

TIFFIN CITY SCHOOLS

244 SOUTH MONROE STREET
TIFFIN, OH 44883
419.447.2515
419.448.5202 – FAX
WWW.TIFFIN.K12.OH.US

DATE

(NAME AND ADDRESS OF REFERENCE)

DEAR _____:

I HAVE SUBMITTED AN APPLICATION FOR A POSITION AS _____ WITH
TIFFIN CITY SCHOOLS. SINCE I CANNOT BE CONSIDERED FOR EMPLOYMENT UNTIL MY
REFERENCES ARE ON FILE, MAY I REQUEST THAT YOU COMPLETE THE REFERENCE
FORM ON THE REVERSE SIDE OF THIS LETTER. PLEASE MAIL THE COMPLETED FORM TO
TIFFIN CITY SCHOOLS AT THE ADDRESS LISTED BELOW:

**TIFFIN CITY SCHOOLS
PERSONNEL DEPARTMENT
244 SOUTH MONROE STREET
TIFFIN, OH 44883**

SINCERELY,

(APPLICANT'S SIGNATURE)

PRINT APPLICANT'S NAME

ADDRESS

CITY, STATE, AND ZIP CODE

PRINT APPLICANT'S NAME _____

SUPPORT STAFF
REFERENCE EVALUATION FORM

HOW LONG HAVE YOU KNOWN THE APPLICANT? _____

WHAT POSITION DID THE APPLICANT OCCUPY? _____

WHAT WAS YOUR RELATIONSHIP TO THE APPLICANT? _____

WHAT WAS THIS PERSON'S STRONGEST QUALITY? _____

WHAT WAS THIS PERSON'S WEAKEST QUALITY? _____

WHY DID THE APPLICANT LEAVE YOUR PLACE OF EMPLOYMENT? _____

WOULD YOU EMPLOY (OR RE-EMPLOY) THIS PERSON? _____

IF "NO," WHY? _____

PLEASE INDICATE BY CHECK MARK YOUR RATING OF THE APPLICANT IN COMPARISON WITH OTHERS WITH WHOM YOU HAVE HAD EXPERIENCE:

PERSONAL QUALITIES	EXCELLENT	GOOD	AVERAGE	POOR	UNKNOWN
APPEARANCE					
POISE AND SELF-CONTROL					
COOPERATION					
ENTHUSIASM					
PROFESSIONAL TRAITS					
USE OF ENGLISH					
INTEREST IN GENERAL ACTIVITIES					
ADAPTS TO NEW SITUATIONS					
ABILITY TO INTERACT WITH PEOPLE					
WORK ETHIC					
PUNCTUALITY					
USE OF EFFECTIVE TECHNIQUES AND METHODS					
ORGANIZATIONAL SKILLS					
MANAGEMENT/NEATNESS OF WORK AREA					
PLEASANTNESS ON THE PHONE					
ATTENTION TO DETAIL					
PROOFING OF WORK					

SIGNED: _____ PRINTED NAME: _____

OFFICIAL POSITION: _____ BUSINESS AND ADDRESS: _____

PHONE NUMBER: _____

ADDITIONAL COMMENTS: _____
