

Huntingdon County Career and Technology Center
PRACTICAL NURSING PROGRAM
 PO Box E, Mill Creek, PA 17060
APPLICANT REFERENCE FORM

A reference from a co-worker, friend or relative is not acceptable. Examples of professional references are employers, teachers, supervisors or managers. The reference must arrive via U. S. Mail. It may not be hand delivered. The reference must be mailed by the reference person.

I, _____, hereby give permission to _____ to complete and return this reference form to the Practical Nursing Program of the Huntingdon County Career and Technology Center. I understand that applicant references are maintained as confidential, and I waive the right to review this evaluation.

Date: _____ Applicant's Signature _____

- I. How long have you known the applicant? _____
 In what capacity? _____
 If employer: Place of employment _____
 Date of employment _____
 Position held _____
 Reason for leaving _____
 Would you rehire this person? _____

Directions: Please rate the applicant in each of the following areas.

II. Criteria	Above-average	Average	Below-average
Personal neatness			
Dependability			
Punctuality			
Attendance			
Demonstrate effective interpersonal relations			
Integrity			
Judgment/ability to make decisions			
Ability to manage change			
Work within the organizational structure			
Demonstrate self-management strategies			

Additional comments: (Include other qualities of strength and weakness which you feel applicant possesses.)

Date: _____ Signature _____

Print Name _____

Position _____

Address _____

**Please return to the Practical
 Nursing Program at above address.**

Telephone _____