



Practical Nursing Program Reference Form

Thank you for completing this reference form. Once completed, please send it in the enclosed envelope.

I am in the process of applying for admission to the Auburn Career Center Practical Nursing Education Program and authorize the release of the following information.

Applicant name printed

Applicant Signature

REFERENCE FORM

How do you know applicant? _____

If the applicant was an employee, what position was held? _____

Would you rehire the applicant? yes No

How long have you known applicant? _____

PERSONAL CHARACTERISTICS

Please rate the applicant's characteristics from 1-10 using 10 as the highest and 1 as the lowest:

_____ Ability to communicate with others

_____ Ability to work with others

_____ Ability to accept responsibility

_____ Appearance and grooming

_____ Applicant's trustworthiness

_____ General health

_____ Ability to adjust to change

_____ Applicant's organizational ability

_____ Attendance and punctuality

_____ Ability to accept criticism

Are there any challenges that you feel will prevent this applicant from achieving success in the nursing field? If so, please explain below.

Signature _____ Date _____

Print Name _____ Phone Number _____

Best time to contact _____

Additional comments may be made on back if necessary.



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