

ADMINISTRATOR REFERENCE FORM
CITRUS COUNTY SCHOOL BOARD
Director of Human Resources
1007 W. Main Street
Inverness, Florida 34450-4698
Telephone: (352) 726-1931 Fax: (352) 726-4418

Instructions: Applicant is to complete the front of this form and then forward the form to the employer or supervisor named below for completion of the back of this form. The completed forms must be received by the Citrus County School District Human Resources Department within three days after the position posting deadline.

The applicant named below is seeking employment in an administrative or supervisory position in the Citrus County School District. Please record your assessment of this applicant's performance and return this form to the address listed above. The Citrus County School District employs qualified individuals who have demonstrated their ability to perform well on the job and serve as good role models for students. Please provide your honest, straightforward comments that will be helpful in selecting the best applicant for employment.

INFORMATION TO BE COMPLETED BY THE APPLICANT:

Supervisor's or Employer's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Work:(____)_____ Home: (____)_____ Cell: (____)_____

E-mail Address: _____

This form is being sent from the person listed below:

Applicant's Name: _____ Social Security No.: _____

Position Held: _____ Number of Years in Position: _____

Position for which applicant is applying: _____

I authorize the addressed individual to give information regarding my employment, job performance, and any other information he or she may have about me to the Citrus County School District. I do hereby release the addressed individual connected therewith from all liability for any damage whatsoever incurred in furnishing such information.

Applicant's Signature: _____ Date: _____

Over

Applicant's Name: _____

TO BE COMPLETED BY SUPERVISOR/EMPLOYER: Rate applicant by checking each area in the appropriate column.

| AREA | OUTSTANDING | EXCEEDS EXPECTATION | MEETS EXPECTATION | BELOW EXPECTATION | UNKNOWN |
|---|-------------|---------------------|-------------------|-------------------|---------|
| Proactive orientation | | | | | |
| Exhibits decisiveness | | | | | |
| Committed to vision and mission of organization | | | | | |
| Sensitive to others | | | | | |
| Analyzes data | | | | | |
| Makes decisions from factual information | | | | | |
| Uses alternative or multiple concepts when solving problems | | | | | |
| Resolves conflict | | | | | |
| Shows and builds enthusiasm | | | | | |
| Demonstrates concern for the organization | | | | | |
| Adapts behavior to fit the situation | | | | | |
| Sets standards for self and others | | | | | |
| Monitors tasks assigned to others | | | | | |
| Holds high and positive expectations | | | | | |
| Develops a plan to achieve goals | | | | | |
| Delegates tasks appropriately | | | | | |
| Communicates in an open, honest manner | | | | | |
| Expresses ideas in writing clearly | | | | | |
| Is aware of the impact decisions have on the organization | | | | | |

1. What was the applicant's major responsibility while employed with you? _____

2. Did the applicant leave your employment? [] Yes [] No

3. Would you hire this individual? [] Yes [] No If yes, under what circumstances or conditions? _____

4. Using the above scale, what would be your overall evaluation of this applicant? _____

Supervisor's/Employer's Signature: _____ Title: _____ Date: _____

Please return this form to: Director of Human Resources, 1007 West Main Street, Inverness, FL 34450