



**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 \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

**Please return form to: Rochester General College of Health Careers**  
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