



Rochester General College of Health Careers
470 Skyview Centre Parkway Rochester, NY 14622

REFERENCE FORM

Please do not give reference form to close friends or relatives

(Full Name of Applicant) _____ has applied for admission to our school and has given your name as a reference. We would appreciate your answers to the following questions.

1. How long have you known the applicant? _____
2. In what relationship have you known the applicant? _____
3. If you were his/her employer, answer the following:
 - A. Dates of Employment _____
 - B. Position Held _____
 - C. Work Record _____
 - D. Reason for Leaving _____
4. In the following list check the characteristics which you feel to the best of your knowledge are most descriptive of the applicant.

	Poor	Fair	Good	Excellent		Poor	Fair	Good	Excellent
Grooming					Alertness				
Initiative					Courtesy				
Reliability					Dignity and Poise				
Resourcefulness					Problem Solving				
Personal Conduct					Cooperativeness				
Punctuality					Tact				

5. Would you like to have this person taking care of a member of your family? _____
6. Remarks _____

Date _____

Name (please print) _____

Signature _____

Position _____

Affiliation _____

Please return form to: Rochester General College of Health Careers
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