

VENANGO TECHNOLOGY CENTER PRACTICAL NURSING PROGRAM

Oil City Campus
1 Vo-Tech Drive
Oil City, PA 16301
Fax: (814) 676-1316

Warren Campus
589 Hospital Drive/Suite F
Warren, PA 16365
Fax: (814) 726-5790

APPLICANT REFERENCE INQUIRY

Part I. (to be completed by Applicant)

Please complete Part I and give the Reference Inquiry to a person of your choice. **DO NOT USE FRIENDS OR RELATIVES AS REFERENCES.** Send reference inquiry along with an addressed-stamped envelope to be returned to the above address. **MAKE SURE YOU PRINT/SIGN YOUR NAME BELOW TO IDENTIFY YOURSELF TO YOUR REFERENCE!**

Federal Law #93-380 requires that all references and placement materials be open for inspection upon applicant/student request. Please an "X" before "A" or "B" below:

- _____A I waive the right to see this reference
- _____B I retain the right to see this reference

Print Name _____

Signature _____ Address _____

Part II. (to be completed by Evaluator)

The above-named person has applied for admission to the Venango Technology Center Practical Nursing Program. Your cooperation in completing and returning this form will assist the applicant and the Practical Nursing Program. Thank you!

- 1. How long have you known the applicant? _____
- 2. In what relationship have you known the applicant? _____
- 3. Please circle the response* in the right hand column that best describes the degree to which the trait is evidenced in this applicant.

a. Integrity	Excellent	Good	Fair	Poor
b. Initiative	Excellent	Good	Fair	Poor
c. Perseverance	Excellent	Good	Fair	Poor
d. Attitude	Excellent	Good	Fair	Poor
e. Personal grooming	Excellent	Good	Fair	Poor
f. Punctuality	Excellent	Good	Fair	Poor
g. Attendance (as applicable)	Excellent	Good	Fair	Poor
h. Communication Skills	Excellent	Good	Fair	Poor
i. Cooperativeness	Excellent	Good	Fair	Poor
j. Accuracy of work	Excellent	Good	Fair	Poor
k. Neatness of work	Excellent	Good	Fair	Poor
l. Ability to handle stress	Excellent	Good	Fair	Poor

- 4. Please comment on any additional observations you have made that might be used in further evaluating this applicant. _____

*Code: **Excellent** – Consistently demonstrates the trait
Good – Usually demonstrates the trait
Fair – Occasionally demonstrates the trait
Poor – Rarely demonstrates the trait.

Signature of Evaluator

Title

Place of Employment (if applicable)

Phone Number