EMPLOYER REFERENCE FORM for Registered Nursing (ADN) Candidates

I, __________________________, 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
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 ______________

ENDORSE             ENDORSE WITH ENTHUSIASM            DO NOT ENDORSE

PLEASE RETURN THIS FORM TO THE APPLICANT IN A SEALED ENVELOPE