

Estimated burden per response to comply with this mandatory collection request: 15 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 F52), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to infocollects@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0034), 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.

**QUALIFICATIONS INVESTIGATION
 SECRETARIAL/CLERICAL**

The applicant named below has applied for a position in the NRC. Please rate the applicant against the items below in 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*.

DATE _____
 RETURN BY (Date) _____

NAME OF APPLICANT _____
 TO: NAME OF SUPERVISOR / REFERENCE _____
 TITLE OF APPLICANT'S POSITION WITH YOUR COMPANY _____
 CONFIRMED DATES OF EMPLOYMENT (From-To) _____

POSITION FOR WHICH APPLIED _____
 FROM: _____
 HUMAN RESOURCES SPECIALIST
 OFFICE OF HUMAN RESOURCES
 U.S. NUCLEAR REGULATORY COMMISSION
 WASHINGTON, DC 20555-0001

This form is used for investigating the qualifications of external applicants for appointment. The applicant should not be rated on those items which have been lined out by the Human Resources Specialist as not applicable. Additional comments can be provided on the reverse side.

	SUPERIOR	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NO BASIS
1. Quality of work					
2. Amount of work produced					
3. Typing					
4. Operation of word processing software packages					
5. Operation of spreadsheet software packages					
6. Operation of graphics software packages					
7. Effective use of equipment, materials, and techniques related to work					
8. Thoroughness and objectivity in carrying out work					
9. Ability to identify priorities and organize work					
10. Ability to meet deadlines					
11. Office Skills (<i>Filing, photocopying, answering telephones, etc.</i>)					
12. Ability to establish effective work relationships with:					
a. Co-workers					
b. Higher level officials					
c. Representatives of industry or other government agencies					
13. Oral expression					
14. Written expression					
15. Adaptability					
16. Dependability/Reliability					
17. Initiative (<i>Is applicant a self-starter?</i>)					
18. Creativity (<i>Can applicant think outside the box?</i>)					
19. Ability to work effectively in stressful situations					
20. Work habits					
21. How would you rate applicant in regard to potential for filling position for which applied?					
22. Have you any reason to question this applicant's trustworthiness or loyalty to the United States of America?					<input type="checkbox"/> Yes (<i>Explain</i>) <input type="checkbox"/> No
23. Do you know of any personal habits and/or characteristics that would make this applicant unsuitable for employment by the U.S. Government?					<input type="checkbox"/> Yes (<i>Explain</i>) <input type="checkbox"/> No
24. Would you rehire this applicant? (<i>If applicable, check one</i>)					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
25. Relationship to Applicant <input type="checkbox"/> Supervisor <input type="checkbox"/> Co-Worker <input type="checkbox"/> Professional <input type="checkbox"/> Other (<i>Specify</i>)					

ADDITIONAL COMMENTS (*Continue on reverse.*)

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. Please indicate below whether you desire your identity be kept confidential.
 My identity may be revealed. I request my identity be kept confidential.

NAME OF REVIEWER _____ SIGNATURE - REVIEWER _____ DATE _____