



**MIAMI-DADE COUNTY PUBLIC SCHOOLS  
TELEPHONE REFERENCE FORM**

Telephone references will be checked prior to interviews. **Acceptable references include: Deans, Professors, Intern Supervisors, Directing/Supervising Teachers, Principals, Assistant Principals, Subject Area Coordinators, Supervisors, and/or immediate past employers. No personal references will be accepted.**

If telephone references cannot be checked prior to a scheduled interview for temporary instructor, the interview will be canceled.

If a telephone reference is unacceptable, the interview will be canceled. To appeal interview, contact the Director of Instructional Staffing at [Persing@dadeschools.net](mailto:Persing@dadeschools.net)

Directions: PLEASE TYPE OR PRINT CLEARLY

**APPLICANT INFORMATION:**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ M.I. \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

LIST SUBJECT AREA(S): \_\_\_\_\_

**REFERENCES TO CONTACT:**

NAME OF PERSON TO CONTACT: \_\_\_\_\_

Title \_\_\_\_\_ Institution \_\_\_\_\_

Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_

**TO BE COMPLETED BY STAFFING OFFICER:**

Comments: \_\_\_\_\_

Date Contact Made \_\_\_\_\_ By (Staffing Officer) \_\_\_\_\_

Rating: \_\_\_\_\_ Outstanding (3) \_\_\_\_\_ Good (2) \_\_\_\_\_ Fair (1) \_\_\_\_\_ Unsatisfactory (.001)

NAME OF PERSON TO CONTACT: \_\_\_\_\_

Title \_\_\_\_\_ Institution \_\_\_\_\_

Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_

**TO BE COMPLETED BY STAFFING OFFICER:**

Comments: \_\_\_\_\_

Date Contact Made \_\_\_\_\_ By (Staffing Officer) \_\_\_\_\_

Rating: \_\_\_\_\_ Outstanding (3) \_\_\_\_\_ Good (2) \_\_\_\_\_ Fair (1) \_\_\_\_\_ Unsatisfactory (.001)