



# RECREATION DEPARTMENT

TOWN OF WAYLAND 41 Cochituate Road, Wayland, Massachusetts 01778-2697

APPLICANT: Please fill in this information before giving/sending the form to your reference.

Failure to complete this top section may delay your application/employment.

APPLICANT NAME		
REFERENCE NAME		
BUSINESS / TITLE		
REF PHONE/EMAIL		

The above named person is applying for seasonal employment at one of the Wayland Recreation Department.

We require three references before an applicant is considered for employment. Please take a moment to answer the following questions to the best of your knowledge. If you feel unable to answer a question, write "no opportunity to observe." Please use the back of this form if additional space is needed, or email your reference to [pmccarthy@wayland.ma.us](mailto:pmccarthy@wayland.ma.us).

1. How long have you known the applicant? Explain the capacity in which you know the applicant.
2. Give an example of the applicant's dependability, work ethic and follow through.
3. How does the applicant respond to challenging situations? Is the applicant a strong leader?
4. How well does the applicant interact with and supervise children?  
If possible, give an example of an opportunity you have had to observe him/her with children.  
If you have not had this opportunity, please indicate how you think s/he would perform in this role.
5. Are you aware of any reason why we should not allow this applicant to work with children?

Thank you for taking the time to complete this reference! You are welcome to send additional comments.

REFERRER'S SIGNATURE:

DATE:

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Please return this to the address or email listed above. We may call at the number listed above to confirm authenticity of this reference