NRC FORM 212 (11-2007) NRC MD 10.1 U.S. NUCLEAR REGULATORY COMMIS QUALIFICATIONS INVESTIGATION PROFESSIONAL, TECHNICAL, AND ADMINISTRATIVE POSITIONS (other than clerical positions) The applicant named below has applied for a position in the NRC. Ple		APPROVED BY OMB: NO. 3150-0033 Estimated burden per response to comply with this mat This information is used to determine the qualifications employment. Send comments regarding burden estin Services Branch (T-5 F52), U.S. Nuclear Regulatory Cor or by internet e-mail to infocollects@nrc.gov, and to the Regulatory Affairs, NEOB-10202, (3150-0033), Office of DC 20503. If a means used to impose an information coll OMB control number, the NRC may not conduct or sp respond to, the information collection.	s and suitability of external applicants for imate to the Records and FOIA/Privacy ommission, Washington, DC 20555-0001, the Desk Officer, Office of Information and of Management and Budget, Washington, pllection does not display a currently valid					
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 <i>For Addressee Only.</i>			RETURN BY (Date)					
NAME OF APPLICANT POSITION FOR WHICH APPLIED								
TO: NAME OF SUPERVISOR / REFERENCE		FROM:						
TITLE OF APPLICANT'S POSITION WITH YOUR COMPANY CONFIRMED DATES OF EMPLOYMENT (From-To)		HUMAN RESOURCES SPECIALIST OFFICE OF HUMAN RESOURCES U.S. NUCLEAR REGULATORY COMMISS	SION					
		WASHINGTON, DC 20555-0001						
This form is used for investigating the qualifications of external applicants for appointment. The applicant should not be rated on those items which have been lined out by the Human Resources Specialist as not applicable. Additional comments can be provided on the reverse side.			SUPERIOR	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NO BASIS	
1. Technical competence			<u> </u>					
2. Effectiveness in making decisions or recommendations			+					
 Ability to comprehend problems Extent to which applicant keeps abreast of new developments 								
5. Effective use of equipment, materials, and techniques related to work			+					
6. Thoroughness and objectivity in carrying out work								
7. Ability to identify priorities and organize work								
8. Ability to meet deadlines								
9. Ability to supervise								
10. Ability to establish effective work relationships with: a. Subordinates			+					
a. Subordinates b. Co-workers								
c. Higher level officials								
d. Representatives of industry or other government agencies								
11. Oral expression								
12. Written expression								
13. Adaptability								
14. Effectiveness in training and developing subordinates								
15. Dependability/Reliability			<u> </u>					
16. Quality of work			+					
17. Initiative (Is applicant a self-starter?)18. Creativity (Can applicant think outside the box?)			+					
18. Creativity (Can applicant think outside the box?) 19. Amount of work produced			+	+				
20. Ability to work effectively in stressful situations								
21. Work habits			-					
22. How would you rate applicant in regard to potential for filling position for which applied?								
23. Have you any reason to question this applicant's trustworthiness or loyalty to the U.S.A.?			Yes (Explain) No					
24. Do you know of any personal habits and/or characteristics that would make this applicant unsuitable for employment by the U.S. Government?			Yes (Explain) No					
25. Would you rehire this applicant? (If applicable, check one)			Yes No N/A					
26. Relationship to Applicant Supervisor Co-Worker Professional Other (Specify)								
ADDITIONAL COMMENTS								
NOTE: Consistent with the Privacy Act of 1974, this evaluation may be revealed to theapplicant upon his or her request. However, if you request, your identity andother identifying information will be kept confidential. Please indicate below whether you desire your identity be kept confidential. My identity may be revealed. I request my identity be kept confidential.								
NAME OF REVIEWER SIGNATURE - REVIEWER			DATE					