APPLICANT : Please complete the information in this section prior to sending to your reference.
Name of Applicant:
Social Security Number:
Applying for Position:
I understand the information supplied is confidential and will not be shared with me. I waive all rights of examination.
Applicant's Signature & Date

Please complete this reference form and return it to St. John the Evangelist Catholic School or email it to info@sjcsvaldosta.org. PLEASE DO NOT RETURN THIS FORM TO THE APPLICANT.

Please complete the following section, checking the appropriate column for the factors about which you have adequate knowledge. Rate the applicant in relation to all employees or individuals you have known and/or supervised.

Strongly Agree	Agree	Disagree	Strongly Disagree

Describe applicant's attendance and punctuality record:
What is/was your association with applicant? Supervisor Other (please describe):
Organization Name & Location:
My title when I supervised applicant was:
Would you rehire this applicant? Yes No
Would you hire this applicant to work with or near your child or other children? Yes No General remarks or additional comments regarding points of strength or areas of improvement?
Would you prefer someone from the school call to discuss this applicant's qualifications in greater detail?YesNo
Name, Title
Signature, Date

Telephone Number