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Rev. 10/03

FORM APPROVED:
OMB No. 0937-0025
Exp. Date: 2/28/2010

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Commissioned Corps of the United States Public Health Service

Office of Commissioned Corps Operations
1101 Wootton Parkway, Suite 100
Rockville, MD 20852

REFERENCE REQUEST FOR APPLICANTS TO THE U.S. PUBLIC HEALTH SERVICE COMMISSIONED CORPS

_____
Applicant's Name *(Last, First, Middle initial)*

If the reference knows you -- the Public Health Service Commissioned Corps applicant -- by any other name, e.g., maiden name, please indicate that name here:

_____

Your name has been given as a reference by the individual identified above who has applied for appointment to the Commissioned Corps of the United States Public Health Service.

We would appreciate your frank and objective consideration of the requested information. To help us determine whether this person is loyal, trustworthy, and of good character, we ask that you answer all questions on the front and back of this form as fully and specifically as you can. The information you provide will be disclosed to the person identified above if he or she should so request.

The promptness of your reply will aid us greatly in our evaluation of this applicant. The information furnished by former associates, supervisors, or employers with the same or related background provides valuable information for use in evaluating applicants.

Office of Commissioned Corps Operations

1. PERIOD OF ASSOCIATION

From To
(MM/YYYY)
__ __/__ __ __ __ __ __/__ __ __ __

2. PROFESSIONAL RELATIONSHIP TO APPLICANT *(CHECK APPROPRIATE BOXES)*

☐ EMPLOYER ☐ TEACHER ☐ FACULTY ADVISOR
☐ SUPERVISOR ☐ DEAN ☐ OTHER *(SPECIFY)*_____

3. EVALUATION OF APPLICANT

ELEMENTS	OUTSTANDING	BETTER THAN AVERAGE	AVERAGE	BELOW AVERAGE	NO BASIS FOR JUDGMENT	ELEMENTS	OUTSTANDING	BETTER THAN AVERAGE	AVERAGE	BELOW AVERAGE	NO BASIS FOR JUDGMENT
PRODUCTIVITY	☐	☐	☐	☐	☐	ABILITY TO WORK WITH AND FOR OTHERS	☐	☐	☐	☐	☐
ABILITY TO WORK INDEPENDENTLY	☐	☐	☐	☐	☐	FLEXIBILITY -- ADAPTABILITY	☐	☐	☐	☐	☐
INITIATIVE	☐	☐	☐	☐	☐	ABILITY TO SOLVE PROBLEMS -- RESOURCEFULNESS	☐	☐	☐	☐	☐
APPLICATION OF SKILLS AND KNOWLEDGE	☐	☐	☐	☐	☐						
CAPACITY FOR DEVELOPMENT	☐	☐	☐	☐	☐	ORIGINALITY	☐	☐	☐	☐	☐
ATTENDANCE	☐	☐	☐	☐	☐	JUDGMENT	☐	☐	☐	☐	☐
DEPENDABILITY IN CARRYING OUT ASSIGNMENT	☐	☐	☐	☐	☐	ABILITY TO COMMUNICATE	☐	☐	☐	☐	☐
						SUPERVISORY ABILITY	☐	☐	☐	☐	☐

4. APPLICANT IS BEST SUITED FOR WHAT SPECIALIZATION, FIELD, OR POSITION

5. DO YOU KNOW OF ANY LIMITATIONS OR OTHER INFORMATION WHICH MIGHT IMPACT ON THE EFFECTIVENESS OR STABILITY OF THIS PERSON?
(Training, Personality, Emotional, Ethical)

☐ NO ☐ YES *(Give Details in this Space)*

(Continue on reverse side)

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6. WOULD YOU BE WILLING TO EMPLOY OR RE-EMPLOY THIS PERSON IF YOU HAD AN OPENING REQUIRING THE GENERAL PROFESSIONAL LEVEL AND PROFESSION OF THIS INDIVIDUAL?

☐ YES *(IN WHAT CAPACITY?)*

☐ NO *(GIVE REASONS)*

7. COMMENTS *(Please use this space to supply any further information, comments, and evaluation.)*

8. SIGNATURE		**12. INSTITUTION OR FIRM ADDRESS** *(Include ZIP Code)*
9. NAME *(Type or Print)*		
10. TITLE OR POSITION	**11. DATE**	Telephone No. ( ) Ext.