

**OCEAN SPRINGS SCHOOL DISTRICT
P. O. BOX 7002
OCEAN SPRINGS, MS 39566
REFERENCE FORM**

_____ has applied for a(n) _____ position in our school district and has given your name as a reference. Leave blank those items of which you have no knowledge. Make any additional comments on back of form. ***Please return this form at your earliest convenience to P. O. Box 7002, Ocean Springs, MS 39564 Attn: Personnel.***

The undersigned applicant hereby authorizes you to respond freely and fully to this reference check and releases you from any and all claims which may arise from furnishing the information requested below.

Applicant Signature _____ Date _____

1. PLEASE RATE THE APPLICANT ON THE FOLLOWING CHARACTERISTICS:

	Superior	Above Average	Average	Below Average	Poor
Communication Ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Acceptability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal Appearance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motivation/Ambition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intelligence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability To Work With Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. CHECK ANY TRAITS BELOW WHICH CHARACTERIZE THE APPLICANT:

- | | | |
|---|--|--|
| <input type="checkbox"/> Nervous | <input type="checkbox"/> Argumentative | <input type="checkbox"/> Easily embarrassed |
| <input type="checkbox"/> Tense | <input type="checkbox"/> Impatient | <input type="checkbox"/> Frequently worried |
| <input type="checkbox"/> Discouraged | <input type="checkbox"/> Intolerant | <input type="checkbox"/> Prejudiced toward race or nationalities |
| <input type="checkbox"/> Depressed | <input type="checkbox"/> Domineering | <input type="checkbox"/> Lacks humor |
| <input type="checkbox"/> Irritated | <input type="checkbox"/> Sullen | |
| <input type="checkbox"/> Critical of others | | |

3. RATE THE APPLICANT'S FITNESS FOR A(N) _____ ASSIGNMENT:

- Superior Above Average Average Below Average

4. Assuming that this applicant is hired, would you have any hesitation in allowing your child to have one-on-one contact with this person in a setting without adult supervision? YES NO

5. OTHER COMMENTS:

DATE _____ SIGNATURE _____

Please print Name: _____ Daytime Phone _____

Relationship to applicant: _____ I have known this applicant for: _____ yrs/mths.