



PROFESSIONAL NURSING REFERENCE FORM

One Stop Student Services - onestop@cwidaho.cc - 208.562.3000 www.cwidaho.cc

Applicant Instructions: The reference form must be submitted IN A SEALED ENVELOPE with your completed application. TWO PROFESSIONAL REFERENCES REQUIRED

Reference Instructions: SIGN ACROSS THE SEAL of the envelope for official recognition. Return reference in a sealed envelope to applicant. Do not fax or mail to CWI.

STUDENT INFORMATION

LAST NAME FIRST NAME M.I. PHONE NUMBER (INCLUDING AREA CODE)

ADDRESS CITY STATE ZIPCODE

CWI STUDENT ID#

RELATIONSHIP TO STUDENT

What is your relationship to the applicant: Employer: _____ Instructor: _____ Other: _____

How long have you known the applicant? _____ Years _____ Months

Please check in the space below to indicate your opinion of the applicant. Your comments will be available to the selection.

CHARACTERISTICS	SUPERIOR 5	ABOVE AVERAGE 4	NEUTRAL 3	AVERAGE 2	BELOW AVERAGE 1
FLEXIBILITY					
ACCEPTS RESPONSIBILITY					
LEARNING CAPABILITIES					
CONSISTENT ATTENDANCE					
WORKS WELL WITH OTHERS					
COMMON SENSE					
INITIATIVE / ENTHUSIASM					
FOLLOWS DIRECTIONS					
PUNCTUALITY					
RELIABILITY / TRUSTWORTHY					

Anything that we haven't asked that we should know? _____

Other Comments: _____

SIGN THIS WORKSHEET

Signature and Title: _____ Date: _____

Print Name: _____ Company/Agency: _____

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____