Fairfax County Public Schools
Department of Human Resources
8115 Gatehouse Road
Falls Church, Virginia 22042
AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT REFERENCE

PART I – TO BE COMPLETED BY APPLICANT

I am applying for a position as _____ at _____
with Fairfax County Public Schools. Please complete the appropriate evaluation categories that apply to your
knowledge of my background and mail to the Department of Human Resources.

Applicant's Name _____

I give permission for information pertaining to my work experience to be released to Fairfax County Public Schools,
and I release the evaluator and Fairfax County Public Schools from liability for using that information. I understand
that the evaluator will be providing this information on a confidential basis to Fairfax County Public Schools, and not
to me, and I waive any right that I may have to review this release.

Signature of Applicant _____ **Date** _____

PART II – TO BE COMPLETED BY EVALUATOR

Type of Position Held by Applicant _____

Date of Service: From (Mo./Yr.) _____ To (Mo./Yr.) _____ Length of Service _____

Reason for Leaving _____

CATEGORY (check column)	Superior	Above Average	Average	Below Average	Unacceptable
● KNOWLEDGE	☐	☐	☐	☐	☐
● PERFORMANCE	☐	☐	☐	☐	☐
● WORK HABITS	☐	☐	☐	☐	☐
● ABILITY TO WORK WITH OTHERS	☐	☐	☐	☐	☐
● PERSONAL QUALITIES	☐	☐	☐	☐	☐
● COMMUNICATION SKILLS	☐	☐	☐	☐	☐
● OVERALL RATINGS	☐	☐	☐	☐	☐

COMMENTS _____
_____
_____
_____

Would you rehire or employ this applicant?   ☐ Yes   ☐ No

If no, please explain _____

Relationship to the Applicant (supervisor, co-worker, etc.) _____

Name of Person Completing Form (please print) _____

Business Name and Address (please print) _____

Business Telephone Number (area code and number) _____

Signature _____ **Date** _____

HR 125 5/06

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HR 125 5/06

EB.003

COMMONWEALTH OF VIRGINIA
STATE BOARD OF EDUCATION

(Statement required by Section 22.1-178.3 of the Code of Virginia)

Date: _____

Superintendent: Scott S. Brabrand, Ed.D._____

Transportation Director: Francine Furby_____

County/City: Fairfax_____

This is to certify that _____, who is an applicant for a job as a school bus driver, is known by me, to be a person of good moral character.

Information of the person providing the statement

Name: _____

Address: _____

Phone Number: _____

Signature: _____

EB.003

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