



Town of Lewisboro Recreation & Parks Department

Complete and Return to
99 Elmwood Road
South Salem, NY 10590
Fax 914-232-6165
E-mail parks@lewisborony.gov



To be completed by Applicant: (Please type or print)

Applicant's Name: _____ Applicant's Signature: _____

Position applying for: _____ Date: _____

I hereby give permission for the person named below to provide a reference for employment to the Town of Lewisboro.

To be completed by reference (Please type or print)

The person whose name is listed above has applied for a job with The Town of Lewisboro. The applicant has listed you as a person willing to give an evaluation. Please take a few minutes to review the candidate as well as any additional information you can give us. All information will be kept confidential.

How long have you known the applicant? _____

What is your relationship to the applicant? _____

Would you let the applicant babysit for your own children? _____

Would you let the applicant house sit for you? _____

If you were in the position to do so, would you hire the applicant to work in your organization? _____

Name two Strengths the applicant possesses _____

Name two Weaknesses of the Applicant _____

Please rate the applicant on the following criteria:

	Excellent	Good	Satisfactory	Poor	Cannot Assess
Able to work as part of a team					
Ability to communicate effectively					
Energy level					
Responsibility					
Initiative					
Leadership					
Emotional stability					
Attitude					
Response to criticism/supervision					
Dependability					
Organizational Skills					

Would you recommend the applicant for a job with the Town of Lewisboro? _____

We often make follow-up phone calls to have a personal contact with references. Please let us know your phone number and what would generally be a good time to contact you. Thank you.

Your Name _____

Signature _____

Telephone: _____

Contact Time: _____

TOL Check Reference _____