

LEX LA-RAY TECHNICAL CENTER PRACTICAL NURSING PROGRAM

Reference Form

Applicant:

I hereby authorize you to issue any information you may have regarding my services and character and to hereby unconditionally release you from all liability for any damage whatsoever which might result from furnishing this information. **None of the references can be family members of the applicant.**

Applicant's Signature

Date

Respondent:

How long have you known the applicant? _____

In what capacity? _____

✓ **Please place a check mark in the space provided below under the column that best describes applicant. Applicant rated 5 through 1; with 5 being the best and 1 being the worst.**

Comment	5	4	3	2	1
Dependable: attendance and punctuality					
Cooperation: interacts effectively with others					
Initiative: Works independently and unsupervised					
Communication: relates concepts and ideas in a tactful manner					
Adaptability: adjust to change or concepts					
Organization: prepares and accomplish tasks					
Personal Appearance					
Disposition: Positive Attitude					
Honesty and Integrity					
Diligent/Hardworking					
<u>For office use only</u>					

May we call you if questions arise? _____

Respondent's Name and Title (Print): _____

Phone: _____

Respondent's Signature: _____ **Date:** _____