

## **Professional Reference Letter**

### **To be completed by Applicant**

**Name** (please print): \_\_\_\_\_ **Program applying to:**  Day  Evening

References should include employers, teachers and business professional associates; not relatives or friends.  
References submitted by applicants are invalid.

### **To be completed by the Reference**

**In a few words, please describe the applicant's:**

Personality: \_\_\_\_\_

Work Ethic: \_\_\_\_\_

Responsibility/Reliability: \_\_\_\_\_

**Would you trust this candidate (once fully trained) to care for you, your children or your parents?:**

**Please comment on the following:**

	<b>Unsatisfactory</b>	<b>Satisfactory</b>	<b>Excellent</b>
<b>Attendance</b> (last 6 months)	<input type="checkbox"/> More than 3 days absent	<input type="checkbox"/> Less than 3 days absent	<input type="checkbox"/> Perfect
<b>Punctuality</b>	<input type="checkbox"/> More than 3 tardies	<input type="checkbox"/> Less than 3 tardies	<input type="checkbox"/> Never late
<b>Customer Service</b>	<input type="checkbox"/> Has had complaints	<input type="checkbox"/> No complaints	<input type="checkbox"/> Recieves compliments

**Reference's Name** (please print): \_\_\_\_\_

**Reference's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**Phone Number:** (\_\_\_\_\_) \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Relationship to Applicant** (please check one):  Employer/Supervisor  Teacher  Business/Professional Associate

**Please place this form in an envelope and mail directly to:**

**OCM BOCES**  
**Attn: LPN References**  
**P.O. Box 4754**  
**Syracuse, New York 13221**  
**Or email to: [wbuck@ocmboces.org](mailto:wbuck@ocmboces.org)**