



The New York City Department of Education - Division of Human Resources

Office of Applicant Processing
65 Court Street, Brooklyn, New York 11201

REFERENCE FORM FOR SUBSTITUTE TEACHER

APPLICANT IDENTIFYING INFORMATION

Applicant: Alida Segal
First Name Middle Name Last Name
TO APPLICANT: All references and accompanying records become the confidential property of the Department of Education.
Signature of Applicant: Alida Segal Date: 11/11/06
Social Security #: [Redacted]

REFERENCE INFORMATION: To be completed by person making the reference. Return directly to the applicant in a sealed envelope.

Name of Reference: PAUL GORDON Title: RETIRED EDUCATOR
Address of Reference: 1241 E 7th St PLAINFIELD, N.J. 07062
Phone: 908-757-9114 E-Mail Address: PG555@COMCAST.NET
• Do you know if the applicant has teaching experience? [] Yes [] No [X] N/A
Comments (optional):
• In what capacity do you know this applicant? [] Employer [] Teacher [X] Other
Please Explain: I KNOW ALIDA SEGAL SINCE HER ARRIVAL IN THE U.S.
• Is there any reason this individual should not be in a classroom with children? [] Yes [X] No
If yes, please explain:
• For the position sought, I recommend the applicant: [X] Highly [] Favorable [] With Reservation [] Not at all
Additional Comments: MS. SEGAL TO MY KNOWLEDGE IS VERY SKILLED IN MATH AND COMPUTER SCIENCE.

Paul Gordon
Signature of Reference

Retired Educator
Title/Position

11-15-06
Date