



**ISABELLA GRAHAM HART SCHOOL OF PRACTICAL NURSING
ROCHESTER REGIONAL HEALTH SYSTEM
1630 Portland Avenue, Rochester NY 14621**

REFERENCE FORM

Please do not give reference form to close friends or relatives

(Full Name of Applicant) _____ has applied for admission to our school of practical nursing and has given your name as a reference. We would appreciate your answers to the following questions. All information will be kept in strict confidence.

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 _____