UNION COUNTY PUBLIC SCHOOLS – HUMAN RESOURCES DIVISION
CLASSIFIED CONFIDENTIAL TELEPHONE REFERENCE FORM

Applicant's Name: _____ Position Desired: _____

Recommender's Name: _____ Title: _____

School or Organization: _____ Phone: _____

Address: _____
Street City State Zip

Principal's/Supervisor's Printed Name: _____
Principal's/Supervisor's Signature: _____ Date: _____

Indicate the recommender's appraisal of the applicant.

Qualification Characteristics	Exceeds Expectations	Meets Expectations	Needs Improvement	Unsatisfactory	Not Observed
Character (general conduct, ethics, morals)					
Personal Appearance (dress, grooming)					
Promptness					
Dependability					
Thoroughness					
Thorough knowledge of the job					
Communication skills (oral)					
Communication skills (written)					
Handling of routines/responsibilities					
Willingness to accept criticism					
Enthusiasm toward work					
Evidence of professional growth					
Ability to work without close supervision					
Ability to work closely with co-workers/others					
Interaction with co-workers					
Interaction with supervisors					
Overall Rating					

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

Would you hire (or re-hire) this person for a position in your organization? **YES/NO**

Identify specific strengths or areas in need of improvement. _____