

APPLICANT REFERENCE FORM

INSTRUCTIONS TO APPLICANT: Please fill in your name and program, and give this form to a person (preferably an employer or teacher) whom you feel has known you for a length of time and can adequately evaluate your potential for career training at our college. Reference(s) are required PRIOR TO consideration for admission. Please also sign the Waiver of Confidentiality on the reverse side of you wish to waive your right to review this form.

_____ is applying for admission to _____
 (Applicant's Name) (Name of Program)

program at this college. Your thoughtful and frank estimate of this candidate's qualification will be most helpful in consideration for admission and will be treated as confidential if waived by the applicant and used only by the Admissions Committee of this college. Please feel free to add any comments you may desire.

	CANDIDATE'S PERSONAL APPRAISAL	Better Than Average	Average	Below Average	Entirely Unsatisfactory
1.	Is the applicant a hard worker?				
2.	Is the applicant a good producer?				
3.	Is the applicant enthusiastic?				
4.	Is the applicant resourceful?				
5.	Is the applicant ambitious?				
6.	Is the applicant courteous?				
7.	Is the applicant understanding?				
8.	How is the applicant's memory?				
9.	How is the applicant's health?				
10.	How are the applicant's habits?				
	CANDIDATE'S QUALITIES	Excellent	Good	Fair	Poor
11.	Personality				
12.	Dependability				
13.	Appearance				
14.	Manners				
15.	Judgement				
16.	Promptness				
17.	Attitude				
18.	Cooperation				
19.	Ability to learn new things				
20.	Awareness of the feelings of others				

We would appreciate, also, any comments you may have regarding this applicant's honesty, integrity, and direction:

How suitable is this applicant for a career in: _____
(Name of program)

_____ Excellent _____ Very Good _____ Fair _____ Poor

Signature: _____ **Date:** _____

Print Name: _____

Position/Agency: _____

IF YOU ARE THE APPLICANT'S EMPLOYER, PLEASE COMPLETE THE FOLLOWING:

Date of applicant's employment: _____ (month/year) to _____ (month/year)

Position Held: _____ Quality of Work: _____

Reason for Leaving: _____

Would you Re-employ: _____ If Not, Why: _____

Additional Comments: _____

WAIVER OF CONFIDENTIALITY

Applicant: If you wish to waive your right to review this reference, please sign the statement below.

I, _____ wish to waive my right to review this reference form after it has been completed.

Applicant's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

(If applicant is under 18)

PLEASE RETURN TO:

Admissions Office, RVCC, One College Drive, Claremont, NH 03743