

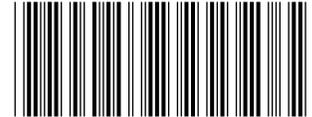


U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Commissioned Corps of the United States Public Health Service

Division of Commissioned Personnel
5600 Fishers Lane, Room 4-20
Rockville, MD 20857-0001



**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 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.

Division of Commissioned Personnel

1. PERIOD OF ASSOCIATION From _____ To _____ (MM/YYYY)	2. PROFESSIONAL RELATIONSHIP TO APPLICANT (CHECK APPROPRIATE BOXES) <input type="checkbox"/> EMPLOYER <input type="checkbox"/> TEACHER <input type="checkbox"/> FACULTY ADVISOR <input type="checkbox"/> SUPERVISOR <input type="checkbox"/> DEAN <input type="checkbox"/> OTHER (SPECIFY) _____
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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						ORIGINALITY					
CAPACITY FOR DEVELOPMENT						JUDGMENT					
ATTENDANCE						ABILITY TO COMMUNICATE					
DEPENDABILITY IN CARRYING OUT ASSIGNMENT						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)





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.

