

Foothills Nursing Consortium

LPN Employer Character Reference Form for LPN to ADN Applicants (ONLY ONE FORM NEEDED)

Applicant Name:

Applicant, please add your name and select a waiver box **PRIOR** to giving this reference form to your person/s of reference.

I _____:

[] Waive my rights to read/review any contents of this reference. [] **DO NOT** waive my rights.

Applicant Signature: _____ **Date:** _____

Personal and Performance Characteristics

For each of the following (1-9), please choose the best response and place a check in the box with that response:

1. Attitude toward work:	Somewhat Negative	Average	Positive
2. Motivation toward work:	Low	Average	High
3. Ability to carry out tasks:	Low	Average	High
4. Resourceful in identifying and carrying out tasks:	Low	Average	High
5. Emotional control:	Unstable	Usually well balanced	Always well balanced
6. Interpersonal relationships:	Avoided by Peers	Tolerated by Peers	Well-liked by peers
7. Leadership Ability:	Low	Average	High
8. Organizational Ability:	Low	Average	High
9. Prompt:	Seldom	Usually	Always

10. The applicant works effectively with administrators or supervisors. ____ Yes ____ No

11. Comments: _____

Signature:

Title:

Health Care Facility or Organization Department:

Contact Number:

Date:

PLEASE PLACE IN AN ENVELOPE SEALED BY THE REFERENCE.

Candidate is to include this reference with the Nursing packet and deliver complete packet to Audrea Brown, Allied Health Admissions Coordinator. If seal is broken, reference is **void**. Faxed or emailed reference forms are not allowed.

**Cleveland Community College, 137 S. Post Rd., Shelby NC 28152
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