Cayuga Community College – Department of Nursing Education

PROFESSIONAL REFERENCE FORM

TO BE COMPLETED BY THE APPLICANT

Applicant’s Name ___________________________ Birthdate _________ Phone ______________________
Address ______________________________________________________________________________________

TO BE COMPLETED BY THE REFERENCE

How long have you known the applicant? _________  In what capacity? ___________________________________________
What are the first words that come to your mind to describe this applicant? ________________________________________
________________________________________________________________________________________________ ______

Please rate the applicant on the following:

<table>
<thead>
<tr>
<th></th>
<th>Strong</th>
<th>Average</th>
<th>Weak</th>
<th>Unable to judge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accountability and Responsibility</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attendance and Punctuality</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attention to Detail</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication Skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Concern for Others</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Integrity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motivation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stress Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work Ethic</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you have any reservations or adverse information about the applicant’s suitability for working with children, elderly, and incapacitated clients?  □ No □ Yes

Overall Recommendation:

□ Strongly Recommend □ Recommend □ Do Not Recommend □ Prefer to Abstain

Comments:

_____________________________________________________________________________________

Signature of Reference Print Name Date

_____________________________________________________________________________________

Position Organization

_____________________________________________________________________________________

Street Address City State Zip Code

_____________________________________________________________________________________

Phone Email

TO BE SUBMITTED BY THE REFERENCE

MAIL: Nursing Education Office, Cayuga Community College, 197 Franklin St., Auburn, NY, 13021
FAX: 315-255-1996
EMAIL: Suzanne Parsons at nursing@cayuga-cc.edu

Revised 1/2024 AW