

**Applicant: please fill out top box and give to reference people= Keep CONFIDENTIAL from Applicant. References need to MAIL this to:
Apollo Career Center Apollo School of Practical Nursing 3325 Shawnee Road Lima, OH 45806-1454
WORK REFERENCE**

I, _____, give my permission to the business/institution/person identified below as a work reference to provide information to Apollo Career Center. I further realize that any information will remain confidential between the school and the party giving the information.

Signature: _____ Date _____

Name of Business/Institution: _____

Mailing Address _____

.....
The above mention person has identified the above business or institution as a work reference. We would appreciate your assistance in helping us determine acceptability for the practical nursing program.

Employed as _____ from _____ to _____
(Position)

Reason for leaving (if not presently employed) _____

Personal appearance: _____

Work Attitudes: _____

Physical & Emotional health: _____

Punctuality & Reliability: _____

If given the opportunity, would you re-hire this individual? YES NO

Signature: _____

Position: _____ Phone #: _____

Additional Comments:

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PERSONAL REFERENCE

I, _____, give my permission to the person identified below to provide information to Apollo Career Center. I further realize that any information will remain confidential between the school and the party giving the information.

Signature: _____ Date _____

Name of Personal Reference: _____

Address _____
 (Number / Street / PO Box/ or RR) (City) (State) (Zip)



The following information will be used to determine acceptability for the practical nursing program. Your assistance is appreciated.

How would you rate the individual on the following traits?

	Excellent	Good	Fair	Poor
Cooperation				
Tact				
Dependable				
Punctual				
Honesty				
Integrity				
Initiative				
Perseverance				
Tolerance				
Poise				
Character				

Does he/she like to work with people? YES NO

How long have you known this person? _____

In what capacity have you known this person? _____

Signature: _____ Phone #: _____ Date _____

Additional Comments:

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