

REFERENCES

11. List three (3) references excluding relatives and former employers:

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

12. (a) Do you know of any medical or other condition(s) that will prevent you from
Obtaining a school bus license? _____

All non-certified school based personnel hired as of July 1, 2005, shall be required to
Become a certified bus driver and maintain the license as long as employed by Bladen
County Schools.

(b) Have you ever been arrested, indicted, convicted or pleaded no contest to a violation of any
law (other than minor traffic violations)? _____

(c) Have you ever been discharged or asked to resign from a position? _____

If your answer to a, b, or c is "Yes" explain on bottom of this page.

Bladen County Schools is an equal opportunity employer.

Signature of Applicant _____

AUTHORITY OF RELEASE OF INFORMATION

I authorize the North Carolina Department of Justice through the State Bureau of Investigation, Division of Criminal Information to perform a North Carolina Criminal History Records Information check in connection with my application for employment or my employment with Bladen County Schools pursuant to N.S.G.S. 114-19.2.

I, the undersigned applicant/employee hereby expressly authorize the Bladen County Board of Education, its agents and employee to make any investigation of my personal or employment history, and /or state/federal criminal, law enforcement or traffic records. I further authorize any former employer, person, firm, corporation, credit agency, administrative body or governmental agency to give to the Board of Education, its agents or employees any information they may have regarding me. In consideration of the review of my employment application by the Bladen County Board of education, its agents or employees, I hereby release the Board of Education and any and all providers of information to whom this release is sent, from any liability as a result of furnishing or receiving this information.

I also understand that any falsification of information on my application for employment or in any personal interviews will be grounds for dismissal.

Last Name	First Name	Middle	Maiden

Social Security	Date of Birth	Sex	Race

I understand that the North Carolina State Bureau of Investigation, Division of Criminal Information, and its officials and employees shall not be held legally accountable in any way for providing this information to the above named schools and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information.

Applicant's/Employee's Signature	Date

Child Nutrition Department
P.O. Box 37
Elizabethtown, NC 28337
(910) 862-4136
Fax: (910) 862-4277

REFERENCE FORM

This applicant listed below is formally applying for a position in the Bladen County School System. As a part of our employment selection process, we request each applicant to forward a copy of this reference form to three persons who are uniquely familiar with his/her ability, potential, and/or past performance. Your prompt attention in completing the items and returning the form to us will be greatly appreciated. Your reply will be considered strictly confidential.

NAME OF APPLICANT (PLEASE PRINT) _____

POSITION APPLICANT IS APPLYING FOR _____

NAME OF REFERENCE _____ TITLE _____

ADDRESS OF REFERENCE _____

TO APPLICANT: Many people will not complete references unless confidentiality can be assured. If you wish this reference to be confidential, please sign and date the waiver of access below. All applicants and accompanying records become the property of the district and are not available to candidates. WAIVER OF ACCESS: I, the undersigned, waive any right of access to this reference.

Signature _____ Date _____

Please record in the boxes below a number from the following scale, which describes your competition of the above-named applicant with persons, you have known with comparable years of experience.

1. OUTSTANDING 2. ABOVE AVERAGE 3. AVERAGE 4. BELOW AVERAGE 5. UNKNOWN

Professional Attitude		Creativity	
Maturity		Physical Fitness	
Personal Appearance		Ability to relate to co-workers	
Promptness		Ability to work independently	
Attendance		General cultural awareness	
Efficiency in routine matters		Flexibility	
Dependability of judgment			

1. How long and in what capacity have you known the applicant? _____

2. What position did he/she hold? _____

3. Is this applicant open-minded and receptive to suggestions? _____

4. Would you employ or re-employ this applicant? _____

5. Has this applicant any physical, social, or other peculiarities or habits, which would make him/her undesirable as a teacher? _____

6. Does the applicant possess the ability to communicate effectively with the staff? _____

7. Would you prefer talking with us by telephone? _____ Number (____) _____

8. Please include any additional comments, which might aid us in the overall evaluation of this applicant.

DATE

SIGNATURE OF PERSON COMPLETING FORM

TITLE

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