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:

	Strong	Average	Weak	Unable to judge
Accountability and Responsibility				
Attendance and Punctuality				
Attention to Detail				
Communication Skills				
Concern for Others				
Integrity				
Motivation				
Stress Management				
Work Ethic				

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: Lisa Dinneen at ldinneen@cayuga-cc.edu