

**TOWN OF HAMDEN  
RECREATION DEPARTMENT  
REFERENCE FORM**

(Applicant's Name) \_\_\_\_\_

has applied to be a Counselor 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 him or her.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**PLEASE COMPLETE ALL APPLICABLE INFORMATION**

\_\_\_\_\_  
Name of Reference

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

\_\_\_\_\_  
Address                      Zip

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

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 and 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**