

Reference Questionnaire

**THREE REFERENCE QUESTIONNAIRES MUST BE COMPLETED AND VERIFIED
TO BE CONSIDERED FOR EMPLOYMENT WITH JEFFERSON COUNTY SCHOOLS**

Applicant/Employee: _____

Position: _____

This reference questionnaire must be completed by someone who is not related to the applicant/employee. This reference will be verified.

Date: _____

Name of Reference (Please Print): _____

Email Address: _____

Signature of Reference: _____

Phone _____ (You will be contacted to verify this reference)

1. How long have you known the applicant? _____ In what capacity:

2. Have you observed his/her work habits? (If yes please explain)

3. Do you know of any specific skills this person possesses in working with children?

4. Does he/she understand the need for accuracy in completing assignments?

5. Is she/he a dependable person? _____

6. Does she/he understand the needs of children?

7. Do you know any conditions making this applicant unsuitable for employment in a school setting

8. Additional Comments:

This reference has been verified by: _____
Principal, Supervisor, or HR Personnel