

Record of Employment:

Please print name and address of employers. Begin with the most recent employer

.....
Employer _____ Address _____ Phone _____
Name and Title of Supervisor _____
Position Held _____ From _____ To _____
Reason for Leaving _____

Employer _____ Address _____ Phone _____
Name and Title of Supervisor _____
Position Held _____ From _____ To _____
Reason for Leaving _____

Employer _____ Address _____ Phone _____
Name and Title of Supervisor _____
Position Held _____ From _____ To _____
Reason for Leaving _____

Employer _____ Address _____ Phone _____
Name and Title of Supervisor _____
Position Held _____ From _____ To _____
Reason for Leaving _____

REFERENCES:

List at least four (4) persons who have known you personally, and can give information about you (i.e. recent instructor, counselor, or employer). The school will contact those listed for references. Please print clearly and give complete mailing addresses. Do not list relatives or friends

Name _____ Position or Title _____
Address _____
City _____ State _____ Zip _____

Name _____ Position or Title _____
Address _____
City _____ State _____ Zip _____

Name _____ Position or Title _____
Address _____
City _____ State _____ Zip _____

Name _____ Position or Title _____
Address _____
City _____ State _____ Zip _____

I certify that all information is true and correct to the best of my knowledge. I do hereby apply for admission to Green Country Technology Center's Practical Nursing Program and agree to abide by its rules and regulations. I understand this is an application for admission only and not for enrollment into the program.

Signature of Applicant _____ Date _____

Green Country Technology Center
1100 North Loop 56 – P.O. Box 1217

PROFESSIONAL REFERENCE REQUEST

Applicant Name _____ Date _____
(Please Print)

Release of Information: I give my permission to release information to Green Country Technology Center concerning my qualifications for entrance into a health-training program at Green Country Technology Center, and I agree to hold blameless the person being requested to complete this form.

(Signature of Applicant)

CONFIDENTIAL RESPONSE FORM

Complete the following form based upon work association with the above applicant. Please complete all information requested below, or the reference will not be considered. Return reference form to the above address rather than to the applicant. The reference is confidential and will be kept secured.

Please check the box that best describes the individual's work performance for each of the dimensions or traits listed:

Table with 4 columns: Dimension or Trait, Exceeds Standard, Meets Standard, Below Standard. Rows include Judgment and Problem Resolution, Tolerance for Stress, Teamwork, Communication Skills, Attention to Detail and Organization, Initiative, Appropriate Appearance and Demeanor, Graciously Accepts Criticism and Suggestions, Attendance and Punctuality.

Individual Completing Reference (please print)

Name _____ Title _____

Company Name _____ Phone _____

Company Address _____