CHRISTIAN CENTRAL ACADEMY STAFF REFERENCE REQUEST FORM

The following applicant, would appreciate you providing the information re	equested concerning possible em	ployment.	i Academy and	
The applicant consents to release of this reference	e information to Christian Centra	Academy.		
Applicant's Signature			Date	
he rest of this form is to be completed by a reated in a confidential manner not to be re	eleased or shared with the ap	plicant.		
Name of Reference:				
Between what dates have you observed the work of the applicant? Beginning:		:: E	Ending:	
What was your working relationship to the a	pplicant?			
What was your working relationship to the approximation held by applicant:				
Position held by applicant:	od Fair Poo	r		
Position held by applicant: Attendance/Promptness Record: Goo Please give reason applicant left or is leaving	od Fair Poo	r		
Position held by applicant: Attendance/Promptness Record: Goo Please give reason applicant left or is leaving	od Fair Poo	r		

Applicant's Job Performance	Does Not Meet Expectations	Needs Improvement in Performance	Meets Performance Expectations	Exceeds Performance Expectations
How effective was applicant in the job?				
How reliable was applicant about meeting deadlines?				
How well did applicant establish rapport with other employees?				
How cooperative was applicant with other employees?				
How well does applicant demonstrate careful short-term and long-term planning?				
Communication skills: - Oral - Written				
Applicant's knowledge of subject matter Ability to function effectively as a member of a team				
Ability to take risks and effectively implement change				
Effective interaction with staff				
Effective interaction with students				
Effective interaction with parents/community				
Ability to operate in a crisis situation				

Would you employ/re-employ this applicant? If no, please state reason: Boundary Do not recommend To the best of your knowledge, has the applicant ever been accused of immorality or inappropriate conduct If yes, please explain:					
Additional comments you would like to make regarding the qualifications, strengths and					
1. Strengths:					
2. Weakness:					
Signature of person completing this form:	Date:				
Please print name:	Title:				
Name of School District or Company:					
Telephone number (where you can be reached to verify this reference)					
Email address:					

Return this reference form by email or by regular mail (in a sealed envelope with your signature over the seal) to:

Mrs. Lori Williams
Executive Assistant to the Head of School
Christian Central Academy
39 Academy Street
Williamsville, NY 14221
lwilliams@christianca.com