



Frederick County Public Schools

Human Resources

FREDERICK COUNTY PUBLIC SCHOOLS Substitute Reference Form

RETURN FORM TO:

Frederick County Public Schools
Human Resources
1415 Amherst Street
Winchester, VA 22601

Applicant: This form should be completed by one of your current or previous supervisors. If you do not have current work experience, references will be accepted from organizations or individuals where the applicant performed as volunteer or unpaid helper/assistant, completed an internship program, or from a supervising teacher/professor. All applications and accompanying records become property of the School Board and are not available to candidates. Incomplete forms will not be accepted.

Name of Applicant: _____

Maiden Name _____

I have applied for a substitute position at Frederick County Public Schools (FCPS) and would like for you to complete the form below in order for my application to be considered. I authorize the addressed individual to give information regarding my employment, job performance, and any other information he or she may have about me to FCPS. I release the reference from any liability from complying with my request.

Signature of Applicant: _____ Date: _____

TO BE COMPLETED BY PREVIOUS EMPLOYER: The applicant named above is applying for a position with the Frederick County Public Schools and is requesting that you provide reference information.

What was the applicant's position with your company? _____

Please provide employment dates: From _____ To _____

Would you recommend/rehire this person if you had a vacancy? Yes No

Do you know any reason this person should not work around children? Yes No If yes, please explain: _____

Based on your professional judgment of the applicant as a candidate for employment as a school system substitute, please mark the applicable rating of the characteristics shown below.

Professional Qualities	Outstanding	Above Average	Acceptable	Below Acceptable	No basis for Judgment
Dependability					
Ability to Communicate Effectively					
Ability to Work With Others					
Professional Demeanor					
Flexibility/Initiative					
Ability to Follow Directions					
Ability to Work with Children					
Ability to Work Independently					
Judgment					

Any additional information that would assist in the overall evaluation of this applicant: (you may add additional sheets)

Your title while supervising the applicant: _____

Printed Name of Reference: _____ Company Name: _____

Company Address: _____ Phone Number: _____

Signature of Reference: _____ Date: _____