REFERENCE #1
King George County Public Schools
Personnel Department
P.O. Box 1239
King George, VA 22485

Part 1 – To be completed by Applicant and forwarded to your last employer and 2 previous employers.

Applicants Name: _____ Social Security No: _____
Last First Middle

Address:_____
Street City State Zip

I am an applicant with King George County Public Schools. I am requesting that you complete the information contained in part II.

I am applying for the following position(s): _____
Position(s) Applied For

_____ I waive my right to access to your response.
_____ I do not waive my right to access to your response.

Applicant's Signature: _____

Part II – To be completed by Reference Source and mailed to the address above.

	Superior	Above Average	Satisfactory	Less than Satisfactory	Unknown
Attendance					
Attitude/Enthusiasm					
Judgment					
Punctuality					
Character					
Knowledge of Work					
Quality of Work					
Communication Skills					
Response to Supervision					
Human Relation Skills					

~~if applicable~~

Classroom Management					
Instructional Effectiveness					
Model for Students					
Evaluation of Student Progress					
Rapport with Students					
Preparation and Organization of Learning Activities					
Parent/ Community Relations					

Is person under contract? ___ yes ___ no Would you reemploy?___ yes ___ no

Indicate exact dates of service: _____ Grades or subject taught: _____

Reference Signature:_____Title:_____ Date:_____

Organization: _____ Address: _____

REFERENCE #2
King George County Public Schools
Personnel Department
P.O. Box 1239
King George, VA 22485

Part 1 – To be completed by Applicant and forwarded to your last employer and 2 previous employers.

Applicants Name: _____ Social Security No: _____
Last First Middle

Address:_____
Street City State Zip

I am an applicant with King George County Public Schools. I am requesting that you complete the information contained in part II.

I am applying for the following position(s): _____
Position(s) Applied For

_____ I waive my right to access to your response.
_____ I do not waive my right to access to your response.

Applicant's Signature: _____

Part II – To be completed by Reference Source and mailed to the address above.

	Superior	Above Average	Satisfactory	Less than Satisfactory	Unknown
Attendance					
Attitude/Enthusiasm					
Judgment					
Punctuality					
Character					
Knowledge of Work					
Quality of Work					
Communication Skills					
Response to Supervision					
Human Relation Skills					

~~if applicable~~

Classroom Management					
Instructional Effectiveness					
Model for Students					
Evaluation of Student Progress					
Rapport with Students					
Preparation and Organization of Learning Activities					
Parent/ Community Relations					

Is person under contract? ___ yes ___ no Would you reemploy?___ yes ___ no

Indicate exact dates of service: _____ Grades or subject taught: _____

Reference Signature:_____Title:_____ Date:_____

Organization: _____ Address: _____

REFERENCE #3
King George County Public Schools
Personnel Department
P.O. Box 1239
King George, VA 22485

Part 1 – To be completed by Applicant and forwarded to your last employer and 2 previous employers.

Applicants Name: _____ Social Security No: _____
Last First Middle

Address:_____
Street City State Zip

I am an applicant with King George County Public Schools. I am requesting that you complete the information contained in part II.

I am applying for the following position(s): _____
Position(s) Applied For

_____ I waive my right to access to your response.
_____ I do not waive my right to access to your response.

Applicant's Signature: _____

Part II – To be completed by Reference Source and mailed to the address above.

	Superior	Above Average	Satisfactory	Less than Satisfactory	Unknown
Attendance					
Attitude/Enthusiasm					
Judgment					
Punctuality					
Character					
Knowledge of Work					
Quality of Work					
Communication Skills					
Response to Supervision					
Human Relation Skills					

~~if applicable~~

Classroom Management					
Instructional Effectiveness					
Model for Students					
Evaluation of Student Progress					
Rapport with Students					
Preparation and Organization of Learning Activities					
Parent/ Community Relations					

Is person under contract? ___ yes ___ no Would you reemploy?___ yes ___ no

Indicate exact dates of service: _____ Grades or subject taught: _____

Reference Signature:_____Title:_____ Date:_____

Organization: _____ Address: _____