



*FOR OFFICIAL USE ONLY*

Re: \_\_\_\_\_

The person whose name appears above is applying for a program which leads to a commission as an officer in the United States Coast Guard and has submitted your name as a reference.

In order to assist us in evaluating the applicant's potential for service as a Coast Guard officer, we request that you complete the form on the reverse side of this letter and return it in the enclosed postage free envelope.

The Privacy Act requires that the information you provide on this form be disclosed to the applicant on request, unless you desire that your identity remain confidential. If you check the box in line 25 on the reverse of this form, you are granted such a pledge of confidentiality.

The guidelines below are furnished to assist you in evaluating the applicant's personal characteristics and to standardize the grading to the greatest extent possible:

Outstanding - Well above average. Very few superiors.

Good - Generally above average.

Average - Equal to the majority of persons in the applicant's age and experience groups.

Satisfactory - Generally below average, but acceptable.

Unsatisfactory - Not acceptable.

The information you furnish will be held in strictest confidence. A prompt reply will enable us to process the application more efficiently.

Your interest and cooperation in this matter will be greatly appreciated.

Sincerely,



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NAME OF APPLICANT ( <i>Last, First, Middle</i> )		DATE					
IS/WAS APPLICANT IN YOUR EMPLOY?	IF SO, WHAT IS/WAS NATURE OF DUTIES?						
HOW LONG HAVE YOU KNOWN APPLICANT?	WHAT IS/WAS THE EXTENT OF YOUR CONTACT WITH APPLICANT?						
<b>IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS "YES", PLEASE EXPLAIN IN THE SPACE ALLOWED BELOW FOR COMMENTS</b>			<b>YES</b>	<b>NO</b>			
1. Would you object to having this person represent your nation as a Coast Guard officer?			<input type="checkbox"/>	<input type="checkbox"/>			
2. Would you object to having a member of your family serve under this person's command?			<input type="checkbox"/>	<input type="checkbox"/>			
3. To the best of your knowledge, has the applicant ever been discharged from any employment? If so, what was the reason?			<input type="checkbox"/>	<input type="checkbox"/>			
4. Is the applicant related to you by blood or marriage?			<input type="checkbox"/>	<input type="checkbox"/>			
5. To the best of your knowledge, has the applicant ever been arrested, fined or convicted? If so, for what reason?			<input type="checkbox"/>	<input type="checkbox"/>			
6. Does the applicant appear to have evidence of chronic illness?			<input type="checkbox"/>	<input type="checkbox"/>			
7. To the best of your knowledge, has the applicant ever had any serious accidents, diseases or nervous disorders?			<input type="checkbox"/>	<input type="checkbox"/>			
8. To the best of your knowledge, does the applicant have any relatives living in a foreign country? <i>(If possible, specify names, relationships and countries).</i>			<input type="checkbox"/>	<input type="checkbox"/>			
9. To the best of your knowledge, is there any history of insanity in members of the applicant's immediate family?			<input type="checkbox"/>	<input type="checkbox"/>			
10. Do you know of any undesirable habits or traits ( <i>dishonesty, use of drugs, excessive use of alcohol, etc.</i> ) which the applicant may have?			<input type="checkbox"/>	<input type="checkbox"/>			
11. Do you have any reason to believe this person belongs or has belonged to any Communist or Facist organization, or to any organization which advocates overthrowing or altering our constitutional form of government by force or other illegal means?			<input type="checkbox"/>	<input type="checkbox"/>			
12. To the best of your knowledge does this applicant associate with or has this applicant associated with any person whose loyalty to the United States is questionable, or who belongs to any organization of the type described in (11.) above?			<input type="checkbox"/>	<input type="checkbox"/>			
<b>PLEASE CHECK YOUR ESTIMATE OF THE APPLICANT'S QUALITIES LISTED BELOW AS COMPARED WITH THOSE OF OTHER INDIVIDUALS OF SIMILAR AGE AND EXPERIENCE</b>		<b>OUT- STANDING</b>	<b>GOOD</b>	<b>AVERAGE</b>	<b>SATIS- FACTORY</b>	<b>UNSATIS- FACTORY</b>	<b>NOT OBSERVED</b>
13. Ability to make logical decisions		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Ability to originate and act upon own ideas		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Reaction to frustration and opposition		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Ability to lead others; to direct them in carrying out own desires		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Degree of cooperation with others		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Emotional characteristics and stability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Attitude toward carrying out desires of those in authority		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Attitude toward work, and motivation concerning it, initiative		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Loyalty to organizations with which connected and to associates		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Personal appearance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Reputation or character in the opinion of applicant's associates		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Integrity as evidenced by honesty and sincerity observed by you		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Check here if you desire that your identity not be disclosed to the applicant. <input type="checkbox"/>							
ADDITIONAL COMMENTS OR EVALUATIONS ( <i>Please do not leave blank. Type or Print</i> )							
RELATIONSHIP TO CANDIDATE <i>(Employer, friend of family, etc.)</i>		POSITION		SIGNATURE			

