



CLASSIFIED REFERENCE FORM

Applicant's Name: _____
First
Middle
Last

Waiver of Access (to be signed by the applicant)

I, the undersigned applicant, waive the right to personal access to this recommendation form.		
Name (print or type)	Signature	Date

Name of Reference _____ **Title** _____

School/Business _____ **Telephone No.** _____

Address of Reference _____

The above candidate has applied for a position as a classified employee with the Lynchburg City Schools and has given your name as a reference. The reference form will be included in the applicant's file for review by school administrators. This form is confidential and will not be shared with the applicant. Your prompt reply will be appreciated. Please complete and return this form via the options listed at the bottom of this form.

Directions: Please rate the applicant by marking a descriptor for each trait.

PROFESSIONAL TRAITS	Outstanding	Above Average	Average	Below Average	Not Acceptable	Not Observed
Attendance/punctuality						
Scholarship						
Personal initiative						
Ability to work with others						
Language and communication skills						
Demonstrates good judgment						
Requires minimum supervision						
Uses time effectively						
Follows policies and rules						
Work performance						
Overall Appraisal						

- | | |
|--|--|
| <p>1. I have known the applicant
 _____ As a student _____ As an employee</p> <p>2. How long have you known the applicant?
 _____</p> <p>3. If former employee, why did applicant leave your employ?
 _____</p> | <p>4. Would you hire (rehire) this applicant?
 _____</p> <p>5. Please comment on any additional information you feel we may need to know as a prospective employer.
 (use reverse side if necessary)

 _____</p> |
|--|--|

Return to: Department of Personnel
 Lynchburg City Schools
 915 Court Street
 Lynchburg, VA 24504 or
 FAX: 434-522-2365
 EMAIL: personnel@lcsedu.net