

Edinburg Consolidated Independent School District Reference Form

I have applied for employment with Edinburg CISD. I authorize ECISD to make inquiries of references and former employers about my qualifications, general character, and past performance. I also authorize the party completing this form to give full and complete information as may be requested by ECISD. I understand and agree that the information provided will become part of my personnel file.

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

Applicant's Signature: _____ Date: _____

Position Applying For: _____

Return this form to: Edinburg CISD Personnel Department • 411 N. 8th Street • Edinburg, Texas 78541 or Fax to (956) 385-3343

RATE APPLICANT BY CHECKING APPROPRIATE BOXES BELOW

	Excellent	Proficient	Average	Below Average	Unsatisfactory	No Basis for Judgment
Initiative						
Dress/Grooming						
Dependability						
Professional Attitude						
Cooperation						
Attitude toward co-workers						
Attitude toward children						
Communication skills						
Listening skills						
Organizational Skills						
Accepts constructive criticism						
For Professional Applicants						
Classroom Management						
Instructional Strategies						
Learning Environment						
Knowledge of subject matter						
Rapport with Administration/Co-workers						
Rapport with Parents/Community						
Job Performance Results						

How long and in what capacity have you known the applicant? _____

Do you have any knowledge, which, if known to the prospective employer, would cause him/her to question employment or future success of the applicant? If so, please explain. _____

To your knowledge, has this applicant been asked to resign, been fired or failed to be reemployed? _____

Would you hire the applicant for the position desired? Yes No

Printed Name of Person Completing This Form

Address, City, State, Zip Code

Phone Number

Position Held

Signature

Date