

Saint Francis Medical Center College of Nursing
 Attn: Student Finance Office
 511 NE Greenleaf St. Peoria IL 61603
 Phone (309)655-3450 Fax (309)655-3962
 Or scan & email to carlene.j.murali@osfhealthcare.org
Deadline: April 24, 2013

CURRENT/FORMER EMPLOYER REFERENCE LETTER

To be completed by the student:

Employer: _____ Phone or Email _____
 Reference Name: _____ Title: _____
 Employer Address _____
 Name of applicant: _____ Phone or Email _____
 Address: _____
 He/She has listed your firm as a current/former employer and stated the following:
 Dates of employment: From _____ To _____
 Position(s): _____
 Reason for Leaving: _____

I grant permission for the authorities of OSF Saint Francis Medical Center, Saint Francis Medical Center College of Nursing or the Scholarship committee to investigate my references and release said Medical Center, College or Committee and my employer from any and all liabilities resulting from such investigation. This completed reference form will be used for consideration of MEEP and/or Institutional/Private SFMC -CON scholarship/loans. This reference may also be used in other circumstances upon my separate written request.

Applicant's Signature _____ Date _____

To be completed by employer reference:

Your frank answers to the following questions will be appreciated.

1. Is the above information correct? ____yes ____no
 (If not correct, please state discrepancies.) _____

Characteristics	Superior	Above Average	Average	Below Average	No Opport To Observe	Comments
Performance						
Honesty						
Attitude						
Dependability						
Commitment						
Accept Correction						

3. General Appraisal
 Was applicant cooperative with others? ____yes ____no
 Would you re-employ applicant? ____yes ____no
 If no, why _____

4. Remarks: Strong points, weak points, comments of Supervisors, etc _____

Signed _____ Date _____