



SWEETWATER UNION HIGH SCHOOL DISTRICT

Human Resource Services Division

1130 Fifth Avenue
Chula Vista, CA 91911

www.sweetwaterschools.org

Phone: (619) 691-5530
FAX: (619) 420-6836

• Classified Reference Form •

APPLICANT

TO BE COMPLETED BY THE APPLICANT

I, _____ have applied for a position as a(n) _____

PRINT NAME
JOB TITLE

 with the Sweetwater Union High School District and would appreciate your help in completing the reference form below and mailing it to the Sweetwater Union High School District at the address listed above. Thank you for your assistance.

My name during my term of employment with you was _____ and I was employed as a(n) _____

PRINT NAME

 _____ from _____ to _____

JOB TITLE
MONTH/YEAR
MONTH/YEAR

SIGNATURE
SOCIAL SECURITY NUMBER
DATE

REFERENCE

TO BE COMPLETED BY THE PERSON PROVIDING THE REFERENCE

Note: Please mail this reference form directly to the Sweetwater Union High School District. Do not return it to the applicant. Your reply will be kept in the strictest confidence.

I have known the person named above during the period (enter dates): _____ to _____

My **PROFESSIONAL** relationship to the applicant has been that of: _____

Position(s) held by the applicant during the referenced time period: _____

Based on my opinion, the applicant's **STRONGEST** points are: _____

Based on my opinion, the applicant's **WEAKEST** points are: _____

Based on my observations regarding the applicant, I would would not recommend this applicant for the position(s) identified with the Sweetwater Union High School District.

I would rate the applicant in relation to other employees or students I have known as follows:

	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NO DATA
Dependability / Reliability					
Safety Consciousness: Self, Safety of Others, Equipment					
Acceptance of Direction / Change					
Ability to Work with Others					
Attitude towards Supervision					
Work Skills: Quality, Thoroughness, Accuracy, Quantity					
Attendance: Absenteeism, Tardiness					

Contact Information:

COMPANY NAME

ADDRESS

CITY

STATE

DATE

NAME OF PERSON COMPLETING FORM

JOB TITLE

()
PHONE NUMBER

SIGNATURE

"The Sweetwater Union High School District will fulfill the promise of 100% student success"

"Sweetwater Union High School District programs and activities shall be free from discrimination based on age, gender, gender identity or expression, or genetic information, sex, race, color, religion, ancestry, national origin, ethnic group identification, marital or parental status, physical or mental disability, sexual orientation; the perception of one or more of such characteristics; or association with a person or group with one or more of these actual or perceived characteristics." *SUHSD Board Policy 0410*

Form No: 8014 (Rev 1/15 SG)