



Central District Health Department  
707 North Armstrong Place  
Boise ID 83704  
Phone: 208-327-8625 Fax: 208-327-7100

### Intern Recommendation Form

***If you are requesting eighty or more hours, you must complete this form with a minimum of two recommendations.***

Student Name: \_\_\_\_\_

I hereby waive my rights to see these recommendations.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

#### **To the individual completing this form:**

Part of the application includes two recommendations from either a faculty member or employer. The Central District Health Department would appreciate a candid reference on the above named candidate. Thank you for taking time to fill out this form.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Telephone Number: (\_\_\_\_) \_\_\_\_\_

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

**How long have you known this candidate?**

**What capacity have you known the individual?**

**Please list five adjectives that best describe the candidate:**

**In your opinion, how will the candidate adapt to a professional setting?**

**Please rate the candidate in the following areas. (1 being poor and 5 outstanding.)**

Maturity	1	2	3	4	5
Respect for others	1	2	3	4	5
Honesty	1	2	3	4	5
Tactfulness	1	2	3	4	5
Discretion	1	2	3	4	5
Work habits	1	2	3	4	5
General Appearance	1	2	3	4	5
Organizational skills	1	2	3	4	5
Emotional stability	1	2	3	4	5
Motivation	1	2	3	4	5
Flexibility	1	2	3	4	5

**Would you recommend the candidate:**

- with some reservation
- without reservation
- enthusiastically

**Additional Comments:**

Please add a few comments as to why you believe this applicant would or would not make a successful intern.

Thank you for taking the time to complete this form. Please send the completed form to:

Central District Health Department  
Office of Communicable Disease Control  
707 North Armstrong Place  
Boise, ID 83704  
FAX: 208-327-7100