

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 2105, Employee; Department of Defense Instructions 1400.25 v1401, DoD Civilian Personnel Management System: General Information Concerning Nonappropriated Fund (NAF) Personnel Policy; Army Regulation 215-3, Nonappropriated Funds Instrumentalities Personnel Policy.

PRINCIPAL PURPOSE: To obtain applicant previous employment reference(s) and personal characteristics for consideration of employment. See the Systems of Records Notice A0215-3, A0215-3 SAMR > Privacy, Civil Liberties, and Freedom of Information Directorate > DOD-wide SORN Article View (defense.gov).

ROUTINE USES: This information may be disclosed as described in the routine uses of the Privacy Act of 1974, 5 U.S.C. 552 a(b)(3), as well as the specific uses listed in SORN A0215-3, to include, the Department of Labor and the Equal Employment Opportunity Commission, to resolve and/or adjudicate matters falling within their jurisdiction and to labor organizations in response to requests for names of employees and identifying information.

DISCLOSURE: Voluntary. However, failure to complete the form may result in no further consideration of an applicant, or a determination that an employee is no longer qualified for his or her position. In addition, incomplete, misleading, or untruthful information provided on the form may result in delays in processing the form for employment, or termination of employment.

PUBLIC BURDEN: We estimate the public burden for providing this information will vary from 10 to 20 minutes with an average of 15 minutes, including time for review instructions. You may send comments regarding the burden estimate or any other aspects of the collection of the information, including suggestions for reducing this burden, to the Department of the Army, NAF HR Policy & Programs Division ATTN: DAPE-CPN 6010 6th Street Building 1465 Mail Stop 5595 Fort Belvoir, VA 22060.

1. APPLICANT'S NAME (Last, First, Middle Initial)		2. HOW LONG HAVE YOU KNOWN APPLICANT AND IN WHAT CAPACITY(IES)? (Check applicable block and enter below)	
3. REASON FOR LEAVING IF NO LONGER EMPLOYED WITH YOU?		CAPACITY	APPROXIMATE TIME KNOWN
		SUPERVISOR	<input type="checkbox"/>
		FELLOW EMPLOYEE	<input type="checkbox"/>
4. WOULD YOU REEMPLOY APPLICANT?		ACQUAINTANCE	<input type="checkbox"/>
<input type="checkbox"/> YES <input type="checkbox"/> NO (If no, indicate reasons under "Remarks.")		OTHER (Specify):	<input type="checkbox"/>

PERSONAL APPRAISAL (Based on your experience with applicant, indicate by check mark in the appropriate column your evaluation of the following factors.)	OUT- STANDING	BETTER THAN AVERAGE	ADEQUATE	UNSATIS- FACTORY	INSUFFICIENT OPPORTUNITY TO OBSERVE
5. a. DEPENDABILITY - Accepts assigned responsibility and effectively accomplishes duties; Has little or no time or attendance issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. COOPERATION - A team worker, maintains good working relationships.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. INITIATIVE AND CREATIVENESS - Ability to think along original lines and to work without detailed instructions or supervision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. SOUND JUDGEMENT/ABILITY TO ADAPT UNDER PRESSURE - Poise and judgment in meeting adverse or emergency situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. ADAPTABILITY - Ability to adjust to changes in working or living environments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. CONSIDERATION FOR OTHERS - Courteous in daily contacts including attitude toward different races, religions, and nationalities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

g. COMPLETE ONLY IF CHECKED

<input type="checkbox"/> JOB KNOWLEDGE - Has knowledge of techniques and procedures applicable to the job for which being considered.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> MANAGERIAL SKILLS - Ability to plan and organize work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SUPERVISION - Ability to supervise other employees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CHILD CARE SERVICES - Has the ability and patience needed to work with and relate to children and youth in a positive manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check applicable block. (If any answer is "YES" to the following questions, give details under "Remarks.")

	YES	NO
3. Do you have any reason to question this person's loyalty to the United States?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have any knowledge of any behavior, activities, or associations which tend to show that this person is not reliable, honest, trustworthy, and of good conduct and character?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever observed or do you have knowledge of any behavior that would make you reluctant to hire or recommend this person for a position working with or caring for children/youth?	<input type="checkbox"/>	<input type="checkbox"/>
9. REMARKS		

10. REFERENCE'S NAME (Last, First, Middle Initial)	11. REFERENCE'S SIGNATURE (or phone number if completed telephonically)	12. DATE (YYYYMMDD)
13. POC'S NAME AND POSITION (If completed telephonically)	14. POC'S SIGNATURE (If completed telephonically)	15. DATE (YYYYMMDD)