

Seton's Versant RN Residency - Faculty Reference Form

www.seton.net/nursecareers

Faculty Name: _____ Faculty Email: _____

Faculty Mailing Address: _____

Institution Name: _____ Phone: _____

Versant Applicant Name: _____

The person named above has applied to Seton's Versant RN Residency. Each applicant is required to submit two faculty references, and the applicant has selected you to provide a reference. Please complete this form and route back via fax or e-mail as follows:

Fax: (512) 406-6525 (preferred method)

nurseresident@seton.org

Please place an X in the column that best describes the applicant's character and qualifications, and include a short narrative in the space provided below.

	Excellent	Above Avg	Average	Below Avg	Poor	N/A
Attitude & Personality: cooperative, confident, courteous						
Accountability: reliability, honesty, dependability						
Professional Appearance						
Work habits & industry: motivation, self-discipline, resourceful, conscientious, ability to organize, initiative						
Performance under pressure: problem solving.						
Capacity for independent thinking: curiosity, creativity, leadership						
Communication: verbal and written clarity, accuracy, confidentiality.						

Your overall impression of the candidate would be helpful (please comment specifically on any attribute above which you rated Below Average or Poor):
