EMPLOYER REFERENCE FORM FOR LPN CANDIDATES

1. ________________________________, an applicant to the College of Southern Idaho nursing program, release the individual and the college from all claims or liabilities that might arise from the disclosure of information on this reference inquiry.

Name of Applicant: ________________________________

Place of Employment: ________________________________

Length of Time Employed: ________________________________

Please comment on the following:

1. Ability to work with others:

2. Ability to make judgments:

3. Ability to apportion time wisely:

4. Promptness, grooming, and communication skills:

5. Other comments:

☐ Endorse ☐ Endorse with enthusiasm ☐ Do not endorse

Signature: ________________________________

Position: ________________________________

Address: ________________________________

Date: ________________________________

PLEASE RETURN THIS FORM DIRECTLY TO: Department of Health Science and Human Services

Pam Holloway
College of Southern Idaho
P.O. Box 1238
Twin Falls, ID 83303-1238
I, [Applicant's Name], an applicant to the College of Southern Idaho nursing program, release the individual and the college from all claims or liabilities that might arise from the disclosure of information on this reference inquiry.

Name of Applicant: [Applicant's Name]
Place of Employment: [Employer's Name]
Length of Time Employed: [Length of Time]

Please comment on the following:

1. Ability to work with others:
2. Ability to make judgments:
3. Ability to apportion time wisely:
4. Promptness, grooming, and communication skills:
5. Other comments:

Endorse [ ] Endorse with enthusiasm [ ] Do not endorse [ ]

Signature: __________________________
Position: __________________________
Address: __________________________
Date: __________________________

Please indicate whether or not you endorse this applicant as a suitable candidate for nursing. Please give a reason for your answer.

Additional comments:

Other comments you wish to make:

Endorse [ ] Endorse with enthusiasm [ ] Do not endorse [ ]

Signature: __________________________
Position: __________________________
Address: __________________________
Date: __________________________

PLEASE RETURN THIS FORM TO THE APPLICANT IN A SEALED ENVELOPE