

# MARKING INSTRUCTIONS

## CORRECT MARK:



- USE A NO. 2 PENCIL OR BLUE OR BLACK INK PEN ONLY.
- DO NOT USE PENS WITH INK THAT SOAKS THROUGH THE PAPER.
- DO NOT MAKE ANY STRAY MARKS ON THIS SHEET.

## INCORRECT MARKS:



## PLEASE COMPLETE THE ITEMS SHOWN BELOW

1 IS THE INFORMATION ON THE FRONT OF THIS FORM THE SAME AS SHOWN IN YOUR RECORDS?

- a  YES      b  NO (Please explain in item 6)      c  WE HAVE NO RECORD ON THIS PERSON

2 MARK ONE OF THE FOLLOWING PERTAINING TO THIS PERSON'S EMPLOYMENT:

- a  SUBJECT CURRENTLY EMPLOYED HERE      d  LEFT EMPLOYMENT VOLUNTARILY/EMPLOYMENT NOT ENTIRELY FAVORABLE (Please explain in item 6)
- b  LEFT EMPLOYMENT VOLUNTARILY/EMPLOYMENT ENTIRELY FAVORABLE      e  DISCHARGED FOR UNFAVORABLE EMPLOYMENT OR CONDUCT (Please explain in item 6)
- c  DISCHARGED BECAUSE OF COMPANY CUTBACK IN WORKFORCE OR CHANGE IN SKILL NEEDS      f  RESIGNED AFTER INFORMED OF POSSIBLE DISCHARGE (Please explain in item 6)
- g  LEFT EMPLOYMENT BY MUTUAL AGREEMENT DUE TO SPECIFIC PROBLEMS (Please explain in item 6)

3 IS THIS PERSON ELIGIBLE FOR REHIRE?

- a  YES      b  NO - DUE TO COMPANY POLICY AND/OR NOT RELATED TO UNFAVORABLE EMPLOYMENT      c  NO - FOR REASONS RELATING TO UNFAVORABLE EMPLOYMENT (Please explain in item 6)

4 DO YOU HAVE ANY REASON TO QUESTION THIS PERSON'S HONESTY OR TRUSTWORTHINESS?

- a  NO      c  I DO NOT KNOW THIS PERSON WELL ENOUGH TO RESPOND
- b  YES (Please explain in item 6)      d  I WISH TO DISCUSS THE ADVERSE INFORMATION I HAVE

5 DO YOU HAVE ANY ADVERSE INFORMATION ABOUT THIS PERSON'S EMPLOYMENT, RESIDENCE OR ACTIVITIES CONCERNING:

- |  |  |  |
|--|--|--|
| YES NO   | YES NO   | YES NO   |
| a <input type="radio"/> <input checked="" type="radio"/> VIOLATIONS OF THE LAW | c <input type="radio"/> <input checked="" type="radio"/> ABUSE OF ALCOHOL AND/OR DRUGS | e <input type="radio"/> <input checked="" type="radio"/> GENERAL BEHAVIOR OR CONDUCT |
| b <input type="radio"/> <input checked="" type="radio"/> FINANCIAL INTEGRITY   | d <input type="radio"/> <input checked="" type="radio"/> MENTAL OR EMOTIONAL STABILITY | f <input type="radio"/> <input checked="" type="radio"/> OTHER MATTERS               |

(If YES to any of these questions, please explain in item 6)

I WISH TO DISCUSS THE ADVERSE INFORMATION I HAVE

6  IF ADDITIONAL INFORMATION IS PROVIDED BELOW, YOU MUST FILL IN THIS MARK  
ADDITIONAL INFORMATION WHICH YOU FEEL MAY HAVE A BEARING ON THIS PERSON'S SUITABILITY FOR GOVERNMENT EMPLOYMENT OR A SECURITY CLEARANCE. THIS SPACE MAY BE USED FOR DEROGATORY AS WELL AS POSITIVE INFORMATION.