

PRINT THREE (3)

LAFAYETTE CENTRAL SCHOOL DISTRICT

Reference Name _____ Phone# _____

1. Associated with this applicant: from _____ to _____

2. Please indicate, by a check mark in the spaces below, your opinion of the applicant.

	Excellent	Above Average	Average	Below Average
Dependability				
Problem Solving Ability				
Initiative				
Cooperation				
Personality				
Personal Appearance				

3. Do you know of any reason(s) that this individual should not be employed as a school bus driver?

4. Please enter below, any additional comments you feel may be helpful in our consideration of this applicant:

Signature of Reference

Date

Applicant's Name: _____

Address: _____
