

**APPLICANT RECOMMENDATION FORM**  
**Bibb County Public Schools**  
**Macon, Georgia**

**APPLICANT** PLEASE FILL OUT THIS SECTION:

NAME OF APPLICANT (PLEASE TYPE OR PRINT) \_\_\_\_\_ LAST 4 DIGITS OF APPLICANTS SSN \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_

TO:

NAME OF REFERENCE (PLEASE TYPE OR PRINT) \_\_\_\_\_ SCHOOL/SCHOOL SYSTEM \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY, STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

I have submitted an application for employment to the Bibb County Public School System in Macon, Georgia. I would like for you to complete this recommendation form for me and mail it to the address below at your earliest convenience. Thank you.

Personnel Department  
 Bibb County Board of Education  
 PO Box 6157  
 Macon, GA 31208-6157

**REFERENT** PLEASE COMPLETE THE SECTION BELOW AND MAIL TO THE ADDRESS ABOVE:

**CONFIDENTIAL INFORMATION**

SKILLS AND TRAITS	EXCELLENT	GOOD	AVERAGE	POOR	UNKNOWN
INITIATIVE					
COOPERATION					
ATTENDANCE/PUNCTUALITY					
QUALITY OF WORK					
ADAPTABILITY					
JUDGEMENT					
ORGANIZATIONAL SKILLS					
PERSONALITY					
RELIABILITY					
COMMUNICATIVE SKILLS					
SUPERVISORY SKILLS					
EMOTIONAL CONTROL					
STUDENT RELATIONS					

YOUR RELATIONSHIP TO APPLICANT: \_\_\_\_\_

DATES OF EMPLOYMENT/RELATIONSHIP: FROM \_\_\_\_\_ TO \_\_\_\_\_

COMMENTS: \_\_\_\_\_

WOULD YOU EMPLOY APPLICANT IF YOU HAD A VACANCY IN YOUR SYSTEM OR SCHOOL? YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_  
 SIGNATURE OF REFERENCE \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_  
 POSITION/TITLE \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_