

MARKING INSTRUCTIONS

CORRECT MARK:



- USE A NO. 2 PENCIL OR BLUE OR BLACK INK PEN ONLY.
- DO NOT USE PENS WITH INK THAT SOAKS THROUGH THE PAPER.
- DO NOT MAKE ANY STRAY MARKS ON THIS SHEET.

INCORRECT MARKS:



PLEASE COMPLETE THE ITEMS SHOWN BELOW

1	IS THE INFORMATION ON THE FRONT OF THIS FORM THE SAME AS SHOWN IN YOUR RECORDS?		
a <input type="radio"/> YES		b <input type="radio"/> NO (Please explain in item 6)	c <input type="radio"/> WE HAVE NO RECORD ON THIS PERSON
			d <input type="radio"/> RECORD AT ANOTHER LOCATION (Enter address and ZIP Code in #6)
2	MARK ONE OF THE FOLLOWING PERTAINING TO THIS PERSON'S EMPLOYMENT:		
a <input type="radio"/> SUBJECT CURRENTLY EMPLOYED HERE		e <input type="radio"/> FIRED (Please explain in item 6)	
b <input type="radio"/> LEFT EMPLOYMENT VOLUNTARILY/EMPLOYMENT ENTIRELY FAVORABLE		f <input type="radio"/> QUIT AFTER BEING TOLD THEY WOULD BE FIRED (Please explain in item 6)	
c <input type="radio"/> SEPARATED BECAUSE OF COMPANY CUTBACK IN WORKFORCE OR CHANGE IN SKILL NEEDS		g <input type="radio"/> LEFT BY MUTUAL AGREEMENT FOLLOWING CHARGES OR ALLEGATIONS OF MISCONDUCT (Please explain in item 6)	
d <input type="radio"/> LEFT EMPLOYMENT VOLUNTARILY/EMPLOYMENT NOT ENTIRELY FAVORABLE (Please explain in item 6)		h <input type="radio"/> LEFT BY MUTUAL AGREEMENT FOLLOWING NOTICE OF UNSATISFACTORY PERFORMANCE (Please explain in item 6)	
3	IS THIS PERSON ELIGIBLE FOR REHIRE?		
a <input type="radio"/> YES		b <input type="radio"/> NO - DUE TO COMPANY POLICY AND/OR NOT RELATED TO UNFAVORABLE EMPLOYMENT	c <input type="radio"/> NO - FOR REASONS RELATING TO UNFAVORABLE EMPLOYMENT (Please explain in item 6)
4	DO YOU HAVE ANY REASON TO QUESTION THIS PERSON'S HONESTY OR TRUSTWORTHINESS?		
a <input type="radio"/> NO		c <input type="radio"/> I DO NOT KNOW THIS PERSON WELL ENOUGH TO RESPOND	
b <input type="radio"/> YES (Please explain in item 6)		d <input type="radio"/> I WISH TO DISCUSS THE ADVERSE INFORMATION I HAVE	
5	DO YOU HAVE ANY ADVERSE INFORMATION ABOUT THIS PERSON'S EMPLOYMENT, RESIDENCE OR ACTIVITIES CONCERNING:		
YES NO		YES NO	
a <input type="radio"/> <input type="radio"/> VIOLATIONS OF THE LAW	d <input type="radio"/> <input type="radio"/> ABUSE/ILLEGAL USE OF DRUGS	f <input type="radio"/> <input type="radio"/> GENERAL BEHAVIOR OR CONDUCT	
b <input type="radio"/> <input type="radio"/> FINANCES	e <input type="radio"/> <input type="radio"/> MENTAL OR EMOTIONAL STABILITY	g <input type="radio"/> <input type="radio"/> OTHER MATTERS	
c <input type="radio"/> <input type="radio"/> ABUSE OF ALCOHOL		(If YES to any of these questions, please explain in item 6)	
<input type="radio"/> I WISH TO DISCUSS THE ADVERSE INFORMATION I HAVE			
6	<input type="radio"/> FILL IN THIS MARK IF RECORD IS ATTACHED <input type="radio"/> IF ADDITIONAL INFORMATION IS PROVIDED BELOW, YOU MUST FILL IN THIS MARK ADDITIONAL INFORMATION WHICH YOU FEEL MAY HAVE A BEARING ON THIS PERSON'S ELIGIBILITY FOR EMPLOYMENT OR SECURITY CLEARANCE. THIS SPACE MAY BE USED TO PROVIDE DEROGATORY AS WELL AS POSITIVE INFORMATION, TO REQUEST CONFIDENTIALITY, AND/OR TO REQUEST A COPY OF THE CONSENT.		
7	DO YOU RECOMMEND THIS PERSON FOR ELIGIBILITY FOR EMPLOYMENT OR SECURITY CLEARANCE?		
a <input type="radio"/> YES		c <input type="radio"/> I DON'T KNOW THIS PERSON WELL ENOUGH TO MAKE A RECOMMENDATION	
b <input type="radio"/> NO (Please explain in item 6)			

