

# QUITMAN COUNTY SCHOOLS

P. O. Box 248  
Georgetown, Georgia 39854  
Phone (229) 334-4189  
Fax (229) 334-4700

<b>CERTIFIED STAFF REFERENCE FORM</b>
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Name of Reference: \_\_\_\_\_ Applicant's Name: \_\_\_\_\_  
Last First Middle Maiden/Previous

Address: \_\_\_\_\_ Applicant's SSN: \_\_\_\_\_

City/State, Zip: \_\_\_\_\_

I have applied for employment in the Quitman County School System for a position as \_\_\_\_\_  
 I will appreciate you completing this form and returning it promptly to the address on the back of this form.

I authorize you to release any and all information you may have concerning my past job performance or my suitability for the position for which I am applying. I hereby release you and the Quitman County School System from any and all liability, which could result from the providing of the requested information or from its use in the employee selection process. I waive all rights I may have to examine this reference information.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**THIS REFERENCE FORM WILL BE INCLUDED IN THE APPLICANT'S FILE FOR REVIEW BY SYSTEM ADMINISTRATORS.**

Please check the appropriate column for each of the given factors.

	EXEMPLARY	EXCEEDS EXPECTATIONS	MEETS EXPECTATIONS	UNSATISFACTORY	NO OPPORTUNITY TO OBSERVE
<b>PERSONAL</b>					
Character					
Positive Attitude					
Tact and self control					
"Common Sense"					
Adaptability					
Dependability					
Enthusiasm					
Attendance					
Professional Appearance					
<b>PROFESSIONAL</b>					
Classroom Management					
Instructional Skills					
Knowledge of Subject					
Promptness, Neatness, & Accuracy with Reports and Records					
Written Communication					
Willingness to accept Extracurricular Duties					
Loyalty to System					
Accepts Constructive Criticism					
<b>INTERPERSONAL</b>					
Teacher/Student relations					
Teacher/Parent relations					
Teacher/Colleague relations					
Cooperation with administration					
Respect for Dignity and self worth of people					

(Continued on Back)

Dates of Employment:

From \_\_\_\_\_ To \_\_\_\_\_

Your relationship to the  
applicant \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Position/Title \_\_\_\_\_

School System \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

**Please return this form promptly to the address below. Thank you for your assistance.**

**QUITMAN COUNTY SCHOOLS**

**P.O. Box 248**

**Georgetown, GA 39854**

**Phone (229) 334-4189**

**Fax (229) 334-2109**