



OMAHA HOCKEY CLUB HIGH SCHOOL CLUB HOCKEY
EDUCATION FOUNDATION GRANT APPLICATION

Employer Recommendation

Applicant's Name: _____

Supervisor _____

Number of hours per day applicant is working/has worked under your supervision _____

Describe his/her duties _____

Please evaluate the applicant in the following areas with the following scale.

Excellent = 1 Above Average = 2 Average = 3 Below Average = 4

- | | |
|--------------------------------------|---|
| 1. Self Motivation _____ | 6. Work Ethic _____ |
| 2. Cooperation _____ | 7. Initiative _____ |
| 3. Dependability _____ | 8. Completes projects fully, properly and in a timely manner _____ |
| 4. Ability to work with others _____ | 9. Responsibility _____ |
| 5. Leadership potential _____ | 10. Honesty _____ |
| 6. Responsibility _____ | |

Remarks _____

I would/would not (circle one) hire applicant again

Signature _____ Title _____ Date _____

Business Name _____

Address _____

Phone Number _____