

**QUALIFICATIONS INVESTIGATION
PROFESSIONAL, TECHNICAL, AND
ADMINISTRATIVE POSITIONS**

Estimated burden per response to comply with this mandatory collection request: 30 minutes. This information is used to determine the qualifications and suitability of external applicants for employment. Send comments regarding burden estimate to the Records and FOIA/Privacy Services Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to infocollects.resource@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0033), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

The applicant named below has applied for a position in the NRC. Please rate the applicant in the items listed below with respect to the period of time you either supervised or were acquainted with the applicant. Include any comments you may feel are relevant. Please return the completed form to the Human Resources Specialist listed in the "FROM" block by the return date indicated, sealed in the enclosed envelope and marked *For Addressee Only*.

NAME OF APPLICANT

POSITION FOR WHICH APPLIED

FROM:

TO: (NAME & TITLE OF SUPERVISOR OR REFERENCE)

**Human Resources Specialist
Office of Human Resources
U. S. Nuclear Regulatory Commission
Washington, DC 20555**

CONFIRMED DATES OF EMPLOYMENT

APPLICANT'S POSITION WITH YOUR COMPANY

START DATE

END DATE

TECHNICAL AREA:

HOW WELL DID THE APPLICANT KNOW THE WORK?

ABOVE AVERAGE AVERAGE BELOW AVERAGE

HOW WELL DID THE APPLICANT PERFORM?

ABOVE AVERAGE AVERAGE BELOW AVERAGE

HOW WELL DID THE APPLICANT MANAGE THE WORKLOAD?

ABOVE AVERAGE AVERAGE BELOW AVERAGE

WHAT WERE HIS/HER STRENGTHS?

WHAT WERE HIS/HER WEAKNESSES?

CHARACTERISTICS:

WAS THE APPLICANT DEPENDABLE?

ABOVE AVERAGE AVERAGE BELOW AVERAGE

HOW DID THE APPLICANT WORK IN STRESSFUL SITUATIONS?

ABOVE AVERAGE AVERAGE BELOW AVERAGE

HOW WOULD YOU DESCRIBE THE APPLICANT'S RELATIONSHIP WITH:
CO-WORKERS

SUPERVISORS

HIGHER LEVEL OFFICIALS

REQUIRED QUESTIONS:

1. HAVE YOU ANY REASON TO QUESTION THIS APPLICANT'S TRUSTWORTHINESS OR LOYALTY TO THE U. S.?

YES NO

2. DO YOU KNOW OF ANY PERSONAL HABITS OR CHARACTERISTICS THAT WOULD MAKE THIS APPLICANT UNSUITABLE FOR EMPLOYMENT BY THE U. S. GOVERNMENT?

YES NO

3. IS THIS APPLICANT ELIGIBLE FOR RE-HIRE IN YOUR ORGANIZATION?

YES NO

Relationship to Applicant: Supervisor Co-Worker Professional Other (Specify) _____

NOTE: Consistent with the Privacy Act of 1974, this evaluation may be revealed to the applicant upon his or her request. However, if you request, your identity and other identifying information will be kept confidential.

My Identity May be Revealed I Request My Identity be Kept Confidential

TYPED NAME AND/OR TITLE OF INTERVIEWER

SIGNATURE OF INTERVIEWER

DATE

ADDITIONAL COMMENTS