

WORK VERIFICATION FORM

Applicant, please fill out the top box and give it to reference people; please keep CONFIDENTIAL from Applicant.

References need to be MAIL:

**Great Oaks OTC Adult Practical Nursing Program 303 Scarlet Oaks Drive,
Entry 3, Cincinnati, Ohio 45241**

WORK REFERENCE

I, _____, give my permission to the business/institution/person identified below as a work reference to provide information to Great Oaks Career Campuses. I further realize that any information will remain confidential between the school and the party giving the information.

Signature: _____ Date _____

Name of Business _____

Mailing Address _____

The person mentioned above has identified the above business or institution as a work reference. We would appreciate your assistance in helping us determine acceptability for the practical nursing program.

Employed as _____ from _____
to _____

Reason for leaving (if not presently employed) _____

Personal appearance: _____

Work Attitudes: _____

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Physical & Emotional Health: _____

Punctuality & Reliability: _____

If given the opportunity, would you re-hire this individual? YES NO

Signature _____

Position: _____ Phone #: _____

Additional Comments: