

**SHARYLAND INDEPENDENT SCHOOL DISTRICT
SUBSTITUTE TEACHER 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 _____

COMPANY/SCHOOL _____

ADDRESS _____

WORK TELEPHONE _____

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
General appearance, appropriate dress, grooming				
Communicates information effectively				
On time when reporting to work				
Is responsible and dependable				
Accepts constructive criticism				
Demonstrates good judgment				
Participates in professional growth				
Identifies and addresses situations or conditions				
Displays a practical approach to problem solving				
Is knowledgeable and current in field				
Is receptive to new ideas and change				

How long have you known the applicant? _____ in what capacity? _____

Would you employ the applicant for the position desired? _____

Has applicant ever been asked to resign, been fired or failed to be reemployed? Yes () No ()

If yes, please explain: _____

Indicated your relationship with the applicant: () Employer () Cooperating Teacher () College Supervisor () Principal/Supervisor

Signature of Reference _____

Official Position _____

Date _____

Company/School _____

(____) _____

Work Telephone _____

(____) _____

Fax Number _____