Foothills Nursing Consortium Character Reference Form for Generic Applicants

Name of Applicant_ Please provide information that would a Associate Degree Nursing Program prep				ve for admission to the
How long have you known the applicant	t?			
In what capacity have you known the ap	pplicant? (Not a re	elative or close frien	d)	
Teacher Guidance Counselor	_ Employer	Other (Specify)	
Please indicate your opinion of the applispace. You may insert any other. A.	icant's characteris	stics in the following	g areas by ch	ecking the appropriate
Personal Characteristics	Unknown	Below Average	Average	Above Average
1. Honesty				
2. Cooperative				
3. Emotional Control				
4. Judgment				
5. Assertive				
6. Ability to relate to people				
7. Resourceful				
8. Dependable				
9. Neat				
10.				
Has the applicant demonstrated quali What is your opinion regarding the a Nursing?	ties of leadership	in his/her school or	community?	YesNo
Do Not Recommend	Kec	commend with Rese	ervation	
Recommend	Red	commend Highly		
Signature			Date	
Title or Occupation				
Address			Phone	
Please return this form in an envel	lope signed and	sealed by you to:		Tech Community College ences Advisor Drive

EQUAL OPPORTUNITY/AFFIRMATIVE ACTION INSTITUTION

Foothills Nursing Consortium LPN Reference Form for Advanced Placement AD Nursing Application

Name of Applicant					
<u>Pe</u>	ersonal and Perfor	mance Characterist	<u>ics</u>		
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 effective 11. Comments:	•	•	_YesNo		
					
Signature		Title			
Health Care Facility or Organization		Department			
Phone		Date			
Return this form in an envelop	e signed and seale	d by vou to: Jane Gi	ragg Wyatt		

Jane Gragg Wyatt

McDowell Tech community College

Health Sciences Advisor 54 College Drive Marion, NC 28752

EQUAL OPPORTUNITY/AFFIRMATIVE ACTION INSTITUTION