

MISSION CONSOLIDATED INDEPENDENT SCHOOL DISTRICT REFERENCE FORM

I have applied for employment with Mission Consolidated Independent School District. I hereby give the District permission to make inquiries of references and former employees concerning my performance in the past and general character. I hereby authorize the party receiving this form to give full and complete information as may be requested by the Mission Consolidated Independent School District.

I further agree that the information requested will become part of my personnel file.

Applicant Please Complete

Name of Applicant: _____ Last 4 Digits of SSN: _____

Applicant's Signature: _____ Date: _____

Position Applying For: _____

Please return this form to: OFFICE OF HUMAN RESOURCES • MISSION CISD • 1201 BRYCE DRIVE • MISSION, TEXAS 78572

PLEASE RATE THIS APPLICANT BY CHECKING THE APPROPRIATE BOX BELOW

	Exceeds	Proficient	Average	Below	Unsatisfactory	No Basis for Judgement
PERSONAL QUALITIES						
Dependability - Attendance, Punctuality						
Personality						
Communication Skills						
Ambition						
Cooperation						
Loyalty						
Professional Attitude						
Commitment to Profession						
PROFESSIONAL QUALITIES						
Organizational Skills						
Knowledge of Subject Matter						
Innovative - Abreast of Current Trends, Methods						
Classroom management - Discipline						
Rapport with Peers						
Rapport with Parents/Community						
Rapport with Administration						
Job Performance Results						
Overall Rating of this Person						

Would you employ this person? _____ Yes No Doubtful

To your knowledge, has this applicant been asked to resign, been fired or failed to be reemployed? _____ Yes No Don't Know

PERSON COMPLETING REFERENCE FORM (PRINT NAME)

ADDRESS

SIGNATURE

CITY / STATE / ZIP CODE

POSITION

PHONE NUMBER