



Department of Human Resources
8115 Gatehouse Road
Falls Church, Virginia 22042
AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT REFERENCE

PART I – TO BE COMPLETED BY APPLICANT

I am applying for a position as _____ at _____
 with Fairfax County Public Schools. Please complete the appropriate evaluation categories that apply to your knowledge of my background and mail to the Department of Human Resources.

Applicant's Name _____

I give permission for information pertaining to my work experience to be released to Fairfax County Public Schools, and I release the evaluator and Fairfax County Public Schools from liability for using that information. I understand that the evaluator will be providing this information on a confidential basis to Fairfax County Public Schools, and not to me, and I waive any right that I may have to review this release.

Signature of Applicant _____ **Date** _____

PART II – TO BE COMPLETED BY EVALUATOR

Type of Position Held by Applicant _____

Date of Service: From (Mo./Yr.) _____ To (Mo./Yr.) _____ Length of Service _____

Reason for Leaving _____

CATEGORY (check column)	Superior	Above Average	Average	Below Average	Unacceptable
• KNOWLEDGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• PERFORMANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• WORK HABITS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• ABILITY TO WORK WITH OTHERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• PERSONAL QUALITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• COMMUNICATION SKILLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• OVERALL RATINGS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS

Would you rehire or employ this applicant? Yes No

If no, please explain _____

Relationship to the Applicant (supervisor, co-worker, etc.) _____

Name of Person Completing Form (please print) _____

Business Name and Address (please print) _____

Business Telephone Number (area code and number) _____

Signature _____ **Date** _____