



RETURN TO:
 HOWARD COUNTY PUBLIC SCHOOL SYSTEM
OFFICE OF HUMAN RESOURCES
 10910 Route 108, Ellicott City, Maryland 21042
 Telephone: 410-313-6693 Fax: 410-313-6692

~ **SUPPORT/TEMPORARY SERVICES APPLICANT REFERENCE** ~

Part I – To be completed by the applicant.

To: _____

Applicants Name: _____

Position Applying For: _____

I hereby authorize _____ to release the information requested below to HCPSS.
 (Print the name of the evaluator)

Applicant Name: _____ Date: _____

Part II – To be completed by the evaluator.

The above-named person has applied for employment with the Howard County Public School System. Please evaluate this applicant in comparison to others you have known in a like position. Your response is confidential. The reference responses are important to us in evaluating qualifications and determining possible employment.

Type of position held by the applicant: _____ **Dates of Employment (From):** _____

Relationship to Applicant: _____ **(To):** _____
 (i.e. Current Supervisor, Former Employee, etc)

	Outstanding	Very Good	Average	Unsatisfactory	Unknown
Personality: gracious, congenial, enthusiastic					
Interpersonal: friendly, tactful, cooperative					
Work Habits: positive attitude, self-motivated, flexible					
Verbal & Written Communication: speaks and writes well					
Organization: efficient					
Character: maturity, sensitivity, honesty					
Stability: ability to handle difficult situations					
Attitude: professional, responsible					
Attendance: conscientious, dependable, punctual					
Leadership: initiative, self-confident					

How would you recommend this person as a fellow/prospective staff member?
 _____ Highly Recommend _____ Recommend _____ Recommend with reservations _____ Do not recommend

Would you re-employ this applicant without reservation? Yes _____ No _____ (If no, please provide comments on reverse side.)

Do you know of any specific reason why this applicant would not make a desirable employee? Yes _____ No _____
 (If yes, please provide comments on reverse side.)

Name: _____ Employer (if applicable): _____

Address: _____

City, State, Zip: _____ Phone Number: _____

Signature: _____ Date: _____

