



**TO BE COMPLETED BY APPLICANT**

I, \_\_\_\_\_ herby authorize and release the person whose signature appears at the end of this reference form from any liability for completion of this document.

Signature of Applicant \_\_\_\_\_  
Social Security Number (last 4) \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY REFERENCE**

To Whom It May Concern,

Thank you for your assistance. For your protection, please make sure that the applicant has signed above. A self-addressed envelope was to be provided by the applicant. Please complete this form and mail it directly to the school. It will play a role in our selection process, so please answer all of the questions as completely and fairly as possible.

1. In what capacity do you know the applicant?

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2. What do you consider the applicant's ..

A. Strengths:

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B. Weaknesses:

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3. Please provide a brief statement concerning the student's personality, involvement in community activities, and leadership potential.

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4. If a member of you family were advised by a physician to employ a Licensed Practical Nurse during an illness, would you have enough confidence in this applicant to employ them after graduation from this course of instruction?

Please explain your answer.

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5. Would you recommend this person for the Licensed Practical Nursing Program?

\_\_\_\_\_ Yes    \_\_\_\_\_ No    \_\_\_\_\_ With Reservations

Comments:

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6. Please rate the applicant's following characteristics.

**Dependability**

1	2	3	4	5
Not very	Sometimes	Most of the time	Very	Always

**Commitment**

1	2	3	4	5
Not very	Sometimes	Most of the time	Very	Always

**Positive Attitude**

1	2	3	4	5
Not very	Sometimes	Most of the time	Very	Always

**Responsibility**

1	2	3	4	5
Not very	Sometimes	Most of the time	Very	Always

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Position/Title \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone: \_\_\_\_\_