

APPLICANT: PLEASE COMPLETE THIS SECTION

Applicant's Name _____ Phone Number _____

Address _____
(street) (city) (state) (zip code)

I do I do not waive my right to see this reference form
(please check one and sign below)

Signature _____ Date _____

REFERENCE: PLEASE COMPLETE THIS SECTION

1. In what capacity have you known the applicant?

- Teacher/instructor Clergy person
 Job supervisor Other (please specify)

2. When were you last associated with the applicant?

- Within the last year 1-3 years ago
 More than 3 years ago

3. How long have you known the applicant?

- Less than 1 year 1-3 years
 3-5 years More than 5 years

4. If you were in need of assistance from a healthcare professional, would you want this applicant to care for you (assuring he/she had the credentials)?

- Yes No Depends, because _____

5. Provide your evaluation of the applicant's abilities in the following by checking the appropriate box.

	<i>ABOVE AVERAGE</i>	<i>GOOD</i>	<i>FAIR</i>	<i>POOR</i>	<i>UNABLE TO EVALUATE</i>
<i>Punctuality in attendance (being on time, notifying if unable to attend)</i>					
<i>Dependability when asked to complete an assignment</i>					
<i>Ability to accept disappointment or criticism</i>					
<i>Ability to adjust to new situations</i>					
<i>Ability to find new or different ways of problem solving</i>					

6. How would you judge the applicant's ability to relate to others?

	<i>ABOVE AVERAGE</i>	<i>GOOD</i>	<i>FAIR</i>	<i>POOR</i>	<i>UNABLE TO EVALUATE</i>
<i>Ability to remain warm and accepting</i>					
<i>Ability to make friends</i>					
<i>Ability to retain friends</i>					
<i>Ability to solve problems with others</i>					
<i>Ability to assume a leadership role</i>					

7. Please provide any additional comments that would help us in evaluating this applicant.

Reference Name _____

Position and/or title, Company _____

Signature _____ Date _____

Please return completed form to: Metropolitan Community College
Respiratory Care Program Director
P.O. Box 3777
Omaha, NE 68103