



Department of Veterans Affairs

APPRAISAL OF APPLICANT

A. APPLICANT INFORMATION

1 NAME OF APPLICANT

2 SOCIAL SECURITY NUMBER

B. FOR EMPLOYERS ONLY

3 HOW LONG HAVE YOU KNOWN THE APPLICANT PROFESSIONALLY?

4. WHAT HAS BEEN YOUR RELATIONSHIP WITH THE APPLICANT?

5 APPLICANT WAS EMPLOYED

6. DATES OF EMPLOYMENT

7 AVERAGE HOURS APPLICANT WORKED PER WEEK

FULL-TIME

PART-TIME

FROM

TO

NOTE: Please check the appropriate column for each performance factor

PERFORMANCE FACTORS	UNSATISFACTORY	WEAK	SATISFACTORY	HIGHLY SATISFACTORY	EXCELLENT
8a. CLINICAL KNOWLEDGE					
8b. CLINICAL COMPETENCE/SKILLS					
8c. EMOTIONAL STABILITY					
8d. ABILITY TO WORK EFFECTIVELY WITH OTHER STAFF MEMBERS AND SUPERVISORS					
8e. DEPENDABILITY					
8f. INSTRUCTIONAL SKILLS					
8g. ADMINISTRATIVE COMPETENCE					

9 WOULD YOU REHIRE THIS APPLICANT?

10 REASON APPLICANT LEFT YOUR EMPLOYMENT

YES

NO (If "NO," explain in Remarks)

11 TO YOUR KNOWLEDGE, HAS THE APPLICANT EVER HAD ANY LICENSE REVOKED, SUSPENDED, DENIED, RESTRICTED, LIMITED, OR ISSUED/PLACED IN A PROBATIONAL STATUS?

12 TO YOUR KNOWLEDGE, HAS THE APPLICANT EVER HAD CLINICAL PRIVILEGES?

13 TO YOUR KNOWLEDGE, HAVE ANY OF THESE PRIVILEGES EVER BEEN DENIED, REVOKED, SUSPENDED, REDUCED, LIMITED, NOT RENEWED OR VOLUNTARILY RELINQUISHED?

YES

NO (If "YES," explain in Remarks)

YES

NO

YES

NO (If "YES," explain in Remarks)

C. FOR EDUCATIONAL INSTITUTIONS ONLY

14 DATE GRADUATED

15. RANK IN CLASS

16 GRADE POINT AVERAGE

17 STRONG SUBJECTS

18 WEAK SUBJECTS

D. REMARKS

19. SIGNATURE

20 POSITION

21 DATE



DEPARTMENT OF VETERANS AFFAIRS

In Reply Refer To:

employment as a
as a reference.

has applied to the Department of Veterans Affairs for
and has given your name or institution

To help us determine if this applicant meets the requirements for employment, we would appreciate your completing the questions on the reverse side of this letter. Please be entirely frank and answer all applicable questions as fully and specifically as you can.

For your convenience, we have enclosed a self-addressed envelope that requires no postage. Thank you for your help in this matter.

Sincerely yours,

Title 38, United States Code, Chapter 73, grants the VA the authority to request such information. Please understand that we regard the provision of this information on your part as voluntary.

The information you provide on the individual named above will be disclosed to the individual on his or her request.

NOTICE: Public reporting burden for this collection of information is estimated to average 20 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 VA Clearance Officer, 810 Vermont Avenue NW, Washington, DC 20420; and the Office of Information and Regulatory Affairs, Office of Management and Budget, (2900-0205), Washington, DC 20503. DO NOT send applications for benefits to this address.

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