

# EMPLOYER REFERENCE FORM



The University of Mississippi Division of Outreach and Continuing Education

## internship experience NEW YORK

Student Applicant's Name

UM ID Number

Telephone Number

Email Address

*I hereby authorize recipients of this form to issue any information regarding my service, character, personality and competencies, and do hereby unconditionally release recipients from all liability for any damage whatsoever which might result from providing this information.*

Signature of Applicant

Date

The above applicant is applying to the University of Mississippi's New York Internship Experience Program (NYIE). This program combines academic coursework with an internship. Admission to the NYIE program is highly competitive and your letter of recommendation is very important in the decision making process of this student's application. Your responses will be kept confidential.

| Rating                        | Outstanding              | Above Average            | Average                  | Below Average            | Poor                     | No Information           |
|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Initiative and Responsibility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Attendance/Punctuality        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interpersonal Skills          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reliability                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Adaptability                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Flexibility                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Professional Appearance       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Organization                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Communication Skills          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Enthusiasm                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sense of Humor                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Leadership Potential          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Maturity                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Do you recommend this applicant for acceptance to the NYIE Program and placement in an internship in New York or surrounding area?

Yes  No  Yes, with these reservations:

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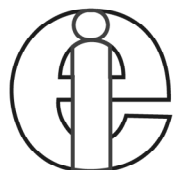
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Describe the applicant's strengths and weaknesses. Please also include any additional information the committee should consider when evaluating this applicant including personal initiative, ability to meet deadlines, and maturity.

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Printed Name: \_\_\_\_\_ Title and Company: \_\_\_\_\_

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

Relationship to applicant:  Former Employer  Colleague. If former employer, would you re-employ?  Yes  No

Reason for leaving your employment:  
\_\_\_\_\_  
\_\_\_\_\_

**Return completed form to:** Laura Antonow  
New York Internship Experience  
104 E.F. Yerby Conference Center  
Post Office Box 1848  
The University of Mississippi  
University, MS 38677-1848  
**For more information, call:** (662) 915-6511  
**or fax to:** (662) 915-5138 **or email:** nyie@olemiss.edu

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