This reference form pertains to ______________________________ who has made application for our Patient Care Technician Program. The information included here is collected with the understanding that it is not shown nor quoted to the candidate. This reference will become the property of Jefferson College upon its receipt by the Coordinator of the PCT program. An honest and complete opinion will be most helpful to us. After completing, please place in envelope, seal and sign your name across the seal. Return sealed reference to the applicant. Sealed references must be turned in with PCT application. Note: PCT applicant will provide envelopes for their references.

1. How long have you known this individual? __________________________

2. How do you know this person (i.e. employee, colleague, friend)? _________________

3. Has this individual displayed traits that would indicate that he or she is interested in other individuals and their welfare? Yes ____ No ____. If yes, please give an example:

4. Has this individual been involved in community or school activities? Yes ____ No ____. If yes, please list those activities about which you know

5. From your experience with this individual, would you please rate him or her in the following characteristics?

   |                      | Good | Fair | Poor |
---|----------------------|------|------|------|
 a.  Integrity          |      |      |      |
 b.  Dependability      |      |      |      |
 c.  Punctuality        |      |      |      |
 d.  Initiative         |      |      |      |
 e.  Moral Character    |      |      |      |
 f.  Industrious        |      |      |      |
 g.  Grooming           |      |      |      |

If fair or poor, please explain:

(over please)
6. Would you employ this individual for a position that requires responsibility and stability? Yes _____ No _____.

7. Do you:
   a. _____ Recommend with enthusiasm
   b. _____ Recommend
   c. _____ Not recommend this applicant

Additional Comments:

Date: ____________________  Signature: ________________________________

Title/Occupation: ______________________________________________________

Please place in sealed envelope before giving to applicant and address to:
Cynthia Critchfield
PCT Program
Jefferson College

06.08.21