

# THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

## EMPLOYMENT REFERENCE FORM

The School District of Osceola County, Florida  
Department of Human Resources and Employee Relations  
817 Bill Beck Boulevard Kissimmee, FL 34744-4495  
Fax 407-870-4961

### TO BE COMPLETED BY APPLICANT

Applicant Name \_\_\_\_\_ Last 4 Digits of SSN: \_\_\_\_\_

Last

First

M.

Previous Names(s) (Maiden) \_\_\_\_\_

Name of previous supervisor \_\_\_\_\_

Company Name \_\_\_\_\_ Phone \_\_\_\_\_

I have applied with the School District of Osceola County, Florida for the following position(s)

I authorize you to provide The School District of Osceola County, Florida with information regarding my suitability for employment. I further release and hold harmless my former employer from any action or liability for any information provided or statement made in good faith.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

### TO BE COMPLETED BY REFERENCE

1. How long have you known the applicant? \_\_\_\_\_

2. In what capacity have you known the applicant?

☐ Personal ☐ Co-worker ☐ Subordinate ☐ Other

3. What was the applicant's position? \_\_\_\_\_

4. Describe the duties of the applicant \_\_\_\_\_

5. What were the dates of employment? From \_\_\_\_\_ to \_\_\_\_\_  
Month/Day/Year Month/Day/Year

6. What was the applicant's reason for leaving? \_\_\_\_\_

7. Did the applicant receive any disciplinary action or reprimand? ☐ Yes ☐ No ☐ Not known

8. Was the applicant asked to resign? ☐ Yes ☐ No ☐ Not Known

9. Did the applicant pass a probationary period? ☐ Yes ☐ No ☐ Not Known

10. Was the applicant's certificate/contract suspended, revoked or non-renewed? ☐ Yes ☐ No  
☐ Not Known

Reason (if known) \_\_\_\_\_

11. If a vacancy existed in your school/business for which the applicant was qualified would you recommend him/her for employment? ☐ Yes ☐ No

If no, please explain \_\_\_\_\_

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PLEASE CONSIDER THIS APPLICANT IN RELATION TO THE QUALITIES LISTED BELOW

Indicate your rating by checking (✓) the appropriate box

5 = Extremely competent/professional

4 = Very competent/professional

3 = Competent/professional

2 = Less than competent

1 = Much less than competent

0 = Not observed/unknown

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| <b>PROFESSIONAL/PERSONAL QUALITIES – (Complete for all applicants)</b>   | 5 | 4 | 3 | 2 | 1 | 0 |
|--|---|---|---|---|---|---|
| <i>Quality of work/Work habits</i>   |   |   |   |   |   |   |
| <i>Ability to work with others</i>   |   |   |   |   |   |   |
| <i>Ability to learn</i>  |   |   |   |   |   |   |
| <i>Dependability/Attendance</i>  |   |   |   |   |   |   |
| <i>Attitude</i>  |   |   |   |   |   |   |
| <i>Judgment/Common Sense</i>   |   |   |   |   |   |   |
| <i>Initiative</i>  |   |   |   |   |   |   |
| <i>Health/Emotional stability</i>  |   |   |   |   |   |   |
| <i>Personality</i>   |   |   |   |   |   |   |
| <i>Personal appearance</i>   |   |   |   |   |   |   |
| <b>TEACHER DIMENSIONS – (Complete for teacher applicants only)</b>   |   |   |   |   |   |   |
| <i>Planning – (content, coverage, utilization of instructional materials, activity source and goal focusing)</i>   |   |   |   |   |   |   |
| <i>Management of Student Conduct – (rule explication and monitoring, overlapping, quality of desist, group alert, movement smoothness, movement slowdown and praise)</i> |   |   |   |   |   |   |
| <i>Instructional Organization and Development – (efficient use of time, review of subject, lesson development, teacher feedback and management of seatwork/homework)</i> |   |   |   |   |   |   |
| <i>Presentation of Matter – (presentation of conceptional knowledge, explanatory knowledge, academic rule knowledge and presentation of value knowledge)</i>             |   |   |   |   |   |   |
| <i>Verbal and Nonverbal Communication – (control of discourse, emphasis task attraction and challenge, speech and body language)</i>                                     |   |   |   |   |   |   |
| <i>Testing – (preparation for testing, test administration and formative feedback)</i>   |   |   |   |   |   |   |

Print Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Person providing reference Signature Date

School/Agency Name \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position \_\_\_\_\_ Phone number for reference verification (\_\_\_\_) \_\_\_\_\_