

2009 Reference Form

American Work Experience • 335 Greenwich Avenue • Greenwich, CT 06830 • USA
 Phone: (+203) 661-9352 • Fax: (+203) 869-6491 • E-mail: info@aweusa.com • www.aweusa.com



I. TO BE COMPLETED BY THE APPLICANT:

First Name _____

Last Name _____

AWE ID # _____ -- _____

- Position applying for:
- Summer Work Travel
 - Camp Support Staff
 - Specialized Camp Counsellor
 - Special Needs Counsellor

IMPORTANT:

The person providing this reference **MUST** place the official university/business stamp here. Alternatively, a signed business card or official letterhead must be attached.

II. TO BE COMPLETED BY THE PERSON PROVIDING A REFERENCE *(Note: this form must be completed in English)*

The person named above is applying to American Work Experience (AWE) for summer employment in the USA. The job they have applied for may be, for example, working in a restaurant, hotel, office, amusement park or summer camp. All of these positions will require hard work and long hours. Most importantly, in all of the positions this person will need a positive attitude and the ability to work as part of a team.

The applicant has been given this Reference Form so that he/she may submit it with his/her application. If you prefer, you may send the completed form to AWE at the address shown. If you have any additional comments to make, please include them on a separate sheet and attach it to this reference.

We would appreciate you being extremely honest in your assessment of this person, so that both AWE and the potential U.S. employer can fully assess their suitability for summer employment in the USA. (Should this person accept a placement offered by AWE and subsequently fail to complete their assignment, AWE will notify you of the circumstances.)

In what capacity do you know the applicant? (Note: references from relatives, friends or family friends are not acceptable)

- as a student as a current/former employee other _____

If employed by you, what is/was his/her position? _____

Describe his/her responsibilities during this employment _____

Please indicate his/her level of performance as Satisfactory (S) or Unsatisfactory (U) in the following areas:

	S	U		S	U		S	U
Timekeeping	<input type="checkbox"/>	<input type="checkbox"/>	Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	Adaptability	<input type="checkbox"/>	<input type="checkbox"/>
Meeting Deadlines	<input type="checkbox"/>	<input type="checkbox"/>	Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	Following Instructions	<input type="checkbox"/>	<input type="checkbox"/>

Please describe his/her personality: _____

Please indicate how you feel he/she will respond to:

- a) Figures of authority _____ b) Smoking/alcohol restrictions _____

Please indicate your assessment of the applicant for each of the following qualities by ticking the most appropriate category: Excellent (E), Very Good (V), Good (G), Average (A) or Poor (P).

	E	V	G	A	P		E	V	G	A	P		E	V	G	A	P
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Determination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment here if you answered "P" for any category above _____

AWE is committed to the welfare and protection of children/young people. Do you have any concerns about him/her being in direct contact with this group of people? Yes No If 'Yes', please give details here: _____

Would you recommend this person for summer employment in the USA? Yes No Please explain why: _____

What reason(s) does he/she have for returning to his/her home country at the end of the placement? _____

Name (please print) _____ Title _____ Company/Institution _____

Address _____ Phone _____

Signed _____ Date _____ E-mail _____

Please use the other side of this form if you have any additional comments

Reference Form



Please use this side for additional comments you wish to make, or to provide more details.

First Name _____ Last Name _____ AWE ID # _____ - _____

A large, empty white rectangular area with rounded corners, intended for providing additional comments or details.

"AWE.., going further to bring people together!"