

FORM ADMIN 435-01 APPLICANT LISTING AND SCREENING FORM

APPLICANT LISTING AND SCREENING FORM

Position Description: _____ Closing Date: _____

Position Location: _____

	NAMES OF APPLICANTS	CRITERIA								Rating	To be interviewed
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

LEGEND:

1. Meets Criteria
2. Partially Meets Criteria
3. Does Not Meet Criteria

Signature of Business Administrator or designate

Date

FORM ADMIN 435-02 TELEPHONE REFERENCE CHECK: TEACHING STAFF

**TELEPHONE REFERENCE CHECK
TEACHING STAFF**

NOTE: Only those references listed on the Application Forms may be checked.

Name of Candidate: _____ Date of Call: _____

Applying For _____ Person Called _____

Title and address of person called _____

Name of person making the call _____

Position Held with Former Employer _____

Reason for Termination _____

Compared to other teachers you have known, please rate this candidate.

	Outstanding	Meets Expectations	Did Not Meet Expectations	Don't Know
Initiative				
Creativity				
Enthusiasm				
Ability to work with supervisors				
Ability to work with peers				
Rapport with pupils				
Rapport with parents				
Classroom Planning				
Program Delivery				
Ability to maintain discipline				
Willingness to improve professionally				

Would you rehire? Yes No If no, why not? _____

Would you recommend this candidate for the above position? Yes No

If "no" why not? _____

Other Comments: _____

Date _____

Signature: _____

Position: _____

FORM ADMIN 435-03 TELEPHONE REFERENCE CHECK: NON-TEACHING STAFF

**TELEPHONE REFERENCE CHECK
NON-TEACHING STAFF**

NOTE: Only those references listed on the Application Form may be checked.

Name of Candidate _____ Date of Call _____
 Applying For _____ Person Called _____
 Title and Address of Person Called _____

Name of Former Employer _____
 Position Held with Former Employer _____
 Reason for Termination _____

OVERALL JOB PERFORMANCE	OUTSTANDING	MEETS EXPECTATIONS	DOES NOT MEET EXPECTATIONS	DON'T KNOW
Knowledge of job				
Ability to perform job				
Ability to work with peers				
Ability to work with supervisors				
Attendance				
Dependability				
Initiative				
Creativity				
Enthusiasm				

Would you re-employ? Yes No If not, why? _____

Would you recommend this applicant for the above position? Yes No
 If not, why? _____

Other Comments: _____

Signature _____ Date _____

**WRITTEN REFERENCE CHECK
TEACHING STAFF**

Dear _____:

_____ is being considered for the position of _____ with the Moose Factory Island DSA Board and has listed you as a reference.

Please complete the following checklist and return it to us in the enclosed, stamped envelope. If you wish to make additional comments please contact me at (phone number).

Thank you for your assistance.

Yours truly,
Please rate this candidate:

	Outstanding	Meets Expectations	Did Not Meet Expectations	Don't Know
Initiative				
Creativity				
Enthusiasm				
Ability to work with supervisors				
Ability to work with peers				
Rapport with pupils				
Rapport with parents				
Classroom Planning				
Program Delivery				
Ability to maintain discipline				
Willingness to improve professionally				

Would you recommend this applicant for the above position? Yes No

If you would not recommend this applicant, please state the reason(s):

Other Comments

Signature _____ Date _____

Personal information contained on this form is collected under the authority of the Education Act, R.S.O. c.E.2,s. 170 and s. 171, and will be used for the Business Administrator for the purpose of determining eligibility for employment. Questions about this collection should be directed to the Superintendent of Education.

**WRITTEN REFERENCE CHECK
NON-TEACHING STAFF**

Dear _____:

_____ is being considered for the position of _____ with the Moose Factory Island DSA Board and has listed you as a reference.

Please complete the following checklist and return it to us in the enclosed, stamped envelope. If you wish to make additional comments please contact me at _____ (phone number).

Thank you for your assistance.

Yours truly,

Dates of Employment
With Your Organization: From _____ To _____

Position Held: _____

Reason for Termination: _____

OVERALL JOB PERFORMANCE	OUTSTANDING	MEETS EXPECTATIONS	DOES NOT MEET EXPECTATIONS	DON'T KNOW
Knowledge of job				
Ability to perform job				
Ability to work with peers				
Ability to work with supervisors				
Attendance				
Dependability				
Initiative				
Creativity				
Enthusiasm				

Would you re-employ? Yes No If not, why? _____

Would you recommend this applicant for the above position? Yes No

If you would not recommend this applicant, please state the reason(s):

Other Comments:

Signature _____ Date _____

Personal information contained on this form is collected under the authority of the Education Act, R.S.O., 1990, c.E.2.s.170 and s.171, and will be used for the principal purpose of determining eligibility for employment. Questions about this collection should be directed to the Superintendent of Education.

**MOOSE FACTORY ISLAND DISTRICT SCHOOL AREA BOARD
QUESTIONNAIRE AND INTERVIEW RATING FORM**

POSITION: _____

SCHOOL: _____

CANDIDATE: _____

QUESTION	POINTS BEING LOOKED FOR IN CANDIDATE'S ANSWER	CANDIDATE'S ANSWER	SCORE
			Rating _____ Total Possible Score _____
			Rating _____ Total Possible Score _____

QUESTION	POINTS BEING LOOKED FOR IN CANDIDATE'S ANSWER	CANDIDATE'S ANSWER	SCORE
			Rating _____ Total Possible Score _____
			Rating _____ Total Possible Score _____
			Rating _____ Total Possible Score _____