



SEMINOLE COUNTY PUBLIC SCHOOLS, FLORIDA

Department of Human Resources

400 East Lake Mary Boulevard

Sanford, FL 32773-7127

(407) 320-0000, FAX 320-0284, TDD 320-0290, INTERNET <http://www.scps.k12.fl.us>

B - Educational Support Professional Reference Form - B

TO BE COMPLETED BY APPLICANT: Please **PRINT** all sections. Your name should be written **as it appears on your social security card**. Provide your current/former employer with this form. The employer should mail the completed form to Human Resources at the address listed above.

Full Legal Name _____
LAST FIRST MIDDLE

Social Security Number _____ / _____ / _____ Home Phone Number (____) _____

Address _____ Email Address _____

I authorize you to provide Seminole County Public Schools with information regarding my suitability for employment. I have applied for an educational support professional position in the following area(s).

_____ List position(s) for which you wish to be considered.

Signature _____ Date _____ Dates of employment with this reference _____

TO BE COMPLETED BY REFERENCE: Mail reference to the HR Department at the SCPS address listed above or return to the applicant in a sealed, company envelope.

Reference Name _____ Title _____

Company/School _____ Address _____

City _____ County _____ State _____ ZIP Code _____

Country _____ Business Phone _____ Internet Address _____

Applicant's Position _____ Is applicant currently employed with your company? Yes No

If not currently employed, would you rehire this individual? Yes No

PLEASE RATE THE APPLICANT'S PROFESSIONAL AND PERSONAL QUALITIES.

RATING SCALE

- 5 = Excellent
- 4 = Very Good
- 3 = Good
- 2 = Fair
- 1 = Poor
- 0 = Unknown

QUALITIES

- A. Performance Productivity
- B. Work Attitude
- C. Professional Management
- D. Inter-Personal Relations
- E. Dependability
- F. Initiative Responsibilities

Pursuant to Florida Statute 1001.42(6), has the employee had any disciplinary actions imposed (i.e. referral to Professional Practices Services, suspensions, written reprimands)? Yes No If Yes, please provide specific actions and dates of offenses. If not currently employed, please include the reason why the employee left your company/school. Please comment on the employee's work habits and sign/date as indicated below.

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.