

**GREENE COUNTY SCHOOLS
REFERENCE CHECK**

Applicant: _____ Applying For: _____

The FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974 opens official records for the applicant's inspection. The LAW also permits the applicant to sign a WAIVER relinquishing rights to inspect letters of recommendation. The applicant's signature below constitutes a WAIVER signifying that the recommendation will remain confidential.

APPLICANT'S SIGNATURE: _____ DATE: _____

Brief summary of duties from this employment. _____

Please rate the following and make comments as appropriate.

	Poor	Below Average	Average	Above Average	Outstanding
Initiative	_____	_____	_____	_____	_____
Cooperation	_____	_____	_____	_____	_____
Dependability	_____	_____	_____	_____	_____
Attendance	_____	_____	_____	_____	_____
Attitude	_____	_____	_____	_____	_____
Work Quality	_____	_____	_____	_____	_____

Additional Comments: _____

Would you re-employ this person? _____ If no, why not? _____

OVERALL RATING

___ Poor (0) ___ Below Average (1) ___ Average (2) ___ Above Average (3) ___ Outstanding (4)

Signature of person giving reference: _____

Typed or Printed Name: _____

Position: _____ Phone: _____ Date: _____

**PLEASE INSERT THIS IN AN ENVELOPE, SEAL, AND SIGN ACROSS THE SEAL.
RETURN TO APPLICANT**