TEACHLEARN GROW

WILLOUGHBY-EASTLAKE CITY SCHOOL DISTRICT

Willoughby-Eastlake School of Practical Nursing

34050 Glen Dr. Suite 2 · Eastlake, OH 44095 · Phone: (440) 602-5094 · Fax: (440) 942-6983

EMPLOYMENT REFER	ENCE FORM			
то:				
I,Willoughby-Eastlake Schothe school.	, have applool of Practical Nursing, a	lied for admission and authorize the r	into the elease of the follow	ing information to
Name of Applicant:				
Dates of Employment:				
Position:				
Reason for Leaving:				
Would you rehire?	Yes	No		
Please rate the characteris	tics of the applicant belov	w, using 10 as high	est and 1 as lowest	
10-9 = Superior 8-7	= Good $6-5 =$ Average	4-3 = Fair	<u>2-1 = Poor</u>	
 Ability to communicate v Quality of Work Quantity of Work Ability to adjust to change Attendance and punctual 	 ge	7. Appearan8. General h	ce and grooming ealth organize work	
Please indicate applicant's s	trong or weak points, and/o	or additional commo	ents:	
Signature	Position		Date	