



ARTWORKS RECOMMENDATION FORM

APPLICANT: You may submit either one (1) letter of recommendation OR this form, completed by an adult older than 21 years of age who is not a relative or friend. Please select someone who knows your work performance well, such as a teacher, past employer, mentor, or community or clergy leader. This form MUST accompany your application. We may contact your reference to verify their recommendation of your work.

REFERENCE: You may either write a letter of recommendation for the Applicant, OR complete this form. This recommendation is an important component of the ArtWorks hiring process. Applicants must submit this recommendation with their application. If you write a letter of recommendation, please be sure to reflect on the questions below and **include your contact information.**

Thank you!

Name of Applicant:

Name of Reference:

Reference Contact Phone:

Reference Email Address:

What is your relationship to the Applicant?

How long have you known him/her?

Select the rating that best describes the applicant:

DEPENDABILITY	Excellent	Good	Fair	Poor
PUNCTUALITY	Excellent	Good	Fair	Poor
ACCURACY OF WORK	Excellent	Good	Fair	Poor
WILLINGNESS TO LEARN	Excellent	Good	Fair	Poor
JUDGEMENT	Excellent	Good	Fair	Poor
COMMUNICATION SKILLS				
VERBAL	Excellent	Good	Fair	Poor
WRITTEN	Excellent	Good	Fair	Poor
PROFESSIONALISM	Excellent	Good	Fair	Poor
RESPECT FOR OTHERS	Excellent	Good	Fair	Poor
OVERALL IMPRESSION	Excellent	Good	Fair	Poor

(Continued on next page)

ARTWORKS RECOMMENDATION FORM (cont.)

Please answer all of the following questions:

Have you observed the Applicant working on a team? If so, what was his/her role? How did he/she interact with the team? Would you recommend the Applicant for a job in a collaborative team environment?

Is the Applicant self-motivated? Does he/she take direction well or require extra direction and/or supervision when assigned a task?

How does the Applicant respond to constructive criticism?

Would you recommend the Applicant for the ArtWorks Internship program? (Please select one): Yes / No

Please include any additional comments here:

REFERENCE SIGNATURE: _____ Date _____

ALL required documents must be submitted to:

Ivy Bennett at Arts for Learning by Friday, May 10, 2019 at 4:00 PM

You will be notified of your interview appointment via email.

Applications and recommendations may be mailed or emailed.

PLEASE SELECT ONLY ONE DELIVERY OPTION:

1. **Mail:** Ivy Bennett, Arts for Learning, 404 NW 26th Street, Miami, FL 33127 / Phone 305-576-1212 ext. 36
2. **Email:** ivy@A4LMiami.org