

Hill College
Vocational Nursing Program
REFERENCE FORM

Application Deadlines: November 1 for classes beginning in January
June 1 for classes beginning in August

APPLICANT INSTRUCTIONS:

Three (3) references are required to complete the application process for possible entrance into the Hill College Vocational Nursing Program. The Hill College Vocational Nursing Program recommends you consider references from individuals who have known you either in a working or classroom setting for more than 6 weeks and can comment on your work/classroom ethics. The references must be from current/former employers, college/high school instructors or education counselors. **NOTE: The Hill College Vocational Nursing Program WILL NOT accept references from friends, relatives, faxed or hand delivered. All Items marked by an * are required, if not completed will delay processing or void this reference form.**

Please complete the following information and furnish a copy of this form to your designated references. Provide a stamped envelope to each reference addressed to the HILL COLLEGE Nursing Program you are choosing to attend:

Spring Entry Programs

- **Glen Rose Program:** Hill College, Attention: Vocational Nursing, 301 Bo Gibbs, Glen Rose TX 76043.
- **Hillsboro Program:** Hill College, Attention: Vocational Nursing, 112 Lamar Dr., Hillsboro TX 76645

Fall Entry Programs

- **Cleburne Program:** Hill College, Attention: Vocational Nursing, 2112 Mayfield Parkway, Cleburne TX 76033
- **Clifton Program:** Hill College, Attention: Vocational Nursing, 101 S. Avenue T, Clifton TX 76634

*Applicant (print or type): _____
Name

References written in confidence are often of greater value in assessing an applicant's qualifications. Please read the statement below and indicate your preference with regard to the confidentiality of this evaluation.

In accordance with the Family Education Rights and Privacy Acts of 1974 (Public Law 93-380), I understand that I have the right of access to this reference but may choose to waive that right. My preference is noted below:

_____ I waive my right of access to this reference form. _____ I do not waive my right of access to this reference form.

*Applicant's signature: _____ Date: _____

EVALUATOR INSTRUCTIONS:

Please complete Parts I, II of this reference form and return directly to the Hill College Vocational Nursing Program in the stamped envelope provided by the applicant. **Evaluator please sign the envelope on the back across the sealing flap. All Items marked by an * are required, if not completed will delay processing or void this reference form.**

PART I

*Evaluator Name: _____ Occupation: _____

*Business Name: _____

Address: _____
Street City State Zip

*Daytime Phone #: _____ Email address: _____

*How long have you known the applicant? _____

*In what capacity? Employer Supervisor Co-worker Student Other (specify): _____

Applicant (print or type): _____
Name

PART II

Please indicate your evaluation of the applicant with a check mark.

	Always	Usually	Sometimes	Rarely
Learns new procedures or skills quickly				
Is dependable and trustworthy				
Cooperates with others				
Communicates well with others				
Accepts suggestions and criticism gracefully				
Asks for supervision or guidance when needed				
Assumes responsibility in his/her position when needed				
Is neat in dress and grooming habits				
Is punctual and regular in attendance				
Is punctual in response to deadlines and commitments				

Summary Evaluation:

- Recommend without reservation
- Recommend
- Recommend with reservation
- Do not recommend

Signature: _____ Date: _____

Your candid evaluation of the applicant will be of significant value and is appreciated.

Additional comments: _____

Office use only
Date received: _____ Received by: _____
Acceptable Yes _____ No _____