

**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. Do you think the applicant would 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. If applicable, how many hours did the applicant shadow/observe you? \_\_\_\_\_ hours.