



CAYUGA ONONDAGA
CENTER FOR LEARNING
Adult Education

**Practical Nursing Program
REFERENCE LETTER**

APPLICANT TO COMPLETE

Applicant's Name: (please print) _____

Under the provisions of the Family Educational Rights and Privacy Act: (Check one)

_____ I waive the right to this information **or** _____ I do not waive the right to this information

Applicant's Signature _____ Date _____

*Typical references should include employers, teachers, and business professional associates.
References should not be from relatives or friends. References submitted by applicant are invalid.*

REFERENCE TO COMPLETE

♦ **In a few words, please describe the applicants:**

Personality: _____

Work Ethic: _____

Responsibility/Reliability: _____

♦ **Would you trust this candidate (once fully trained) to care for you, your children, and your parents?**

♦ **If you know the applicant in a supervisory capacity, please comment on the following;**

	<u>Unsatisfactory</u>	<u>Satisfactory</u>	<u>Excellent</u>
Attendance (last 6 months):	<input type="checkbox"/> More than 3 days absent	<input type="checkbox"/> Less than 3 days absent	<input type="checkbox"/> Perfect
Punctuality:	<input type="checkbox"/> More than 3 tardies	<input type="checkbox"/> Less than 3 tardies	<input type="checkbox"/> Never late
Customer Service:	<input type="checkbox"/> Has had complaints	<input type="checkbox"/> No complaints	<input type="checkbox"/> Receives compliments

Reference's Name (please print) _____

Reference's Signature: _____ **Date:** _____

Address: _____

Phone Number: _____ **Job Title:** _____

Relationship to Applicant: (please check one) Employer/Supervisor Teacher Business/Professional Associate

Please return the completed form directly to: Cayuga-Onondaga BOCES Center for Learning
Attn: PN Admissions
12 Allen Street, Auburn
New York 13021