

STRICTLY CONFIDENTIAL INFORMATION  
TOWN OF FRANKLIN PERSONNEL  
P O BOX 1479  
Franklin, NC 28744  
828-524-2516  
828-524-4540 (FAX)

Letter of Reference for: \_\_\_\_\_

Reference requested of: \_\_\_\_\_  
\_\_\_\_\_

Applicant's former position held: \_\_\_\_\_

Duties and responsibilities: \_\_\_\_\_

Dates of service: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

How long have you known this person? \_\_\_\_\_

In what capacity have you known this person?

\_\_\_\_\_ Employer/Supervisory Relationship

\_\_\_\_\_ Peer/Working Relationship

\_\_\_\_\_ Academic/Field Practicum/Training Relationship

\_\_\_\_\_ Other (Please explain \_\_\_\_\_)

**WORK PERFORMANCE**

1. What abilities does this person have in giving or receiving instructions, in explaining to others, in communicating with other workers and the general public?
2. Did this individual have a good attendance history? How efficiently did this individual manage his/her work time or the work time of others?

3. Please give an example of a critical/sensitive situation this person has experienced and explain how they related to it. How did they resolve this problem or difficulty?
  
4. How effectively did this individual understand and comply with the established rules, regulations, policies, or procedures? Was this person effective in ensuring compliance with staff he/she supervised?
  
5. Would you rehire this individual?

### **PERSONAL RELATIONSHIPS AND ATTITUDES**

1. In what was did this person show respect/concern for his/her job and for his/her co-workers and/or staff?
  
2. When this person received criticism or constructive suggestions, how did they handle it?

### **GENERAL**

1. Were you satisfied with the work performance of this individual?  
  
What were the strengths?  
  
What were the weaknesses?
  
2. If you would like to make other comments, please do so.

Name and Title of person completing form: \_\_\_\_\_