



KNOX TECHNICAL CENTER

308 Martinsburg Road • Mount Vernon, OH 43050

Adult Education at Knox County Career Center

Phone: 740.393.2933 • Fax: 740.397.1659 • Nursing Fax: 740.397.5828

REF

REFERENCE FOR STUDENT

Directions: Please complete all applicable questions. Please use back of form for any additional comments. Upon completion, this form should be mailed directly to Knox Technical Center by the person completing the Reference for the student. The student-applicant should supply a stamped, addressed envelope or you can FAX to 740.397.1659.

The individual below has applied to the Knox Technical Center program(s) checked below:

<input type="checkbox"/> LPN to RN Transition	<input type="checkbox"/> Massage Therapy	<input type="checkbox"/> Practical Nursing
<input type="checkbox"/> Other		

Student-Applicant's Name (please print)

First Name	Middle Name	Last Name		
Mailing address (# and street or P.O. box)		City	State	Zip Code

How long and in what capacity have you known the applicant?

What qualities does the applicant have which you believe would contribute to the applicant's success in the specific field?

What are some areas the applicant could improve or strengthen?

How well do you feel the applicant relates to other people?

How would you describe the applicant's relationship with supervisors or those in authority?

If applicant is an employee or former employee, please complete the following:

How long has/was applicant been in your employment?	Dates	In what capacity?		
Reason for leaving	Attendance <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> N/A			
Would you re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No*	* If NO, please explain:			

Please indicate whether or not you recommend the applicant for admission to the school:

Please select for student applicant's admission to Knox Technical Center:

Highly Recommend Recommend Do Not Recommend

Signature	Relationship/Position	Date
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