



PERSONAL REFERENCE

RETURN TO:
 Sara Nicolette, R.N., B.S., LPN Coordinator
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References should be within the last two years from an employer, supervisor, teacher, or health care professional.

Name: _____ DOB _____ has applied for our Licensed Practical Nursing program at Herkimer BOCES. Your reference is an essential part of the application process. All references are private unless you initial the section at the bottom allowing it to be shared with the above named individual.

Reference Name		Company Name		
Reference Title	Email	Phone Number		
Relationship to Applicant		How Long Have You Known Applicant		

Please rate this person by using the following scale: **1-Unacceptable; 2-Poor; 3-Acceptable; 4-Excellent; 5-Not Applicable**

	1	2	3	4	5
Attendance to Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability To Manage Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability To Be On Time For Work and/or Events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability To Maintain Confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability To Adapt To New Settings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability To Learn Under Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability To Do The Correct Action Unsupervised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability To Take and Apply Correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other comments: Your remarks are the most important part of this:

I give permission to share this reference with the above named applicant: initials _____

Signature: _____ Date: _____