

CONGRESSMAN BRETT GUTHRIE

2nd Congressional District of Kentucky

U.S. SERVICE ACADEMY APPLICANT EVALUATION FORM

	Section I – IDI	ENTIFICATION	
NAME OF APPLICANT			
FIRST	MIDDLE	LAST	
NAME OF EVALUATOR			
FIRST	MIDDLE	LAST	
EVALUATOR'S ORGANIZATION AND/OR TITLE			
EVALUATOR'S ADDRESS			
STREET		CITY	
STATE	ZIP	COUNTY	
EVALUATOR'S CONTACT	INFORMATION		
BUSINESS PHONE		CELL PHONE	
ADDITIONAL PHONE		EMAIL	
Section II - BACKGROUND			
		relationship to this applicant? (check best answer) orker Friend FamilyOther	
Please briefly explain/describe your answer:			
How long have you known this applicant?			



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Section III – INSTRUCTIONS FOR EVALUATION			
NAME OF APPLICANT: Using the scale below, please rate the applicant or "0" if you do not have an adequate relationship wit 1. Below Average (Bottom 70%) 2. Average (Top 30%) 3. Good (Top 20%) 4. Very Good (Top 10%) 5. Excellent (Top 5%) 6. Truly Exceptional (Top 1–2%)			
Section IV – EVALUATION			
INTELLECTUAL SKILLS This applicant is a critical thinker and problem solver is an analytical thinker can comprehend and recall information easily is intellectually curious constructs logical, coherent, and convincing arguments	COMMUNICATION This applicant communicates effectively in writing writes persuasively communicates well orally is a thoughtful attentive listener asks appropriate questions for information gathering		
PERSONAL QUALITIES This applicant is highly motivated shows empathy/compassion has surmounted difficulties and obstacles possesses practical judgment shows initiative demonstrates professionalism	TASK MANAGEMENT This applicant prioritizes well has realistic objectives fulfills commitments manages work and time efficiently WORKING WITH OTHERS		
INTEGRITY AND HONESTY This applicant behaves in accord with high ethical standards is reliable is trustworthy is honest is loyal	This applicant respects other points of view works well with people from different backgrounds motivates others toward a common goal is able to effectively lead groups of people organizes and manages others well demonstrates good judgment in leadership decisions is a team player		



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SECTION V – ADDITIONAL INFORMATION NAME OF APPLICANT: Please provide any additional information that you would like for Congressman Guthrie and his Academy Board to take into consideration when reviewing for nomination decisions. **SECTION VI - SUBMISSION** Once this evaluation form is completed, you may submit it directly to Congressman Guthrie's office using the address below, or you may return it to the applicant in a sealed envelope so that they can include it in their packet that will be turned in to the office of Congressman Guthrie. By signing the line below, you certify that YOU filled out this form personally, accurately, and to the best of your ability and knowledge. If you have a business card or letterhead, please provide a copy when returning this form. SIGNATURE OF EVALUATOR: _____ DATE:

Return Address:

Office of Congressman Brett Guthrie Attn: Kylie Foushee, Service Academy Coordinator 996 Wilkinson Trace, Suite B2 Bowling Green, KY 42103