



PROFESSIONAL REFERENCE

To: _____ Re: _____
(Name of Reference) (Applicant's Name)

(Organization)

I DO waive the right to review this reference

I DO NOT waive the right to review this reference

(Phone Number)

(Email Address)

I, _____, authorize any and all of my former employers and other
(Applicant's Name)
persons knowing me, to provide any and all information about me that The Learning Village School may
determine to be relevant to consider me as a Learning Village employee.

(Signature of Applicant)

(Date)

*The applicant should complete and sign this top section and turn the entire form into Learning Village along with your Application.
Learning Village will then contact your reference and ask him/her to fill out the remainder of the form.*

The above-referenced individual has submitted an application for employment to The Learning Village School and has listed you as a reference. He / She is applying for the following position:

_____.

We would appreciate your honest evaluation of the applicant's ability to perform the duties of this position.

1. How many years have you known this person? _____

2. Has this person ever been in your employ? YES NO

If yes, dates of employment _____ Salary/rate per hour _____

Job title and brief description _____

Would you rehire? YES NO

Reason for leaving: _____

If you have not employed applicant, how do you know him/her? _____

3. Please rate this person in the specific areas designated below.

	Good	Average	Poor
Job Skill	_____	_____	_____
Trustworthiness	_____	_____	_____
Character	_____	_____	_____
Ability to Learn	_____	_____	_____
Professionalism	_____	_____	_____

4. Do you recommend this person without reservation? YES NO

5. Please add any additional comments:

Please complete all information in full, sign and return this form directly to us via fax (703) 450-1572, email frontdesk@lvsva.com or mailed directly to the following address: The Learning Village School, 47722 Saulty Drive, Potomac Falls, Virginia 20165, Attn: Head of School.

Name: _____

Position/Title: _____

Organization: _____

Telephone: _____

Signature: _____

Date: _____