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| Applicant Information |
| Name of Applicant |  |
| Program Applying ForPlease check one box |  **LPN-RN Transition** |  **Practical Nursing**  |
| Date  |  |
| Reference Information |
| Name of Reference |  |
| What is your position? |  |
| What is your organization? |  |
| Relationship to Applicant |  |
| Specific role applicant held |  |
| How many hours has the applicant completed in this position? | **\_\_\_\_\_\_\_\_\_\_\_\_ hrs** |
| Contact Information | **Email** |  |
| **Phone number** |  |

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| Applicant Evaluation |
| Please rate the applicant on the following characteristics using the scale below:1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree |
| Statements | **Rating** |
| Ability to Receive Feedback | **1** | **2** | **3** | **4** | **5** |
| Actively seeks constructive criticism to improve their performance. |  |  |  |  |  |
| Receives feedback from peers and others with respect. |  |  |  |  |  |
| Adjusts workflow based on feedback from others |  |  |  |  |  |
| Ability to Work Cohesively with Others | **1** | **2** | **3** | **4** | **5** |
| Collaborates with team members effectively to achieve common goals. |  |  |  |  |  |
| Actively listens to others and their opinions, respecting all perspectives.  |  |  |  |  |  |
| Able to manage conflict with patients, customers, peers and others in a professional manner. |  |  |  |  |  |
| Demonstrates Empathy and Caring Behaviors | **1** | **2** | **3** | **4** | **5** |
| Demonstrates a caring attitude towards patients, customers, peers, and others. |  |  |  |  |  |
| Responds to others' needs with respect, compassion and sensitivity. |  |  |  |  |  |
| Keeps an open mind and values differences within the workplace |  |  |  |  |  |
| Professional Behaviors | **1** | **2** | **3** | **4** | **5** |
| Effectively and clearly communicates needs and concerns in a timely manner. |  |  |  |  |  |
| Demonstrates adaptability and flexibility when adjusting to new roles and tasks. |  |  |  |  |  |
| Please add any additional information below that can speak to their skills and abilities and how they would contribute to our program and the nursing workforce. |
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I, the undersigned, hereby attest that the information provided in this Employment Verification Form is accurate and truthful to the best of my knowledge. I understand that providing false information may result in the applicant’s disqualification from the Practical Nursing Program.

**Signature of Reference:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_