



## ***Practical Nursing Application Employer Reference Form***

**Please return by mail to:**

**CiTi Adult Programs**

**179 County Route 64, Mexico, NY 13114**

**To the Applicant:** Please fill out your name below then give one form to each of your references. Professional references from employers or supervisors at a previous workplace are preferred. If you have not worked within the last two years, non-professional references such as those associated with volunteer organizations, clubs, church or community groups may be accepted. Both references must be from persons not related to you. References from a boyfriend/girlfriend or their family members are not acceptable. Please call the Adult Programs office at 315.963.4283 if you have any questions about possible reference options.

**Applicant Name:** \_\_\_\_\_

**To the Reference Writer:** The applicant listed above has applied for admission into the Practical Nursing Program. Please indicate the capacity in which you have known the applicant and for how long. Please include any attributes the applicant possesses that would be valuable to the profession the applicant is seeking. Additionally, please indicate any reservation you have regarding the applicant's ability to successfully complete the program. Please return promptly to the address provided above.

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**Reference Writer:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Organization: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

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

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

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