

AUBURN-WASHBURN - USD 437
Please return to Lindsay Crawford
5928 SW 53rd ST. Topeka, KS 66610
Fax 785-339-4023 or email crawflin@usd437.net
WRITTEN REQUEST FOR REFERENCE
(CONFIDENTIAL)

MUST BE COMPLETED BY APPLICANT:

Name: _____ has applied to the Auburn-Washburn schools for employment as a **Substitute Teacher** and is acquainted with you or has stated that he/she was an employee of yours in the following capacity: _____

Please provide the information below.

I hereby authorize my former employers to furnish their records of my service, my reason for leaving their employ, and any other pertinent information. I also release any individual, partnership, or corporation which formerly employed me, its officers, agents, and employees from any liability for any damage whatsoever for issuing such information.

Applicant Signature: _____ **Date:** _____
print and sign or *type name (*by typing your name, you acknowledge this constitutes your signature)

REFERENCES

(Reference, please complete your portion of the form and return it to us by mail, email, or fax to (785) 339-4023 at your earliest convenience.)

A. TO BE COMPLETED BY PERSONAL REFERENCE ONLY:

How long have you known this person? _____ How do you know this person? _____
_____. In your own words, how would you evaluate this person? _____

Signature: _____ **Printed Name (if signature not typed):** _____ **Phone Number:** _____
print and sign or *type name (*by typing your name, you acknowledge this constitutes your signature)

B. TO BE COMPLETED BY FORMER EMPLOYER ONLY:

Employment dates: From: _____ To: _____ Position held: _____

Reason for separation: _____

Would you re-employ? Yes ____ No ____ If no, why not? _____

	EXCELLENT	GOOD	ADEQUATE	UNSATISFACTORY	UNABLE TO EVALUATE
Ability to Follow Direction					
Attendance Record					
Quality of Work					
Cooperation					
Ability to Carry Out Assigned Tasks					
Communication Skills					
Effective Use of Time					

Do you recommend this person for the position listed above? _____

Additional Comments: _____

Date: _____ **Company:** _____

Signature: _____ **Printed Name (if signature not typed):** _____ **PhoneNumber:** _____
print and sign or *type name (*by typing your name, you acknowledge this constitutes your signature)