



Rochester General College of Health Careers
1630 Portland Avenue, Rochester NY 14621

REFERENCE FORM

Please do not give reference form to close friends or relatives

(Full Name of Applicant) has applied for admission to our school and has given your name as a reference. We would appreciate your answers to the following questions.

- 1. How long have you known the applicant?
2. In what relationship have you known the applicant?
3. If you were his/her employer, answer the following:
A. Dates of Employment
B. Position Held
C. Work Record
D. Reason for Leaving
4. In the following list check the characteristics which you feel to the best of your knowledge are most descriptive of the applicant.

Table with 10 columns: Grooming, Initiative, Reliability, Resourcefulness, Personal Conduct, Punctuality, Alertness, Courtesy, Dignity and Poise, Problem Solving, Cooperativeness, Tact. Each cell contains a rating scale from Poor to Excellent.

- 5. Would you like to have this person taking care of a member of your family?
6. Remarks

Date
Name (please print)
Signature
Position
Affiliation

Please return form to: Rochester General College of Health Careers
1630 Portland Avenue, Rochester NY 14621