

Date: _____ Applicant's Name: _____

The individual who has asked you to complete this reference form has applied for a position as an employee with K-State Research and Extension. Please assess this individual's abilities and qualifications. Feel free to attach additional information in the form of a letter. Reference information will be kept confidential and will be used solely for the purpose of determining suitability, eligibility and qualifications for employment as an employee. It is not to be released to any person not officially involved in the employment selection process nor will it be released to the applicant.

PERSONAL RATING OF PROSPECTIVE EMPLOYEE

Please check the column that best describes this applicant's characteristics.

	(1) May need considerable training or experience to do this.	(2) Not as good as most.	(3) About average.	(4) Would be better than most.	(5) Would be one of best you could find.	(6) Lack Evidence
Optimistic/Positive Attitude	___	___	___	___	___	___
Work Habits	___	___	___	___	___	___
Initiative/Self Starter	___	___	___	___	___	___
Enthusiasm for Life/Work	___	___	___	___	___	___
Cooperation with Co-Workers	___	___	___	___	___	___
Organizes Time and Work	___	___	___	___	___	___
Interpersonal Skills	___	___	___	___	___	___
Judgment	___	___	___	___	___	___
Oral Communication Skills	___	___	___	___	___	___
Written Communication Skills	___	___	___	___	___	___
Listening Skills	___	___	___	___	___	___
Creative/Innovative	___	___	___	___	___	___
Computer Skills	___	___	___	___	___	___
Self-Confidence	___	___	___	___	___	___
Tactful/Courteous	___	___	___	___	___	___
Dependability/Promptness	___	___	___	___	___	___
Maturity/Poise	___	___	___	___	___	___
Flexibility/Adaptability	___	___	___	___	___	___
Honesty/Integrity	___	___	___	___	___	___
Values Differences in Others	___	___	___	___	___	___

A. How are you acquainted with this individual?

How long have you known this individual? _____

B. Employees may have contact with youth through various Extension youth educational programs. Would you be willing to place a child for whom you are responsible in this person's care? _____ Yes _____ No If no, please explain.

C. Would you employ this person to work under your supervision? _____ Please explain.

D. What would you consider this person's strongest assets?

E. What reservations would you have in recommending this person for employment?

Name: _____

Address: _____

Phone: _____

email: _____

Please return this form to:

Central Kansas District
300 W. Ash Street, Room 111; P.O. Box 5040
Salina, KS 67402-5040
fax: 785-309-5851
email: cgarten@ksu.edu

Date: _____

K-State, County Extension Councils, Extension Districts and U.S. Department of Agriculture cooperating.

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