

**REFERENCE FORM: Please sign and give** to your most recent employer. A guidance counselor or teacher may complete this form if you have just graduated from high school. If unemployed or not a recent graduate, a character reference from a friend will suffice. **Please check the box indicating where the respondent needs to send this form.**

Lenape Practical Nursing Program  
 Lenape Technical School  
 104 Armstrong Street  
 Ford City, PA 16226  
 Phone (724) 763-1311  
 Fax (724) 763-1322

Practical Nursing Program at Lawrence  
 Lawrence County Career and Technical Center  
 750 Phelps Way  
 New Castle, PA 16101  
 Phone (724) 658-3583 ext. 7112  
 Fax (724) 654-8465

I authorize you to make such investigations and inquiries of my person, employment, financial or medical history and other related matters as may be necessary in arriving at a decision for acceptance to the program. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

Name of Applicant \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**CONFIDENTIAL**

The above individual is applying for a seat in the Lenape Tech Practical Nursing Program. Please rate this applicant, to the best of your knowledge, in each area by checking the appropriate block. If you do not feel you can make such a determination, based upon your experience with this person, please leave it blank.

	<b>Definitely a Strength</b>	<b>Average</b>	<b>Not a Strength</b>
Reliability/Dependability			
Responsibility			
Motivation			
Self Direction			
Quality of Work			
Communication Skills			
Professional Conduct			
Ability to work with others			

Based on your experience, would you hire this person today? Yes                  No

Do you recommend this person for acceptance into the practical nursing program? Yes                  No

Period of Association: from \_\_\_\_\_ to \_\_\_\_\_

Relationship during Association: (i.e., employee/employer) \_\_\_\_\_

Please give any additional information you feel would be helpful.

**RESPONDENT:**

<b>NAME</b>	<b>ADDRESS</b>	<b>PHONE</b>

SIGNATURE OF RESPONDENT \_\_\_\_\_

DATE \_\_\_\_\_