



Department of Veterans Affairs

## INQUIRY CONCERNING APPLICANT FOR EMPLOYMENT

**RESPONDENT BURDEN:** Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the VA Clearance Officer (005R1B), 810 Vermont Avenue, NW, Washington, D.C. 20420. VA may not conduct, sponsor or require you to respond to this collection of information unless it displays a valid OMB Control Number. **DO NOT** send request for benefits to these addresses.

1. HOW WAS YOUR KNOWLEDGE OF THE APPLICANT OBTAINED?

☐ APPLICANT'S EMPLOYER ☐ AS APPLICANT'S SUPERVISOR ☐ CO-WORKER ☐ PERSONAL FRIEND ☐ OTHER (*Specify*)

2. HOW LONG HAVE YOU KNOWN THE APPLICANT?

**NOTE:** Complete Items 3 through 9 ONLY if you have been applicant's employer or supervisor.

3. BRIEF DESCRIPTION OF APPLICANT'S DUTIES IN LAST POSITION WITH YOU

4. INCLUSIVE DATES OF ABOVE POSITION

5. SALARY

\$

6. NUMBER AND TYPE OF EMPLOYEES SUPERVISED BY APPLICANT

## 7. EVALUATION OF APPLICANT'S PERFORMANCE

**NOTE:** Please check the appropriate column for each item.

WEAK

BELOW  
AVERAGE

SATISFACTORY

ABOVE  
AVERAGE

SUPERIOR

NOT  
OBSERVED

A. QUANTITY OF WORK

☐☐☐☐☐☐

B. QUALITY OF WORK

☐☐☐☐☐☐

C. KNOWLEDGE

☐☐☐☐☐☐

D. ORIGINALITY

☐☐☐☐☐☐

E. DEPENDABILITY AND ATTENDANCE

☐☐☐☐☐☐

F. RELATIONSHIPS WITH OTHERS

☐☐☐☐☐☐

G. ACCEPTANCE OF SUPERVISION

☐☐☐☐☐☐

8. IF CIRCUMSTANCES PERMITTED, WOULD YOU REHIRE THE APPLICANT?

☐ YES ☐ NO (*If "YES," give reason.*)

9. REASON APPLICANT LEFT YOUR EMPLOYMENT

**NOTE:** All addressees are requested to complete the remaining Items.

10A. TO YOUR KNOWLEDGE, HAS THE APPLICANT LOST A JOB WITHIN THE LAST 5 YEARS BECAUSE HIS/HER CONDUCT OR WORK WAS NOT SATISFACTORY?

☐ YES ☐ NO (*If "YES," complete 10B, 10C, and 10D.*)

10B. NAME AND ADDRESS OF EMPLOYER

10C. REASON FOR DISCHARGE OR RESIGNATION

10D. TO YOUR KNOWLEDGE, WAS THE APPLICANT NOTIFIED AS TO THE REASON FOR DISCHARGE?

☐ YES ☐ NO

11. TO YOUR KNOWLEDGE, IS THE PERSON RELIABLE, HONEST, TRUSTWORTHY, AND OF GOOD CHARACTER?

☐ YES ☐ NO (*If "NO," explain fully in Item 13.*)

12. WOULD YOU RECOMMEND THE APPLICANT FOR THE JOB WHICH HE/SHE HAS APPLIED?

☐ YES ☐ NO (*If "NO," explain fully in Item 13.*)

13. USE THIS SPACE AND ADDITIONAL SHEETS, IF NECESSARY TO SUPPLY ANY OTHER PERTINENT INFORMATION AND FURTHER EXPLANATION YOU MAY WISH TO MAKE IN CONNECTION WITH YOUR ABOVE ANSWERS.

14. SIGNATURE

15. TITLE OR OCCUPATION

16. DATE