



RIVER VIEW LOCAL SCHOOL DISTRICT

Office of the Superintendent
26496 SR 60 North, Warsaw, Ohio 43844
(740) 824-3521
www.river-view.k12.oh.us

To: _____
Name Title

Address

City State Zip

I hereby give you permission to complete and release this reference form to the River View School System. I agree that the information requested will become a part of my personnel file as an applicant or employee of the River View Board of Education. I waive my right to see this information. I further release and agree to hold harmless the River View Board of Education and the persons and/or legal entities completing the reference form from any and all claims, demands, actions, and causes of actions which I might have resulting or to result from the furnishing or utilization of the information requested and/or provided.

Date Applicant's Signature

Print Name Position Applied For

Confidential

The above named person has filed an application for employment with the River View Board of Education. In completing the application the applicant has shown his/her indication to help us in evaluating his/her potential as an employee. Please help by completing the inquiry on this form. Please feel free to add any additional comments. Your cooperation and promptness in returning this inquiry to the River View District will be greatly appreciated.

Superintendent of River View Local School District

Applicant

Please send a copy of this form to all references listed in your employment application. You should include a pre-addressed, stamped envelope to be mailed directly to:

Office of the Superintendent
River View Local School District
26496 SR 60 N
Warsaw, OH 43844

