

Barton County Community College
MEDICAL LABORATORY TECHNICIAN PROGRAM
REFERENCE & EMPLOYMENT INFORMATION

Name _____

REFERENCES

List the names and complete addresses of your three most recent employers whom we may contact as your references.

1. Name of Business: _____
Name of Supervisor: _____
Address: _____
City, State, Zip: _____
Phone: _____
E-mail: _____
Applicant Job Title/Description:

2. Name of Business: _____
Name of Supervisor: _____
Address: _____
City, State, Zip: _____
Phone: _____
E-mail: _____
Applicant Job Title/Description:

3. Name of Business: _____
Name of Supervisor: _____
Address: _____
City, State, Zip: _____
Phone: _____
E-mail: _____
Applicant Job Title/Description:

WAIVER

I hereby waive the right to request a copy of completed reference forms from my student MLT file. I do this with the understanding that confidential reference statements are more readily acceptable by prospective evaluators. I understand that these documents would otherwise be available to me through my rights as expressed in the Family Education Rights and Privacy Act of 1974, Public Law 93-380.

Signature

Date

6/12