Attachment F

STUDENT INTERN REFERENCE(S) RECOMMENDATION FORM (Part 1)

Student Intern’s Name: _________________________________________________

I, hereby, waive my rights to see recommendations received from my references.

___________________________________________  ____________
Student Signature                      Date

To the individual completing this form:

Part of the application process for the college student interns includes three recommendations, one from a faculty member and two from employers and/or personal references (non-related). The U.S. Postal Service Office of Inspector General would appreciate a candid reference on the above-named student.

1. How long have you known this student?
   □ 0 - 1 year
   □ 2 - 5 years
   □ 6 - 10 years
   □ 10 or more years

2. In what capacity have you known the student?
   □ Instructor
   □ Employer
   □ Other ______________________

3. Please list five adjectives that best describe the candidate:

   A. ______________________________
   B. ______________________________
   C. ______________________________
   D. ______________________________
   E. ______________________________

   1) How well would the student adapt to a professional setting?

   2) Why do you believe this student would or would not make a successful intern?
STUDENT INTERN RECOMMENDATION FOR REFERENCES (Part 2)

Please rate the candidate in the following areas on a scale of 5 (outstanding) to 1 (poor).

<table>
<thead>
<tr>
<th></th>
<th>Outstanding</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maturity</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Respect for others</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Discretion</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Work Habits</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Ability to achieve goals</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Organizational Skills</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Analytical Thinking</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Flexibility</td>
<td>5</td>
<td>1</td>
</tr>
</tbody>
</table>

Please comment on any low ratings:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Which one of the following best describes your recommendation for this student?

- Highest recommendation
- Recommend, without reservations
- Recommend, with reservations
- Do not recommend

Signature of Interviewer Date

Title: ____________________________________________________________

Address: _________________________________________________________

Daytime Telephone Number: _______________________________________

Thank you for completing this form. Please send the completed form to:
(Insert your return address here)