

Recommendation for Juvenile Employment with the Internal Revenue Service

Name of Applicant

The individual on this form is seeking employment with the Internal Revenue Service. The position is one of public trust that requires access and handling of taxpayer receipts and taxpayer information.

Please check the appropriate box below with your recommendation for the individual listed on this form.

- To the best of my knowledge, this individual is of good character and should be able to perform the duties entrusted to them in a public trust position that requires them to handle taxpayer receipts and taxpayer information.
- I cannot recommend this individual for a public trust position that requires them to handle taxpayer receipts and taxpayer information.
- I do not know this individual well enough to recommend for a public trust position that requires them to handle taxpayer receipts and taxpayer information.

Print Name <i>(Person Completing Form)</i>			Telephone ()	
Address	State	Zip	Relationship to Applicant	Number of Years
Signature				Date

NOTE: Form should be completed by a person who has personal knowledge of the applicant's character and trustworthiness. If the applicant is attending school or has graduated, this form must be completed and signed by the current or former school official (i.e., principal, guidance counselor, or teacher). If the applicant is not in school and is currently employed or unemployed, the form must be completed and signed by either a current or former employer. Form must be signed and dated by the Employment staff, after he or she has contacted the individual who provided the recommendation directly and verified the information on the form.

Signature <i>(Person Verifying Form)</i>	Date
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5 CFR 736.102

You may designate in the box provided that you do not wish to have your identity disclosed. However, the IRS may be compelled to disclose your identity in response to a valid Privacy Act request that is made by the individual to whom the record pertains.

- I do not wish to have my identity disclosed.

Privacy Act and Paperwork Reduction Act Notice

We are requesting this information under 5 U.S.C. 301 for the purpose of acquiring your recommendation for the individual listed on this form. Providing the information is voluntary. Not providing any or all of the information will not have an effect on you from the IRS. Generally, the person you are providing information about will be able to obtain a copy of the information you provide through a Privacy Act request made to the IRS. The information may be provided to the Office of Personnel Management, Equal Employment Opportunity Commission, and the General Accounting Office for the purpose of properly administering Federal personnel systems. The estimated average time to complete this form is 5 minutes. You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Please do not send the completed form to this address.

Previous versions of this form cannot be used after January 1, 2008.