



# 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:** Provide your current/former employer with this form. It should be mailed to you in a sealed company envelope, and then sent to the address listed above. **PRINT** all sections. Your name should be written as it appears on your social security card.

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 directly to the applicant at the address above, 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.