

SUMMER APPLICANT WORK REFERENCE



www.e1b.org 355 HARLEM ROAD • WEST SENECA • NEW YORK • 14224-1892

Applicant: Please complete section A, B and D and submit to two former employers. Fully completed documents must be returned to Erie 1 BOCES Special Education Office in order for your application to be considered.

A TO: _____

(Name & Address of reference)

B RE: _____
Applicant's Name (Printed)

Position Applied For

| |
|---|
| <p>I hereby authorize the release of any information requested on this form and</p> <p><input type="checkbox"/> waive my right to inspect this form when it is completed.</p> <p><input type="checkbox"/> retain my right to inspect this form when it is completed. I understand that I am not required by Erie 1 BOCES to waive that right.</p> <p>_____ (Applicant's Signature/Date)</p> |
|---|

The individual named above has applied for employment with the Erie 1 BOCES organization and has given your name as a past employer reference. He/She has authorized the collection of any information concerning past performance. We would appreciate your reply to the questions asked on the reverse side of this form and verification of the information that the applicant has provided us. Enclose additional information if you wish. All information is confidential.

C Thank you for your assistance

NOTE: If the parentheses below are checked, only verification of employment is required (PART E 1, plus signature).

()

If a full reference is requested but it is against the policy of your organization to provide evaluative information, please place a checkmark in the parenthesis below and complete only the employment verification section. (Part E 1, plus signature)

()

Please Return This Document To:

**Erie 1 BOCES
Special Education Department
355 Harlem Road
West Seneca, New York 14224
ATTN: Summer School**

over...

WORK REFERENCE

D (TO BE COMPLETED BY APPLICANT)

Applicant's Name _____

Name used while employed if different _____

Position _____ Grade Level _____

Employment Dates _____ Tenure Granted Yes No Date _____

Was employment on full-time basis? Yes No If no, please explain _____

E (TO BE COMPLETED BY FORMER EMPLOYER)

1. Is the above information correct? Yes No If no, please explain _____

2. Did this person give proper notice? Yes No

Would you rehire? Yes No Please explain _____

3. Did the above named person resign to avoid disciplinary action? Yes No

4. Please rate applicant on the following

| | Above Average | Average | Below Average | No Knowledge |
|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Ability to work with others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Appearance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Attendance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooperation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dependability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Initiative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Job Knowledge | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Judgement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Quality of Work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Quantity of Work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Overall Rating _____

Comment _____

FORMER EMPLOYER SECTION COMPLETED BY:

Print Name _____

Signature _____ Title _____ Date _____