



CONFIDENTIAL REFERENCE FORM SUBMISSION

APPLICANT: **Name:** _____ (Please Print)

Position Desired: _____

Completion of this form is intended to provide information about the candidate that has applied to the Elk Island Catholic Separate Regional Division #41. Unless otherwise stated all information provided will be kept confidential except in the event that the candidate has completed the interview process. In those circumstances the information on this form will be shared with the interview committee members only. Please complete this form and return in a sealed envelope to the address and person indicated below (no faxes please). **Please attach additional page(s) if necessary.** Thank you for your assistance in this regard.

1. What is/was your official relationship to the applicant? _____

2. How long have you known the applicant? _____

3. Did the applicant have tenure in your Company/District (if applicable)? _____

4. Given the opportunity, would you re-employ this person (if applicable)? _____

5. Reason for applicant leaving your Company/District (if applicable)? _____

6. Applicant's strengths: _____

7. Areas that the applicant could improve upon: _____

8. Is there any reason that applicant should not be seriously considered for a position? _____

I have shared this information with the Applicant: Yes _____ No _____

I certify that the statements made by me in this Confidential Reference Form Submission are true and complete to the best of my knowledge and beliefs.

Name of Reference: _____ Daytime Phone No. _____

(Please Print)

Signature of Reference: _____ Date: _____

Please return to:
Director of Personnel and School Operations
Elk Island Catholic Regional Division # 41
160 Festival Way, Sherwood Park, Alberta T8A 5Z2
Telephone: (780) 467-8896