

OCEAN SPRINGS SCHOOL DISTRICT  
P. O. BOX 7002  
OCEAN SPRINGS, MS 39566  
REFERENCE FORM

\_\_\_\_\_ has applied for a(n) \_\_\_\_\_ position in our school district and has given your name as a reference. Leave blank those items of which you have no knowledge. Make any additional comments on back of form. **Please return this form at your earliest convenience to P. O. Box 7002, Ocean Springs, MS 39564 Attn: Personnel.**

The undersigned applicant hereby authorizes you to respond freely and fully to this reference check and releases you from any and all claims which may arise from furnishing the information requested below.

Applicant Signature  \_\_\_\_\_ Date \_\_\_\_\_

**1. PLEASE RATE THE APPLICANT ON THE FOLLOWING CHARACTERISTICS:**

	Superior	Above Average	Average	Below Average	Poor
Communication Ability	5	4	3	2	1
Social Acceptability	5	4	3	2	1
Personal Appearance	5	4	3	2	1
Motivation/Ambition	5	4	3	2	1
Intelligence	5	4	3	2	1
Emotional Stability	5	4	3	2	1
Leadership	5	4	3	2	1
Ability To Work With Others	5	4	3	2	1

**2. CHECK ANY TRAITS BELOW WHICH CHARACTERIZE THE APPLICANT:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Nervous            | <input type="checkbox"/> Argumentative | <input type="checkbox"/> Easily embarrassed |
| <input type="checkbox"/> Tense              | <input type="checkbox"/> Impatient     | <input type="checkbox"/> Frequently worried |
| <input type="checkbox"/> Discouraged        | <input type="checkbox"/> Intolerant    | <input type="checkbox"/> Prejudiced toward  |
| <input type="checkbox"/> Depressed          | <input type="checkbox"/> Domineering   | race or nationalities                       |
| <input type="checkbox"/> Irritated          | <input type="checkbox"/> Sullen        | <input type="checkbox"/> Lacks humor        |
| <input type="checkbox"/> Critical of others |  |   |

IF THE APPLICANT SEEMS RELATIVELY FREE FROM ALL SUCH TENDENCIES, CHECK HERE \_\_\_\_\_

**3. RATE THE APPLICANT'S FITNESS FOR A(N) \_\_\_\_\_ ASSIGNMENT:**

Superior       Above Average       Average       Below Average

**IS THERE ANY REASON THIS PERSON SHOULD NOT BE CONSIDERED?** \_\_\_\_\_

**4. Assuming that this applicant is hired, would you have any hesitation in allowing your child to have one-on-one contact with this person in a setting without adult supervision?**       YES       NO

**5. OTHER COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

Please print Name: \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_ I have known this applicant for: \_\_\_\_\_ yrs/mths.