



# PENTAGON FORCE PROTECTION AGENCY

OMB No. xxxx-xxxx  
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XXXXX XX XXXX

## EMPLOYER REFERENCE QUESTIONNAIRE

The public reporting burden for this collection of information, xxxx-xxxx, is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at [whs.mc.alex.esd.mbx.dd-dod-information-collections@mail.mil](mailto:whs.mc.alex.esd.mbx.dd-dod-information-collections@mail.mil). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a current valid OMB control number.

### Privacy Act Notice

Pentagon Force Protection Agency will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or 5 U.S. Code 552a for routine uses (i.e., information verifying an applicant's employment may be disclosed to a prospective Agency that require information obtained in the completion of this form to help in the determination as to the individual's fitness for federal employment in the field of law enforcement) as identified in the system of records notice at OPM/GOVT-5 system of records at <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570737/opmgovt-5/>. Your obligation to respond is voluntary, but failure to provide requested information could impede processing.

The Pentagon Force Protection Agency (PFPA) is considering \_\_\_\_\_ for a position with the PFPA. Your name and agency were provided as a current or former employer by the individual listed above. We would appreciate your input regarding this individual's work history. Your assistance is sincerely appreciated.

### 1. Employer

a. Supervisor Title/Name:	b. Place of Employment:	c. Dates of Employment:

### 2. Work History *(Please respond to all questions listed below and indicate N/A if a question is not relevant.)*

a. Is the above named individual currently employed with your agency?	Yes	No
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b. What is his/her job title?

c. What are their daily duties and responsibilities?

d. How long have you supervised the applicant (include dates of supervision)? Please provide names and contact information for any past and/or additional supervisors.

e. What can you tell me about the employee's attitude toward the job?

f. Does the employee have a problem reporting to work on time?

g. How much supervision does this person require to complete an assignment?

h. What are some of the individuals' strong points, and what areas do they need improvement?

i. Has it ever been necessary to initiate any disciplinary action against this person?

j. How was this person's performance when employed with your agency? Please rate on a scale of 1-10. 10 being EXCELLENT and 1 being UNSATISFACTORY.

k. Would you rehire this person? If not please explain.

l. Based on your knowledge of this person, would you recommend them for employment as a Pentagon Force Protection Agency?

**3. Additional Remarks**

**4. Information Recorded By**

a. Officer/Investigator Recording Information:

Date Information Taken: