

CONFIDENTIAL RECOMMENDATION FORM

Classified position

Applicant *Please complete this section.*

At least one must be from a Supervisor

Position Applied for: _____				
Name _____		_____		
Last	First	Middle Initial		
Address _____				
Street	City	State	Zip	
Work Phone _____	Home Phone _____	Cell Phone _____		
<i>Please read the statement below and sign where indicated.</i>				
I release from liability all persons and organizations reporting information requested by this Confidential Recommendation Form.				
Applicant's Signature _____				Date _____

The person named above is applying for a classified position in the Chula Vista Elementary School District. We are interested in your assessment of this applicant. Please complete this form and return it along with any attachments directly to the address listed below. Thank you and be assured that all information will remain confidential.

1. How long have you known the applicant? From: _____ To: _____
2. In what capacity have you known this applicant: _____
3. Based on your experience, please evaluate the applicant in each of the areas below:

	Exceptional	Excellent	Acceptable	Needs Improvement	Unable to Judge
PHYSICAL APPEARANCE					
PUNCTUALITY					
HONESTY AND TRUSTWORTHINESS					
PHYSICAL FITNESS					
WORK ATTITUDE					
ATTITUDE TOWARD OTHERS					
QUALITY OF WORK					
PERSONAL HABITS					
GENERAL RATING					

Additional Comments: (use reverse side for additional comments)

Signature _____	Name _____	(Please Print or Type)
Position or Title _____	Company _____	
Address _____		
Telephone Number _____	Date _____	