



THE LEARNING CENTER, INC

PERSONAL AND PROFESSIONAL REFERENCE FORM

Return To: THE LEARNING CENTER
at The Els Center for Excellence
18370 Limestone Creek Road
Jupiter, FL 33458
561-320-9500

Date: _____

_____ is being considered for a teaching position.
(please print name)

Please summarize this persons professional skills. _____

How long have you known this person? _____

For what position is this person best suited? _____

Would you want this person to teach your child? _____

Other comments: _____

Would you hire/re-hire this person? ___Yes ___No

Name of person giving reference

Signature _____ Date _____

Position _____

Address _____

City _____ State _____ Zip _____

Phone Number



**THE LEARNING CENTER
REFERENCE- SECRETARIAL POSITION**

TO BE COMPLETED BY APPLICANT

Applicant Name (print) _____
Last
First
M.I

I authorize you to provide THE LEARNING CENTER, INC, with information regarding my suitability for employment. I further agree that the information will not be disclosed to me, and I hereby waive my right to review this reference.

Applicant Signature Date

TO BE COMPLETED BY REFERENCE (NON-RELATED)

Please consider this applicant in relation to the DIMENSIONS below. Using the scale provided, indicate your rating by checking (√) the appropriate box.

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- | | |
|--------------------------------------|----------------------------|
| 5 = Extremely competent/professional | 2=Less than competent |
| 4 = Very competent/professional | 1=Much less than competent |
| 3 = Competent/professional | 0=Not observed |

DIMENSIONS	5	4	3	2	1	0
PUNCTUALITY AND RELIABILITY-						
CONDUCT – (Professional, abides by rules)						
ORGANIZATION AND DEVELOPMENT – (efficient use of time, review of necessary job duties, management of self and responsibilities)						
VERBAL AND NONVERBAL COMMUNICATION – (control of discourse, emphasis task attraction and challenge, speech and body language)						

ADDITIONAL COMMENTS: (Use additional paper, if necessary, and attach)

Print Name: _____

Signature Date

School/Agency Name: _____

Street City State Zip

Position: _____

Phone number for reference verification: () _____



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THE LEARNING CENTER, INC
NON-INSTRUCTIONAL
PERSONAL AND PROFESSIONAL REFERENCE FORM

Date: _____

_____ is being considered for a non-instructional position.
(please print name)

Please summarize this person's professional skills. _____

How long have you known this person? _____

For what position is this person best suited? _____

Would you want this person to teach your child? _____

Other comments: _____

Would you hire/re-hire this person? ___Yes ___No

_____ Name of person giving reference

Signature _____ Date _____

Position _____

Address _____

City _____ State _____ Zip _____

_____ Phone Number