



Student/New Graduate Reference Form

Applicant Name: _____ **Date:** _____

Instructor: Please assist us with the following reference information

- 1) Rate applicant using scale below
- 2) Place form in envelope
- 3) Seal and sign back of envelope
- 4) **Mail directly to: Randolph Hospital, Attn: Jennifer Wood, Human Resources, PO Box 1048 Asheboro, NC 27204**

ALL INFORMATION IS STRICTLY CONFIDENTIAL

	Superior	Good	Average	Fair	Poor
Academic Performance/Intellectual Ability					
Critical Thinking Skills					
Clinical/Technical Competence					
Organizational Skills					
Dependability/Reliability					
Professional Attitude					
Appearance/Grooming					
Attendance/Punctuality					
Leadership Qualities					

_____ Recommend Enthusiastically
 _____ Recommend with reservation

_____ Recommend
 _____ Not recommended

Additional Comments:

Signature: _____ **Date:** _____

Name (print): _____

Title and Organization: _____

Dates of Clinicals: _____

Address: _____

Phone: _____