sense							_____
Attitude							_____
Cooperation							_____
Character							_____

(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.