REQUEST FOR REFERENCE

Fort Worth Independent School District 100 N. University Drive, Fort Worth, Texas 76107



I, (PRINT NAME), have applied for a(n) Fort Worth ISD and would appreciate your time and consideration in this pre-evaluation process.					p	osition with
I,						
APPLICANT'S SIGNATURE SOCIAL SECURITY # DATE						
Applicant's Name:		actory	table	ndable	ırly nding	served
Please use the rating scale to the right of each topic a appropriate alpha character below the response that opinion of the applicant in relation to the topic.		Unsatisfactory	Acceptable	Commendable	Clearly Outstanding	Not Observed
Your opinion of the applicant's:						
Mastery of specified job skill or subject matter		U	A	C	О	N
Efforts toward self improvement		U	A	C	0	N
Cooperation with associates/peers		U	A	C	O	N
Ability to motivate others		U	A	C	O	N
Initiative/energy/enthusiasm on the job		U	A	C	O	N
Maturity/demonstration of good judgment		U	A	C	0	N
Ability to provide loyal support		U	A	C	0	N
Dependability		U	A	C	0	N
Promptness and attendance		U	A	C	0	N
Ability to operate equipment related to position specified		U	A	C	0	N
Classroom management skills(Teaching positions only)		U	A	C	0	N
Organizational skills		U	A	C	0	N
Response to supervision.		U	A	C	0	N
Poise and self-control.		U	A	C	0	N
Personal appearance		U	A	C	0	N
Ability to be tactful in personal relations		U	A	С	О	N
What is your general estimate of the applicant as	a whole?	U	A	С	0	N
Your observations were made as the applicant's: Supervisor Co-worker Teacher Other Your title at that time was:						
Was the applicant employed by your firm or school? Yes No N/A						
Was the applicant asked to terminate? Yes			_			
Would you rehire the applicant? Yes No N/A						
Did the applicant require supervision? None Minimum Moderate Maximum N/A						
Additional remarks?						
						
RESPONDENT'S NAME (PRINT)	T'S NAME (PRINT) RESPONDENT'S SIGNATURE DAT			ATE		
COMPANY NAME	CURRENT POSITION TITLE TE			ELEPHONE #		