E.J. NOBLE HOSPITAL/KINNEY NURSING HOME
Human Resources Department
77 West Barney St. Gouverneur, NY 13642
(315) 535-9312, 535-9311 Fax (315) 535-9313

ACADEMIC REFERENCE CHECK

Student: _____ Year Graduated: _____
Name of School: _____
Address of School: _____
Dates Attended: _____ Degree/Certification: _____
Applying for: _____ SS# _____
I request that the information on this form be released to E.J.Noble Hospital. I further understand that all information released will be held in strict confidence and I hereby release both E.J. Noble and the academic institution from any liability for damages resulting directly or indirectly from such disclosures.

_____ _____
Date **Applicant Signature**

PLEASE INDICATE YOUR OPINION OF APPLICANT ON THE FOLLOWING POINTS BY ENTERING AN (X) IN THE PROPER COLUMNS.

	VERY GOOD	GOOD	FAIR	POOR
Accuracy in work	_____	_____	_____	_____
Knowledge and Skill	_____	_____	_____	_____
Initiative	_____	_____	_____	_____
Attendance	_____	_____	_____	_____
Self-Confidence	_____	_____	_____	_____
Performance under Stress	_____	_____	_____	_____
Cooperation	_____	_____	_____	_____
Honesty	_____	_____	_____	_____
Personal Appearance	_____	_____	_____	_____
Interpersonal Relations	_____	_____	_____	_____

Comment: _____

The above named person has made an application to us for a position and has given you as an academic reference. We would appreciate your frank answer to the above questions so that we can evaluate the applicant for employment. Your response will be held in strict confidence.

_____ _____ _____
DATE **SIGNED** **TITLE**