

**WEST BONNER COUNTY SCHOOL DISTRICT #83 PROFESSIONAL REFERENCE FORM**  
**This form is confidential and must be submitted to the district directly by the reference writer.**

**APPLICANT FILLS OUT BOXED AREA:**

I, (printed name) \_\_\_\_\_ have applied for a \_\_\_\_\_ position with the West Bonner County School District. I am required to have two (2) of these reference forms completed by supervisors in order to be considered for positions within the district. I ask that you carefully evaluate my professional background, in terms of your professional contact with me, by answering the questions on this form. With my signature on this form, I hereby authorize the release of information directly to the district. I release and hold harmless present and past employers, references and all persons and institutions whomsoever, from any charge because of furnishing the information below.

Deadline \_\_\_\_/\_\_\_\_/\_\_\_\_ Applicant Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**PREVIOUS EMPLOYER COMPLETES THIS BOX AND QUESTIONS BELOW**

FACTORS	Exceeds Standards	Meets Standards	Needs Improvement
1. <b>ADAPTABILITY TO DUTIES-</b> Ability to do a task as instructed without repeated directions			
2. <b>ATTENDANCE:</b> Attendance record and punctuality			
3. <b>DEPENDABILITY:</b> Able to complete assigned task without constant monitoring			
4. <b>RELATIONSHIP WITH CO-WORKERS:</b> Ability to work with a variety diverse personalities without creating or causing negative work environment			
5. <b>INITIATIVE/MOTIVATION:</b> Ability to start new project or move to next step of task without constant monitoring			
6. <b>LOYALTY:</b> Ability to support co-workers and supervisors in decision making without creating or causing a negative work environment			
7. <b>TACT:</b> Ability to make decisions and/or deal with co-workers, supervisors and others appropriately			
8. <b>COOPERATION/FLEXIBILITY:</b> Ability to accept changes			

**PLEASE RESPOND TO THE FOLLOWING QUESTIONS:**

- In what capacity and at what organization did the applicant work for you? \_\_\_\_\_
- Dates of employment: from \_\_\_\_\_ to \_\_\_\_\_.
- Frequency of your observations of the applicant: daily \_\_\_\_\_ several times during work week \_\_\_\_\_ every two weeks \_\_\_\_\_ monthly \_\_\_\_\_.
- What was your title at the time you worked with the applicant? \_\_\_\_\_
- Why did the applicant leave? \_\_\_\_\_
- Would you rehire? Yes \_\_\_\_\_ No \_\_\_\_\_ Please explain \_\_\_\_\_
- Did the applicant have custody of money and/or valuables? \_\_\_\_\_ If so, were these kept properly? \_\_\_\_\_
- Any other information we should take into consideration: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
 FORMER EMPLOYER NAME(PLEASE PRINT) SIGNATURE

\_\_\_\_\_/\_\_\_\_\_  
 DATE ADDRESS CITY/STATE/ZIP

**THANK YOU IN ADVANCE FOR YOUR ASSISTANCE IN EVALUATING THIS APPLICANT**

**PLEASE RETURN TO: West Bonner County SD. #83  
 Human Resources Dept.  
 134 Main St.  
 Priest River, ID 83856**

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\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
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