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.

<table>
<thead>
<tr>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Excellent</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Excellent</th>
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</thead>
<tbody>
<tr>
<td>Grooming</td>
<td>Alertness</td>
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<td>Initiative</td>
<td>Courtesy</td>
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<td>Reliability</td>
<td>Dignity and Poise</td>
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<td>Resourcefulness</td>
<td>Problem Solving</td>
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<td>Personal Conduct</td>
<td>Cooperativeness</td>
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<td>Punctuality</td>
<td>Tact</td>
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</tbody>
</table>

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

6. Remarks

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Name (please print) ____________________________________________

Date _____________________

Signature ____________________

Position ______________________

Affiliation ____________________

Please return form to: Rochester General College of Health Careers

470 Skyview Centre Parkway Rochester, NY 14622