

## NONAPPROPRIATED FUND INSTRUMENTALITY EMPLOYMENT INQUIRY

For use of this form see AR 215-3; the proponent agency is ASA (M&RA)

<b>1. HOW LONG HAVE YOU KNOWN APPLICANT AND IN WHAT CAPACITY(IES)?</b> (Check applicable block and enter below)		<b>2. IF EMPLOYER OR SUPERVISOR, INDICATE:</b>				
		BEGINNING SALARY	POSITION TITLE	DATE (YYYYMMDD)		
CAPACITY	APPROXIMATE TIME KNOWN	LAST SALARY	POSITION TITLE	DATE (YYYYMMDD)		
SUPERVISOR						
EMPLOYER		3. IF NO LONGER IN YOUR EMPLOY, SHOW REASON FOR LEAVING				
FELLOW EMPLOYEE		4. WOULD YOU REEMPLOY APPLICANT IN THE SAME POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, indicate reasons under "Remarks.")				
ACQUAINTANCE						
OTHER (Specify)						
<b>PERSONAL APPRAISAL</b> (Based on your experience with applicant, indicate by check mark in the appropriate column your evaluation of the following factors.)		INSUF- FICIENT OPPOR- TUNITY TO OBSERVE	OUT- STAND- ING	BETTER THAN AVERAGE	ADEQUATE	UNSATIS- FACTORY
5.a. DEPENDABILITY - Accepts assigned responsibility and effectively accomplishes duties in an approved manner within time established.						
b. COOPERATION - A team worker, maintains good working relationships.						
c. INITIATIVE AND CREATIVENESS - Ability to think along original lines and to work without detailed instructions or supervision.						
d. SOUND JUDGEMENT/ABILITY TO ADAPT UNDER PRESSURE - Poise and judgment in meeting adverse or emergency situations.						
e. ADAPTABILITY - Ability to adjust to changes in working or living environments.						
f. CONSIDERATION FOR OTHERS - Courteous in daily contacts including attitude toward different races, religions, and nationalities.						
g. COMPLETE ONLY IF CHECKED:						
	JOB KNOWLEDGE - Has knowledge of techniques and procedures applicable to the job for which being considered.					
N/A	MANAGERIAL SKILLS - Ability to plan and organize work.	X	X	X	X	X
N/A	SUPERVISION - Ability to supervise other employees.	X	X	X	X	X
Check applicable block. (If any answer is "yes" to the following questions, give details under "Remarks.")					YES	NO
6. Do you have any reason to question this person's loyalty to the United States?						
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?						
8. REMARKS						
9. DATE (YYYYMMDD)		10. NAME OF ORGANIZATION		11. YOUR POSITION OR TITLE AND SIGNATURE		