Employer's Evaluation of Candidate

Form Approved
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The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collected information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Department of Defense, Washington Headquarters Services, Directorate of Information Operations and Reports (0702-0061), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please DO NOT RETURN this form to the above address. Send your completed form to Admissions, USMA, Official Mail and Distribution Center, 646 Swift Road, West Point, NY 10996-1905.

Privacy Act Statement: AUTHORITY: Title 5 USC, Ch 301: Title 10 USC, Ch 403 Sec 4346, Ch 503, Ch 505 Sec 5031, Ch 603 Sec 6958: Title 44 USC 3101: EO 9397. PRINCIPAL PURPOSE: Collection of data on Academy candidate for admission requirements. ROUTINE USE: To gather personal data information for a candidate's file for admission to West Point. DISCLOSURE IS VOLUNTARY. However, failure to provide information could preclude appointment.

FIRST NAME | M.I.

LAST NAME

SOCIAL SECURITY NUMBER | STATE

INSTRUCTIONS FOR THE EMPLOYER/SUPERVISOR: *The above named individual is applying for admission to the United States Military Academy. Please complete this form as accurately as possible and return it directly to West Point in the envelope provided.*

1. I employed the candidate during the following period(s)):

From..... (*Month, Day, Year*) To ..... (*Month, Day, Year*)

From..... (*Month, Day, Year*) To ..... (*Month, Day, Year*)

2. Total number of hours worked per week during the following periods:

September-May Mon-Fri.....Sat/Sun.....

June-August Mon-Fri.....Sat/Sun.....

3. Briefly describe the type of work performed by the candidate.

4. Please evaluate the following factors concerning the candidate. **Mark only one box for each item.** Rate the items on how well the quality describes the candidate by using the following scale:

1 - Superior, 2 - Above Average, 3 - Average, 4 - Below Average, 5 - Inferior

	1	2	3	4	5
A. Cooperation	☐	☐	☐	☐	☐
B. Dependability	☐	☐	☐	☐	☐
C. Productivity	☐	☐	☐	☐	☐
D. Attitude	☐	☐	☐	☐	☐
E. Emotional Stability	☐	☐	☐	☐	☐
F. Consideration for others	☐	☐	☐	☐	☐
G. Initiative	☐	☐	☐	☐	☐
H. Plans and organizes work	☐	☐	☐	☐	☐
I. Potential for advancement	☐	☐	☐	☐	☐
J. Capacity for leadership	☐	☐	☐	☐	☐
K. Attendance and punctuality	☐	☐	☐	☐	☐

5. REMARKS:

You have the right to request confidentiality as a condition for providing information about this candidate. Otherwise, your identity and remarks may be disclosed at the candidate's request. Do you stipulate confidentiality? Yes ☐ No ☐

NAME AND ADDRESS OF EMPLOYER	TELEPHONE NUMBER
SIGNATURE OF EMPLOYER/SUPERVISOR	DATE

USMA Form 5-518 *(Rev May 2003)*