

THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

801 Bill Beck Boulevard, Building 4

Kissimmee, Florida 34744

Phone: (407) 870-4800 Fax: (407) 870-4961

EMPLOYMENT REFERENCE CHECK FORM

DIRECTIONS: This form is required to be used by the principal or supervisor offering the position to the intended candidate.

Section 1012.27(6), Florida Statutes, titled *public school personnel: powers and duties of district school superintendent*, and School Board Rule 6.17 require employment history checks.

Candidate Name _____

Position _____

Job Site/School _____

First Reference

(Most Recent Employer)

Name/Title _____

Contact Phone Number _____

Name of Organization _____

1st Attempt Date _____ Yes ___ No ___

2nd Attempt Date _____ Yes ___ No ___

3rd Attempt Date _____ Yes ___ No ___

Questions to ask contact (document answers below):

1. Did the employee receive any discipline while in your employ? _____

2. Were there any concerns noted within this employee's annual evaluations? _____

3. What was the reason for separation from your employ? _____

4. Would you rehire this employee? _____

Signature

Print Name

Second Reference

(Previous Employer)

Name/Title _____

Contact Phone Number _____

Name of Organization _____

1st Attempt Date _____ Yes ___ No ___

2nd Attempt Date _____ Yes ___ No ___

3rd Attempt Date _____ Yes ___ No ___

Questions to ask contact (document answers below):

1. Did the employee receive any discipline while in your employ? _____

2. Were there any concerns noted within this employee's annual evaluations? _____

3. What was the reason for separation from your employ? _____

4. Would you rehire this employee? _____

Date