

**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:

\_\_\_\_\_ I evaluate/have evaluated this applicant. (mmyy) (mmyy)  
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.