MISSION CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
REFERENCE FORM

I have applied for employment with Mission Consolidated Independent School District. I hereby give the District permission to make inquiries of references and former employees concerning my performance in the past and general character. I hereby authorize the party receiving this form to give full and complete information as may be requested by the Mission Consolidated Independent School District.

I further agree that the information requested will become part of my personnel file.

Applicant Please Complete

Name of Applicant: Romie De Alejandro Last 4 Digits of SSN: 6741

Applicant's Signature: _____ Date: 07/17/2016

Position Applying For: Teacher

Please return this form to: OFFICE OF HUMAN RESOURCES • MISSION CISD • 1201 BRYCE DRIVE • MISSION, TEXAS 78572

PLEASE RATE THIS APPLICANT BY CHECKING THE APPROPRIATE BOX BELOW

	Exceeds	Proficient	Average	Below	Unsatisfactory	No Basis for Judgement
PERSONAL QUALITIES						
Dependability - Attendance, Punctuality	X					
Personality	X					
Communication Skills	X					
Ambition	X					
Cooperation	X					
Loyalty	X					
Professional Attitude	X					
Commitment to Profession	X					
PROFESSIONAL QUALITIES	X					
Organizational Skills	X					
Knowledge of Subject Matter	X					
Innovative - Abreast of Current Trends, Methods	X					
Classroom management - Discipline	X					
Rapport with Peers	X					
Rapport with Parents/Community	X					
Rapport with Administration	X					
Job Performance Results	X					
Overall Rating of this Person	X					

Would you employ this person? ☒ Yes ☐ No ☐ Doubtful

To your knowledge, has this applicant been asked to resign, been fired or failed to be reemployed? ☐ Yes ☒ No ☐ Don't Know

Michael De La Cruz
PERSON COMPLETING REFERENCE FORM (PRINT NAME)

SIGNATURE

Senior eDiscovery Analyst
POSITION

2929 Allen Parkway
ADDRESS

Houston, TX 77019
CITY / STATE / ZIP CODE

956-566-0565
PHONE NUMBER