

Tattnall County School System

Please return this form to:
Tattnall County Board of Education

Reference Form



P.O. Box 157
Reidsville, Georgia 30453
(912) 557-4726
(912) 557-3036 (Fax)

Applicant should send one of these forms to three references listed in application.

Name of Applicant: _____

Address: _____

Phone: _____

Position Applying For: _____

The above named applicant has applied for a position in the Tattnall County School System. Your evaluation will be a service to this office and the applicant. Please do not return this form to the applicant. This is confidential information and will not be shared with the applicant. Please feel free to use the reverse side for additional statements.

Confidential Information

Please check in the appropriate column your appraisal of this applicant.

What is your relationship to this candidate?

- Supervisor Peer Friend Subordinate Student Other

What position and responsibilities did this person hold? _____

How well would you say this person responds to supervision?

- Poor Fair Good Very Good Excellent

How would you rate this person's attendance?

- Poor Fair Good Very Good Excellent

How would you rate this person's dependability?

- Poor Fair Good Very Good Excellent

How would you rate this person's willingness to assume responsibility?

- Poor Fair Good Very Good Excellent

How would you rate this person's ability to follow instructions?

- Poor Fair Good Very Good Excellent

How would you rate this person's quality of work?

- Poor Fair Good Very Good Excellent

What are this person's strong points? _____

What are this person's weak points? _____

What is the reason for this person's separation from employment? Voluntary Involuntary

If given the opportunity, would you employ/reemploy this person? YES NO

Would you like to add any additional comments? _____

Name of Person Giving Reference: _____

Date: _____