APPLICANT EVALUATION WORKSHEET

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

NAME OF APPLICANT: _____

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: _____ _____	From _____	To: _____

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 Lowest						Highest		REMARKS
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. Dietetic Internship Students may use (ADA) American Dietetic Association Recommendation Form instead of this 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.