

**COMMERCE CITY SCHOOLS  
REFERENCE FORM**

**Please Return To:  
Commerce City Schools  
P.O. Box 29  
Commerce, GA 30529  
Phone (706) 335-5500  
Fax (706) 335-5214**

Name of Applicant \_\_\_\_\_

Social Security Number \_\_\_\_\_

Applying for Position as \_\_\_\_\_

I understand the information is confidential and will not be shared with me. I waive all rights of examination.

\_\_\_\_\_  
**Applicant's signature and Date**

The person named has applied for a position in the Commerce City School System and has listed you as a reference. Your evaluation will be a service to this office, the applicant, and possibly the children in our system. Please note that your evaluation NOT be shared with the applicant.

**PLEASE DO NOT RETURN THIS FORM TO THE APPLICANT**

	Not Observed	Lower 25% POOR	Middle 50% AVERAGE	Top 20% GOOD	Top 5% SUPERIOR
<b>WORK HABITS</b>					
Attendance					
Punctuality					
Follows instructions					
Observation of work rules					
<b>ATTITUDE</b>					
A diligent worker					
Works well with others					
Shows initiative					
Exhibits tact and self-control					
Attitude toward customer/clients					
<b>PERFORMANCE AND PRODUCTION</b>					
Quality of work					
Shows good judgment					
Promptness, neatness and accuracy with reports and records					
Learns new skills easily					

Should we telephone you for an additional evaluation? \_\_\_\_\_ Yes \_\_\_\_\_ No

How long have you known the applicant? \_\_\_\_\_ What is your relationship with the applicant? \_\_\_\_\_

If applicant was an employee:

Name of Business \_\_\_\_\_ Position Held: \_\_\_\_\_

Dates of Service From: \_\_\_\_\_ to \_\_\_\_\_ Would you rehire this applicant? \_\_\_\_\_ Yes \_\_\_\_\_ No

WOULD YOU FEEL COMFORTABLE WITH THIS APPLICANT WORKING NEAR OR AROUND YOUR CHILD OR OTHER CHILDREN?

\_\_\_\_\_ Yes \_\_\_\_\_ No

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature Printed Name Title/Company Phone Number**

\_\_\_\_\_  
**Street Address City/State Zip Code**