

Moses Cone Health System

Student / Nursing Residency / New Graduate Reference Form

Name of Applicant: _____ **Date:** _____

Are you a current Moses Cone Health System employee? Yes _____ No _____

Department/Site _____

Applying for: Externship Residency New Graduate

Instructor/Employer please assist us with the following reference information:

- 1) Rate applicant using scale below.
- 2) Place form in enclosed self-addressed envelope.
- 3) Seal and sign back of envelope.
- 4) Mail directly to Nurse Recruitment.

ALL INFORMATION IS STRICTLY CONFIDENTIAL

	Superior	Good	Average	Fair	Poor
Academic Performance/Intellectual Ability					
Critical Thinking Skills					
Clinical/Technical Competence					
Organizational Skills					
Dependability/Reliability					
Professional Attitude					
Appearance/Grooming					
Attendance/Punctuality					
Leadership Qualities					

Additional

Comments: _____

Clinical Instructors:

In comparison with the others in the class, how would you rank this student?
 Upper 10% _____ Upper 25% _____ Middle _____ Lower 25% _____ Lower 10% _____

Dates of Clinicals _____

Employers:

Dates of Employment _____

Completed By: _____ **Title:** _____

Name of Facility/Organization _____ **Date:** _____

In accordance with the Privacy Act of 1974, Public Law 93-579, which went into effect 9/27/75, I hereby give my permission to Moses Cone Health System to procure any information they deem necessary for the processing of my application. I authorize you to make such investigations and inquiries of my personal employment and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

Signature of Applicant: _____ **Date:** _____