

**TOWN OF HAMDEN
RECREATION DEPARTMENT
“COUNSELOR IN TRAINING” REFERENCE FORM**

(Applicant's Name) _____

has applied to be a Counselor in Training (CIT) with the Hamden Recreation Department. So that the application may be given proper consideration, your help is needed in completion of this reference form. I hereby release from all liability the company or person below, and authorize the release of all information regarding my relationship/employment with them.

Applicant's Signature

Date

PLEASE COMPLETE ALL APPLICABLE INFORMATION

Name of Reference

Phone #

Address

City

State

Zip

1) In what capacity have you known the applicant? _____

2) For how long? _____

3) How would you rate this individual's character? Please explain. _____

4) What are the first words that come to your mind to describe this applicant _____

RATING

How would you rate this applicant in terms of: (Please check)

No basis		Below Average	Average	Good (above average)	Very Good	Excellent	Outstanding
	Academic achievement						
	Dependability						
	Personal qualities & character						
	Creativity						
	Motivation						
	Maturity						
	Leadership ability						
	Concern for others						
	Respect for others						

I would recommend this applicant: With Reservation Fairly Strong Strongly Enthusiastically

Signature _____

Date _____

**Please mail form back to: Town of Hamden, Personnel/Civil Service Department, 2750 Dixwell Avenue, Hamden, CT 06518
Phone (203) 287-7130 • Fax (203) 287-7135**