

HARBOR HILLS DAY CAMP

75 Doby Road, Box 516
Mount Freedom, NJ 07970

Phone: 973-895-3200 Fax: 973-895-7239



REFERENCE FORM

This form should be completed by your teacher, professor, academic advisor, coach or past / present employer.

TO THE APPLICANT

NAME OF APPLICANT	SOCIAL SECURITY #
ADDRESS	
HOME PHONE #	WORK / SCHOOL PHONE#
MAJOR / DEGREE / TEACHING FIELD	
<small>I AUTHORIZE YOU AS MY REFERENCE TO RELEASE ANY AND ALL INFORMATION YOU MAY HAVE CONCERNING MY PAST JOB PERFORMANCE OR MY SUITABILITY FOR THE POSITION FOR WHICH I AM APPLYING. I HEREBY RELEASE YOU AND HARBOR HILLS DAY CAMP FROM ANY AND ALL LIABILITY WHICH COULD RESULT FROM THE PROVIDING OF THE INFORMATION REQUESTED OR FROM ITS USE IN THE EMPLOYEE SELECTION PROCESS.</small>	
SINCERELY,	
APPLICANT'S SIGNATURE _____ DATE _____	

_____ is applying for a position on our summer staff. We would appreciate your cooperation in honestly sharing with us what knowledge you have concerning this individual in regard to the following areas.

TO THE REFERENCE

THANK YOU FOR TAKING THE TIME TO EVALUATE MY QUALIFICATIONS FOR EMPLOYMENT AT HARBOR HILLS DAY CAMP. PLEASE USE THIS FORM. YOUR RECOMMENDATION WILL BECOME A PERMANENT PART OF MY APPLICATION. THIS FORM MUST BE MAILED TO THE ABOVE ADDRESS. ANY ADDITIONAL INFORMATION MAY BE SUBMITTED.

PLEASE CHECK THE DEGREE TO WHICH THE APPLICANT DEMONSTRATES THE FOLLOWING QUALITIES.

	EXCELS	GOOD	AVERAGE	FAIR	UNABLE TO JUDGE
1. DEMONSTRATES WILLINGNESS TO LEARN					
2. ABILITY TO EXPRESS SELF					
3. ABILITY TO ORGANIZE RESPONSIBILITIES AND TASKS					
4. RELIABILITY AND PROMPTNESS IN HANDLING TASKS					
5. PUNCTUALITY AND REGULARITY IN ATTENDANCE					
6. ABILITY TO FUNCTION AS A PART OF A TEAM					
7. DEMONSTRATES LEADERSHIP SKILLS					
8. DEGREE OF FLEXIBILITY AND ABILITY TO ADAPT					
9. ABILITY TO ACCEPT EVALUATION OF PERFORMANCE					
10. HANDLES STRESSFUL SITUATIONS SUCCESSFULLY					
11. DEMONSTRATES UNDERSTANDING OF CHILDREN					
12. DEMONSTRATES ENTHUSIASM AND CREATIVITY					
13. DEMONSTRATES EFFICIENCY IN ROUTINE MATTERS					
14. ABILITY TO RELATE AND GIVE GUIDANCE TO CHILDREN					
15. EVIDENCES LOYALTY TO JOB AND ADMINISTRATORS					
16. MAINTAINS CONFIDENTIALITY OF INFORMATION					

PLEASE TURN OVER

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1. HOW LONG HAVE YOU KNOWN THE APPLICANT? _____
2. MY CONTACT WITH THIS APPLICANT IS / WAS: ___ALMOST DAILY, ___FREQUENTLY, ___INFREQUENTLY.
3. INFORMATION GIVEN ON THE APPLICANT IS BASED ON (CHECK ALL ITEMS WHICH APPLY): ___PERSONAL ACQUAINTANCE, ___CO-WORKER, ___WORKED UNDER MY SUPERVISION, ___STUDENT IN MY CLASS, _____OTHER.
4. HAVE YOU OBSERVED THIS PERSON WORKING WITH CHILDREN? YES NO COMMENTS: _____

5. CHECK THE APPROPRIATE BLANK FOLLOWING EACH QUESTION AND WRITE IN OR ATTACH AN EXPLANATION AS NEEDED.
- | | YES | NO | N/A |
|--|--------|-----|-----|
| A. DOES THE APPLICANT ACCEPT EXTRA DUTIES WILLINGLY? | A. ___ | ___ | ___ |
| B. IS THIS A PERSON YOU WOULD LIKE TO HAVE WORK WITH A CHILD TO WHOM YOU ARE VERY CLOSE? | B. ___ | ___ | ___ |
| C. WITH YOUR PRESENT KNOWLEDGE, WOULD YOU EMPLOY OR RE-EMPLOY THIS PERSON? | C. ___ | ___ | ___ |
| D. DOES THIS PERSON CONSISTENTLY DEMONSTRATE MATURITY? | D. ___ | ___ | ___ |
| E. DOES THIS PERSON CONSISTENTLY DEMONSTRATE PATIENCE? | E. ___ | ___ | ___ |

7. PLEASE CIRCLE YOUR OVERALL RATING OF THIS APPLICANT BELOW:

UNSATISFACTORY		BELOW AVERAGE		AVERAGE		ABOVE AVERAGE		SUPERIOR
1	2	3	4	5	6	7	8	9

NAME OF REFERENCE _____

POSITION _____

COLLEGE / COMPANY / DEPT. / SCHOOL _____

ADDRESS _____

E_MAIL ADDRESS _____

WORK PHONE # _____ HOME PHONE # _____

COMMENTS _____

REFERENCE'S SIGNATURE _____ DATE: _____