

**WESTERN SUFFOLK BOCES  
HEALTH CAREER PROGRAMS  
RADIOLOGIC TECHNOLOGY**

**APPLICANT'S CONFIDENTIAL PERSONAL REFERENCE**

**Applicant Name:** \_\_\_\_\_ has applied for admission to our school of health careers and has given us your name as a reference. Can you kindly give us your opinion of this applicant's suitability for health careers?

The following list has been compiled for you to check characteristics, which you feel most describe the applicant.

	Excellent	Good	Average	Below Average	No Basis For Judgment
Appearance					
Character					
Initiative					
Dependability					
Responsibility					
Creativity					
Integrity					
Cooperativeness					
Communication Skills					
Attendance & Punctuality					
Critical Thinking					

Are you aware of any limitation which might impede the applicant's success in a health career? Yes No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

**Comments: (Short Statement about the Applicant)** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In what capacity have you known the Applicant? \_\_\_\_\_  
(Must not be a relative)

How long have you known the Applicant? \_\_\_\_\_

Print Name: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

\*\* ATTACH CARD HERE\*\*

**Have the person completing this form mail to:**

**Western Suffolk BOCES  
Radiologic Technology Program  
152 Laurel Hill Road  
Northport, New York 11768**

OFFICE USE ONLY:    DOI: _____
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