

THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

EMPLOYMENT REFERENCE FORM

The School District of Osceola County, Florida
Department of Human Resources and Employee Relations
817 Bill Beck Boulevard Kissimmee, FL 34744-4495
Fax 407-870-4961

TO BE COMPLETED BY APPLICANT

Applicant Name _____ Last 4 Digits of SSN: _____
Last First M.

Previous Names(s) (Maiden) _____

Name of previous supervisor _____

Company Name _____ Phone _____

I have applied with the School District of Osceola County, Florida for the following position(s)

I authorize you to provide The School District of Osceola County, Florida with information regarding my suitability for employment. I further release and hold harmless my former employer from any action or liability for any information provided or statement made in good faith.

_____/_____
Applicant Signature / Date

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1. How long have you known the applicant? _____

2. In what capacity have you known the applicant?
 Personal Co-worker Subordinate Other

3. What was the applicant's position? _____

4. Describe the duties of the applicant _____

5. What were the dates of employment? From _____ to _____
Month/Day/Year Month/Day/Year

6. What was the applicant's reason for leaving? _____

7. Did the applicant receive any disciplinary action or reprimand? Yes No Not known

8. Was the applicant asked to resign? Yes No Not Known

9. Did the applicant pass a probationary period? Yes No Not Known

10. Was the applicant's certificate/contract suspended, revoked or non-renewed? Yes No
 Not Known
Reason (if known) _____

11. If a vacancy existed in your school/business for which the applicant was qualified would you recommend him/her for employment? Yes No

If no, please explain _____

This form will not be shown to the applicant or other member of the public unless specifically requested, in compliance with FS 119, Public Records Law.

