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:

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<tr>
<th></th>
<th>Strong</th>
<th>Average</th>
<th>Weak</th>
<th>Unable to judge</th>
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<tbody>
<tr>
<td>Accountability and Responsibility</td>
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<td>Attendance and Punctuality</td>
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<td>Attention to Detail</td>
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<tr>
<td>Communication Skills</td>
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<td>Concern for Others</td>
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<td>Integrity</td>
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<td>Motivation</td>
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<td>Stress Management</td>
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<td>Work Ethic</td>
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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 Dineen at ldinneen@cayuga-cc.edu

Revised 8/2018 AW