

TOWN OF HAMDEN  
RECREATION DEPARTMENT  
EMPLOYMENT REFERENCE FORM

(Applicant's Name) \_\_\_\_\_  
has applied for the following part-time/seasonal positions with the Hamden Recreation Department:

(Position) \_\_\_\_\_  
So that his/her application may be given proper consideration, your help is needed in completing 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

\_\_\_\_\_  
Day Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

- 1) In what capacity have you known the applicant? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 2) For how long? \_\_\_\_\_
- 3) If this individual has worked for you, how would you rate his/her work record and overall performance? Please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 4) Would you rehire? \_\_\_\_\_
- 5) How would you rate this individual's character? Please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 6) Do you know of any reason why this individual should not be a valuable employee? \_\_\_\_\_  
\_\_\_\_\_
- 7) Please use this space for additional comments. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_  
Date

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