



CHARLOTTE TECHNICAL CENTER
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**PRACTICAL NURSING PROGRAM
 EMPLOYER NON-CONFIDENTIAL REFERENCE FORM**

Please have this reference form completed and return with your application.

To be completed by the Applicant

To: _____ Date: _____
 Print Employer's Name

 Applicant's Name

has applied for admission to Charlotte Technical Center's Practical Nursing program and has given your name as a reference. Your response to the following questions will help determine the applicant's suitability for Practical Nursing.

I hereby authorize the above employer to send the following employment information.

 Applicant's Signature

To be completed by the Employer

Company/Organization: _____

Position: _____ Phone: _____

Address: _____
 Street City State Zip

Please check the appropriate area that best describes the above named Applicant.

Characteristics	Below Average	Average	Above Average
Work quality			
Work quantity			
Cooperativeness			
Dependability			
Dealing with people			
Judgment			
Personal appearance			
Conduct			

Do you recommend the Applicant as a suitable candidate for Practical Nursing? Yes _____ No _____

Would you rehire this person? Yes _____ No _____

Additional comments: _____

Employer's Signature

Date

