

**SHARYLAND INDEPENDENT SCHOOL DISTRICT
PARAPROFESSIONAL RECOMMENDATION FORM**

APPLICANT'S NAME _____ **SOCIAL SECURITY** _____ - _____ - _____

- Complete reference information
- READ and SIGN the Authorization Statement below
- PROVIDE your references with a stamped envelope addressed to: **SHARYLAND ISD HUMAN RESOURCES
1106 N. Shary Road, Mission, TX 78572, TELEPHONE (956) 580-5200 FAX (956) 580-5231**

NAME OF REFERENCE **REFERENCE'S TITLE**

AUTHORIZATION STATEMENT

I have applied for employment with Sharyland I.S.D. I authorize Sharyland I.S.D. to collect and information orally or in writing about my qualifications and past performance. I will not hold you or the organization liable for supplying any information regarding my employment/education. Recommendations that become part of this application are to be regarded as confidential and shall not be revealed to me. Thank you for your assistance.

Signature of Applicant

Date

SECTION II. PLEASE RATE THE APPLICANT BY CHECKING THE APPROPRIATE BOX

CHARACTERISTICS	STRONG	SATISFACTORY	UNSATISFACTORY	NO BASIS TO JUDGE
How well would you say this person responds to supervision?				
How would you rate this person's attendance?				
How would you rate this person's dependability?				
How would you rate this person's willingness to assume responsibility?				
How would you rate this person's ability to follow instructions?				
How would you rate this person's quality of work?				
How would you rate this person's quantity of work?				

What is your relationship to this person? _____

What position and responsibilities did this person hold? _____

What are this person's strong points? _____

What are this person's weak points? _____

What is the reason for this person's separation from employment? _____

If given the opportunity, would you reemploy this person? _____

Would you like to add any additional comments? _____

Signature of Reference

Official Position

Date

Company/School

(____) _____
Work Telephone

(____) _____
Fax Number