



Management Internship / Residency Reference Request

_____, _____ has made application with AHS
 (Last Name) (First Name)

Leadership Development Program for a summer internship or residency employment opportunity. Your confidential evaluation of this individual in regard to the items listed will be appreciated.

RELEASE AUTHORIZATION – I authorize any and all persons, companies, educational institutions or agencies having personal knowledge about me, to furnish requestor with any and all information in their possession regarding me in connection with my application. I also hereby release any and all aforementioned individuals or groups responding to such investigation for any damage due to releasing any information they may have regarding me, whether or not it is in their records or otherwise available to them, provided it relates to my employment history or other statement made in this application, pertaining hereto. I understand this authorization is to be part of the written employment application that I sign.

Applicant Signature

Date

Instructions: Using the following guidelines please rate the applicant in the following general areas by placing an "X" in the appropriate box.

Rating	Performance Descriptor	Developmental Need
Excels	Performance <u>significantly exceeds</u> acceptable requirements	Model for Others
Good	Performance <u>exceeds</u> acceptable requirements	Strength
Average	Performance <u>meets</u> acceptable requirements	Acceptable
Fair	Performance <u>less than</u> acceptable requirements	Developmental Need
Poor	Performance <u>significantly below</u> acceptable requirements	Major Developmental Need
NA	Performance <u>not demonstrated or observed</u>	Unknown

Competency / Behavior	Excels	Good	Average	Fair	Poor	NA
Achievement orientation						
Concern for quality and order						
Initiative						
Interpersonal skills						
Impact and influence on others						
Relationship building						
Teamwork and cooperation						
Analytical thinking						
Conceptual thinking						
Self-control, stress resistance						
Self-confidence						
Flexibility						
Attitude towards supervision						
Professional appearance						
OVERALL RATING						

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Has applicant expressed interest for denominational employment? Yes No Unknown
Has applicant expressed interest in a healthcare career? Yes No Unknown
Has applicant expressed interest in relocation for professional growth? Yes No Unknown

Applicant's areas of strength, or is an example to others, in these areas:

Applicant's growth or developmental needs are in these areas, to become a respected leader:

Additional comments:

Reference completed by:

Signature	Print Name	Date
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Relationship to applicant: (check one)

- Department / Division Chair of _____
- Professor of _____
- Employer _____
- Professional Associate (describe) _____
- Church Related (pastor or other) _____
- Other (specify) _____

Please return to: Michael Wood
 Director, AHS Leadership Development
 111 N. Orlando Avenue
 Winter Park, Florida 32789

Thank you for taking the time to provide your assessment of this candidate. Your opinions are very valuable in helping us to match applicants with placement opportunities.