

Pike County School System

316 South Mayo Trail
Pikeville, KY 41501-1522

TO: _____
Name Title

Address _____
City, State Zip

I hereby give you permission to complete and release this reference form to the Pike County Schools. I agree that the information requested will become a part of my personnel file as an applicant or employee of the Pike County Schools, and I agree that the information will not be disclosed to me, but is to be treated as confidential by the Pike County Board of Education. I waive my right to see this information. I further release and agree to hold harmless the Pike County Board of Education and the persons and/or legal entities completing the reference form from any and all claims, demands, actions, and causes of actions which I might have resulting or to result from the furnishing or utilization of the information requested and/or provided.

Date Print Applicant's Name Social Security Number

Position Applied For: _____

CONFIDENTIAL

The above named person has filed an application for employment with the Pike County Schools. In completing the application, the applicant has indicated that you may be able to help us in evaluating his/her potential as an employee.

Will you please help us by completing the inquiry on the reverse side of this letter and adding any comments you may care to make?

Your cooperation and promptness in returning this inquiry to us will be greatly appreciated.

Sincerely,
Reed Adkins, Superintendent
Pike County Schools

TO THE APPLICANT: Please send a copy of this form to all references listed in your employment application. You should include a pre-addressed, stamped envelope to be mailed directly to:

Personnel Department
Pike County Schools
316 South Mayo Trail
Pikeville, KY 41501

Print Name of Applicant: _____ SS No.: _____

OFFICIAL CONFIDENTIAL INFORMATION

Based on your experience, please rate the applicant as follows:

Please indicate by checking:

	Outstanding	Above Average	Average	Fair	Below Average	Unknown
Professional reliability and attitude:	_____	_____	_____	_____	_____	_____
Participation in school and community activities:	_____	_____	_____	_____	_____	_____
Maturity in social and intellectual areas:	_____	_____	_____	_____	_____	_____
Regularity of attendance:	_____	_____	_____	_____	_____	_____
Responsibility in areas of morality:	_____	_____	_____	_____	_____	_____
Supports School Policies:	_____	_____	_____	_____	_____	_____
Acceptance of constructive supervision:	_____	_____	_____	_____	_____	_____
Cooperation with administration and faculty:	_____	_____	_____	_____	_____	_____
Concern for the individual child:	_____	_____	_____	_____	_____	_____
Success in teaching (known or projected):	_____	_____	_____	_____	_____	_____
Capability in curriculum, materials, techniques:	_____	_____	_____	_____	_____	_____
Ability to control classes:	_____	_____	_____	_____	_____	_____
Enthusiastic and vivacious in teaching:	_____	_____	_____	_____	_____	_____
Personal appearance:	_____	_____	_____	_____	_____	_____
Health:	_____	_____	_____	_____	_____	_____
Use of English:	_____	_____	_____	_____	_____	_____
Punctuality:	_____	_____	_____	_____	_____	_____
Attitude toward work:	_____	_____	_____	_____	_____	_____

How long have you known applicant? _____ Would you recommend employment of the applicant as a teacher? Yes _____ Without reservation _____ With reservations _____ Cannot recommend _____ Explain: _____

Would you want this person to work with YOUR CHILD in an educational setting? Yes _____ No _____

Information given above is based on (check items which apply):

Personal acquaintance with applicant _____ Worked under my supervision _____
Student in my classes at school _____ A co-worker _____
Student teacher under my supervision _____

REMARKS:

Firm or School

Signature

Address

Position

City/State/Zip Code

Phone Number