PRINT NAME: _____

SIGNATURE:	DATE
YOUR TITLE/ORGANIZATION:	DAYTIME TELEPHONE NUMBER
	(INCLUDE AREA CODE) { }

FOR DCSA USE ONLY

RESULTS

- | | |
|--------------------------------------|---------------------------------|
| AC ACCEPTABLE | (IS) ISSUES |
| AA ACCEPTABLE/ATTACHED | (PI) CONFIDENTIAL/ISSUES |
| PA CONFIDENTIAL/ACCEPTABLE | (RI) RECORD INCONCLUSIVE |
| (NI) NO PERTINENT INFORMATION | FR FEE REQUIRED |
| NR NO RECORD | RD RELEASE REQUIRED |
| ND NOT LOCATED | SK SUBJECT UNKNOWN |
| UC UNABLE TO CONTACT | NZ NOT AVAILABLE |
| RF REFERRED | DN DISCREPANT |
| RR RECORD | |

ISSUES/CHARACTERIZATION

- | | |
|---|--|
| 1 <input type="radio"/> (A) <input type="radio"/> (B) <input type="radio"/> (C) <input type="radio"/> (D) <input type="radio"/> (E) <input type="radio"/> (N) | 9 <input type="radio"/> (A) <input type="radio"/> (B) <input type="radio"/> (C) <input type="radio"/> (D) <input type="radio"/> (E) <input type="radio"/> (N) |
| 2 <input type="radio"/> (A) <input type="radio"/> (B) <input type="radio"/> (C) <input type="radio"/> (D) <input type="radio"/> (E) <input type="radio"/> (N) | 10 <input type="radio"/> (A) <input type="radio"/> (B) <input type="radio"/> (C) <input type="radio"/> (D) <input type="radio"/> (E) <input type="radio"/> (N) |
| 3 <input type="radio"/> (A) <input type="radio"/> (B) <input type="radio"/> (C) <input type="radio"/> (D) <input type="radio"/> (E) <input type="radio"/> (N) | 11 <input type="radio"/> (A) <input type="radio"/> (B) <input type="radio"/> (C) <input type="radio"/> (D) <input type="radio"/> (E) <input type="radio"/> (N) |
| 4 <input type="radio"/> (A) <input type="radio"/> (B) <input type="radio"/> (C) <input type="radio"/> (D) <input type="radio"/> (E) <input type="radio"/> (N) | 12 <input type="radio"/> (A) <input type="radio"/> (B) <input type="radio"/> (C) <input type="radio"/> (D) <input type="radio"/> (E) <input type="radio"/> (N) |
| 5 <input type="radio"/> (A) <input type="radio"/> (B) <input type="radio"/> (C) <input type="radio"/> (D) <input type="radio"/> (E) <input type="radio"/> (N) | 13 <input type="radio"/> (A) <input type="radio"/> (B) <input type="radio"/> (C) <input type="radio"/> (D) <input type="radio"/> (E) <input type="radio"/> (N) |
| 6 <input type="radio"/> (A) <input type="radio"/> (B) <input type="radio"/> (C) <input type="radio"/> (D) <input type="radio"/> (E) <input type="radio"/> (N) | 14 <input type="radio"/> (A) <input type="radio"/> (B) <input type="radio"/> (C) <input type="radio"/> (D) <input type="radio"/> (E) <input type="radio"/> (N) |
| 7 <input type="radio"/> (A) <input type="radio"/> (B) <input type="radio"/> (C) <input type="radio"/> (D) <input type="radio"/> (E) <input type="radio"/> (N) | |
| 8 <input type="radio"/> (A) <input type="radio"/> (B) <input type="radio"/> (C) <input type="radio"/> (D) <input type="radio"/> (E) <input type="radio"/> (N) | |