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| --- | --- | --- | --- |
| Applicant Information | | | |
| Name of Applicant |  | | |
| Program Applying For  Please 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. | | | | | |
|  | | | | | |

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