

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service Commissioned Corps

Division of Commissioned Corps Personnel and Readiness
Recruitment Branch
1101 Wootton Parkway, Suite 100
Rockville, MD 20852



**REFERENCE REQUEST FOR APPLICANTS TO THE
PUBLIC HEALTH SERVICE COMMISSIONED CORPS**

To be completed by the applicant: _____
Applicant's Name (Last, First, Middle Initial)

If the reference knows you -- the Public Health Service Commissioned Corps applicant -- by any other name, e.g., maiden name, please indicate that name here:

Only other names the applicant has used.

Your name has been given as a reference by the individual identified above who has applied for appointment to the Public Health Service Commissioned Corps.

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 supervisors, employers, or college deans with the same or related background provides valuable information for use in evaluating applicants.

<p>1. PERIOD OF ASSOCIATION</p> <p>From _____ To _____ (MM/YYYY)</p>	<p>2. PROFESSIONAL RELATIONSHIP TO APPLICANT (CHECK APPROPRIATE BOXES.)</p> <p><input type="checkbox"/> EMPLOYER <input type="checkbox"/> TEACHER <input type="checkbox"/> FACULTY ADVISOR</p> <p><input type="checkbox"/> SUPERVISOR <input type="checkbox"/> DEAN <input type="checkbox"/> OTHER (SPECIFY) _____</p>
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3. EVALUATION OF APPLICANT (PROVIDE ANY DETAILS IN SECTION 7.)

ELEMENTS	OUTSTANDING	BETTER THAN AVERAGE	AVERAGE	BELOW AVERAGE	NO BASIS FOR JUDGMENT
PRODUCTIVITY					
ABILITY TO WORK INDEPENDENTLY					
INITIATIVE					
APPLICATION OF SKILLS AND KNOWLEDGE					
CAPACITY FOR DEVELOPMENT					
ATTENDANCE					
DEPENDABILITY IN CARRYING OUT ASSIGNMENTS					
ABILITY TO WORK WITH AND FOR OTHERS					
FLEXIBILITY -- ADAPTABILITY					
ABILITY TO SOLVE PROBLEMS -- RESOURCEFULNESS					
ORIGINALITY					
JUDGMENT					
ABILITY TO COMMUNICATE (ORAL/WRITTEN)					
SUPERVISORY ABILITY					

Applicant's Name:

(Last, First, Middle Initial)

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 from section 3 and/or evaluation.)

8. SIGNATURE		12. INSTITUTION OR FIRM ADDRESS (Include ZIP Code) (Do not attach business cards)	
9. NAME (Type or Print)			
10. TITLE OR POSITION	11. DATE	Telephone No. ()	Ext.