Prince William County Public Schools
REFERENCE FORM

The Prince William County Public Schools (PWCS) application process requires submission of two (2) professional references from previous or current supervisor(s). The applicant should complete Section I and forward the form to the person who will be completing the reference questions in Section II.

SECTION I *(to be completed by the applicant)*

DEAR _____ DATE_____

(List the individual that will be providing the reference i.e. previous/current supervisor)

I am applying for a position with PWCS. Please complete the appropriate evaluation categories that apply to your knowledge of my background and forward to the Department of Human Resources (DHR). I understand the information provided will be confidential and will not be shared with me. I waive all rights of examination.

_____ _____

Applicant's Name *(Please Print)* Applicant's Signature

_____ _____

Applicant's Phone Number Applicant's Social Security or PID Number

SECTION II *(to be completed by reference provider)* **Please rate the following areas:**

	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	UNKNOWN
Judgment	_____	_____	_____	_____
Personal Appearance	_____	_____	_____	_____
Leadership	_____	_____	_____	_____
Communication Skills	_____	_____	_____	_____
Command of English Language	_____	_____	_____	_____
Conduct/Character	_____	_____	_____	_____
Initiative & Resourcefulness	_____	_____	_____	_____
Attendance/Reliability	_____	_____	_____	_____
Cooperation/Attitude	_____	_____	_____	_____
Attitude toward Superiors	_____	_____	_____	_____
Classroom Mgmt (if applicable)	_____	_____	_____	_____
Overall Effectiveness	_____	_____	_____	_____

Does the applicant have the ability to supervise others? YES____ NO____

Is the applicant honest and trustworthy? YES____ NO____

Do you know of any circumstances or personal traits that would cause the applicant to be an undesirable employee?

YES____ NO____ If YES, explain:_____

How long have you known the applicant? _____

Reason applicant left your employment: _____ Would you rehire the applicant? YES____ NO____

Comments:_____

_____

_____ _____ _____

Name *(Please Print)* Position Phone Number

_____ _____ _____

Name of Employer *(Company/ School Division)* Signature Date

Please Fax: 703.791.8379 or Mail to: PWCS Attn: DHR, P.O. Box 389, Manassas, VA 20108

The Prince William County Public School Division does not discriminate in employment or in its educational programs and activities against qualified individuals on the basis of race, color, national origin, religion, sex, pregnancy, age, veteran status, or disability.