



**QUALIFICATIONS INVESTIGATION
PROFESSIONAL, TECHNICAL, AND
ADMINISTRATIVE POSITIONS**

Estimated burden per response to comply with this mandatory information collection request: 30 minutes. This information is used to determine the qualifications and suitability of external applicants for employment. Send comments regarding burden estimate to the FOIA, Library, and Information Collections Branch (T-6 A10M), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to Infocollects.Resource@nrc.gov, and the OMB reviewer at: OMB Office of Information and Regulatory Affairs, (3150-0033), Attn: Desk Officer for the Nuclear Regulatory Commission, 725 17th Street NW, Washington, DC 20503; e-mail: oira_submission@omb.eop.gov. The NRC may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the document requesting or requiring the collection displays a currently valid OMB control number.

The applicant named below has applied for a position in the NRC. Please rate the applicant in the items listed below with respect to the period of time you either supervised or were acquainted with the applicant. Include any comments you may feel are relevant. Please return the completed form to the Human Resources Specialist listed in the "FROM" block by the return date indicated, sealed in the enclosed envelope and marked *For Addressee Only*.

Name of Applicant:

Position for which applied:

From:

To: (Name and title of supervisor or reference)

**Human Resources Specialist
Office of the Chief Human Capital Officer
U. S. Nuclear Regulatory Commission
Washington, DC 20555**

Applicant's position with your company:

Confirmed Dates of Employment

Start Date (MM/DD/YYYY)

End Date (MM/DD/YYYY)

TECHNICAL AREA:

How well did the applicant know the work? ☐ Above Average ☐ Average ☐ Below Average

How well did the applicant perform? ☐ Above Average ☐ Average ☐ Below Average

How well did the applicant manage the workload? ☐ Above Average ☐ Average ☐ Below Average

What were his/her strengths?

What were his/her weaknesses?

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CHARACTERISTICS:

☐ Above Average ☐ Average ☐ Below Average

Was the applicant dependable?

☐ Above Average ☐ Average ☐ Below Average

How did the applicant work in stressful situation?

How would you describe the applicant's relationship with:

Co-workers?

Supervisors?

Higher Officials?

REQUIRED QUESTIONS:

1. Have you any reason to question this applicant's trustworthiness or loyalty to the U. S.? ☐ Yes ☐ No
2. Do you know of any personal habits or characteristics that would make this applicant unsuitable for employment by the U. S. Government? ☐ Yes ☐ No
3. Is this applicant eligible for re-hire in your organization? ☐ Yes ☐ No

Relationship to Applicant: ☐ Supervisor ☐ Co-worker ☐ Professional ☐ Other (Specify): _____

NOTE: Consistent with the Privacy Act of 1974, this evaluation may be revealed to the applicant upon his or her request. However, if you request, your identity and other identifying information will be kept confidential.

☐ My Identity May be Revealed ☐ I Request My Identity be kept Confidential

Typed Name and/or Title of Interviewer

Signature of Interviewer

Additional Comments