

**CAMPUS WELLNESS CENTER
UNIVERSITY OF CENTRAL FLORIDA
ORLANDO, FL 32816-3333
(407) 823-5841**

APPLICANT'S NAME _____ **SOCIAL SECURITY NUMBER** _____

I authorize the following reference/organization to provide the following information regarding my suitability for employment as a Peer Consultant in the UCF Wellness Center. **SIGNATURE OF APPLICANT** _____

NAME OF REFERENCE/ORGANIZATION _____ **PHONE** (____) _____ - _____ **EXT.** _____

ADDRESS _____ **ZIP+4** _____ - _____

In what capacities have you known applicant? employee under my direction / fellow employee / faculty / friend (how long? _____) other _____

Applicant's position, job duties _____ Dates of employment: _____ to _____

Why did applicant leave your employ? _____

Would your re-employ? (If NO, please explain) _____

Other comments: _____

Signature _____ Date: _____

This form will be shown to applicant or other member of the public only upon specific request, in compliance with Florida Statute 119.07, Public Records Laws.

Please place a check mark "v" in the column appropriate to your assessment of the applicant.	Excellent/ Exceptional	Above Average	Average	Below Average	No Opportunity To Observe
1. Attitude and personality: Mannerisms, dispositions, works in a positive and cooperative manner, confidence, acceptance of criticism.					
2. Reliability and Character: Dependability, willingness to work, honesty, moral character. Takes pride in quality of work.					
3. Personal: Reflects a personal example of a healthy and productive lifestyle					
4. Work Habits and Industry: Initiative, conscientiousness, follow-through, resourcefulness, self-discipline					
5. Emotional Stability: Tolerance for stress; poise, self-control, inspires confidence; relates well with others.					
6. Capacity for Independent Thinking: Leadership ability, creative thought, curiosity, active learning.					
7. Judgment and Common Sense: Ability and foresight in making everyday decisions, expression of opinion, maturity					
8. Communication Skills: Verbal, non-verbal, and written.					
9. Interest in welfare of others: Recognizes and demonstrates interest in the needs and concerns of clients, peers, co-workers.					

UPON COMPLETION OF THIS FORM, PLEASE PLACE IT IN AN ENVELOPE, SEAL IT, AND WRITE YOUR SIGNATURE ACROSS THE SEAL. Thank you!