

APPLICANT EVALUATION WORKSHEET

(For use of this form see USAREC Reg 601-37)

NAME OF APPLICANT: _____ SSN: _____

The above named individual is applying for a position in the Army Medical Department, and has given us your name as a reference. Please complete this reference form and return in the envelope provided.

1. What is this applicant's current specialty? _____

2. Date began employment in this specialty (mmyy)? _____

3. Is this applicant (check one) _____ private practice/self-employed _____ employed full-time
_____ part-time or _____ stipend employee? If part-time or stipend, please provide the average
hours worked per week: _____

4. a. If the applicant is a nurse, describe the size/type of health care facility:

b. Describe the applicant's current work environment. If a student/resident describe course and clinical setting:

5. Select only one: _____ (mmyy) _____ (mmyy)

_____ I evaluate/have evaluated this applicant. From _____ To: _____

_____ I am/have been a peer/coworker of this applicant. From _____ To: _____

_____ I am/have been an instructor/preceptor for this applicant. From _____ To: _____

_____ I know/have known this applicant. Specify in what capacity you have known
this applicant: _____

6. Would the applicant make a good Army Officer? Overall impression of the applicant:

7. Would you hire/rehire/work with this applicant? _____ Yes _____ No If no, please explain:

8. The attributes listed below are important for Army Medical Department Officers. Compare this applicant with others who work in the same capacity, and have the same experience level (student/residents). Rate each attribute on a scale of 1 to 7, with 1 being the lowest and 7 being the highest. If the attribute cannot be evaluated or does not apply, circle NA.

ATTRIBUTE	SCORE								REMARKS
	Lowest				Highest				
Adaptability/Resourcefulness	1	2	3	4	5	6	7	NA	
Clinical Judgment	1	2	3	4	5	6	7	NA	
Clinical Knowledge	1	2	3	4	5	6	7	NA	
Clinical Skills	1	2	3	4	5	6	7	NA	
Honesty/Integrity	1	2	3	4	5	6	7	NA	
Initiative	1	2	3	4	5	6	7	NA	
Interaction with Coworkers	1	2	3	4	5	6	7	NA	
Leadership Ability/Potential	1	2	3	4	5	6	7	NA	
Managerial Ability/Potential	1	2	3	4	5	6	7	NA	
Manner in Accepting Criticism	1	2	3	4	5	6	7	NA	
Professional Appearance	1	2	3	4	5	6	7	NA	
Professional Demeanor	1	2	3	4	5	6	7	NA	
Reliability	1	2	3	4	5	6	7	NA	
Stability Under Pressure	1	2	3	4	5	6	7	NA	
Stamina (Mental and Physical)	1	2	3	4	5	6	7	NA	
Tact	1	2	3	4	5	6	7	NA	
Analytical Skills	1	2	3	4	5	6	7	NA	
Conceptual Skills	1	2	3	4	5	6	7	NA	
Communication Skills	1	2	3	4	5	6	7	NA	
Maturity	1	2	3	4	5	6	7	NA	
Assumes Responsibility	1	2	3	4	5	6	7	NA	
Judgment	1	2	3	4	5	6	7	NA	

9. For Dietetic Internship Students use (ADA) American Dietetic Association Recommendation Form.

10. Additional Comments/Remarks:

Name (*Print*): _____ Telephone Number: _____

Signature: _____ Date: _____

Position/Title/Specialty: _____

Business Address: _____

The Army Medical Department appreciates your time and effort in providing an honest appraisal of this individual.