

Declaration for Federal Employment

Form Approved
OMB No. 3206-0182

Instructions

The information collected on this form is used to determine your acceptability for Federal and Federal contract employment and your enrollment status in the Government's Life Insurance program. You may be asked to complete this form at any time during the hiring process. Follow instructions that the agency provides. If you are selected, before you are appointed you will be asked to update your responses on this form and on other materials submitted during the application process and then to recertify that your answers are true.

All your answers must be truthful and complete. **A false statement on any part of this declaration or attached forms or sheets may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by a fine or imprisonment (U.S. Code, title 18, section 1001).**

Either type your responses on this form or print clearly in dark ink. If you need additional space, attach letter-size sheets (8.5" X 11"). Include your name, Social Security Number, and item number on each sheet. We recommend that you keep a photocopy of your completed form for your records.

Privacy Act Statement

The Office of Personnel Management is authorized to request this information under sections 1302, 3301, 3304, 3328, and 8716 of title 5, U. S. Code. Section 1104 of title 5 allows the Office of Personnel Management to delegate personnel management functions to other Federal agencies. If necessary, and usually in conjunction with another form or forms, this form may be used in conducting an investigation to determine your suitability or your ability to hold a security clearance, and it may be disclosed to authorized officials making similar, subsequent determinations.

Your Social Security Number (SSN) is needed to keep our records accurate, because other people may have the same name and birth date. Public Law 104-134 (April 26, 1996) asks Federal agencies to use this number to help identify individuals in agency records. Giving us your SSN or any other information is voluntary. However, if you do not give us your SSN or any other information requested, we cannot process your application. Incomplete addresses and ZIP Codes may also slow processing.

ROUTINE USES: Any disclosure of this record or information in this record is in accordance with routine uses found in System Notice OPM/GOVT-1, General Personnel Records. This system allows disclosure of information to: training facilities; organizations deciding claims for retirement, insurance, unemployment, or health benefits; officials in litigation or administrative proceedings where the Government is a party; law enforcement agencies concerning a violation of law or regulation; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representation of employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearance, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public and private organizations, including news media, which grant or publicize employee recognitions and awards; the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives and Records Administration, and Congressional offices in connection with their official functions; prospective non-Federal employers concerning tenure of employment, civil service status, length of service, and the date and nature of action for separation as shown on the SF 50 (or authorized exception) of a specifically identified individual; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and non-Federal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from a self-and-family to a self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement, or job for the Federal government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employees about fitness-for-duty or agency-filed disability retirement procedures.

Public Burden Statement

Public burden reporting for this collection of information is estimated to vary from 5 to 30 minutes with an average of 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to the U.S. Office of Personnel Management, Reports and Forms Manager (3206-0182), Washington, DC 20415-7900. The OMB number, 3206-0182, is valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

Declaration for Federal Employment

GENERAL INFORMATION

1. FULL NAME (First, middle, last) ◆	2. SOCIAL SECURITY NUMBER ◆
3. PLACE OF BIRTH (Include city and state or country) ◆	4. DATE OF BIRTH (MM/DD/YYYY) ◆
5. OTHER NAMES EVER USED (For example, maiden name, nickname, etc) ◆ ◆	6. PHONE NUMBERS (Include area codes) Day ◆ Night ◆

Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

- 7a. Are you a male born after December 31, 1959? YES NO *If "NO" skip 7b and 7c. If "YES" go to 7b.*
- 7b. Have you registered with the Selective Service System? YES NO *If "NO" go to 7c.*
- 7c. If "NO," describe your reason(s) in item #16.

Military Service

8. Have you ever served in the United States military? YES *Provide information below* NO
If you answered "YES," list the branch, dates, and type of discharge for all active duty.
If your only active duty was training in the Reserves or National Guard, answer "NO."

Branch	From MMDD/YYYY	To MMDD/YYYY	Type of Discharge

Background Information

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9, 10, and 11, your answers should include convictions resulting from a plea of *nolo contendere* (no contest), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law.

9. During the last 10 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) <i>If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
10. Have you been convicted by a military court-martial in the past 10 years? (If no military service, answer "NO.") <i>If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
11. Are you now under charges for any violation of law? <i>If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
12. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency? <i>If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) <i>If "YES," use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

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Additional Questions

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) *If "YES," use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative works.*
- YES NO
15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service?
- YES NO

Continuation Space / Agency Optional Questions

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (*these questions are specific to your position and your agency is authorized to ask them*).

Certifications / Additional Questions

APPLICANT: *If you are applying for a position and have not yet been selected, carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.*

APPOINTEE: *If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.*

17. I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

17a. Applicant's Signature: _____ Date _____
(Sign in ink)

17b. Appointee's Signature: _____ Date _____
(Sign in ink)

Appointing Officer: Enter Date of Appointment or Conversion MM / DD / YYYY

18. **Appointee (Only respond if you have been employed by the Federal Government before):** Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

18a. When did you leave your last Federal job? DATE: _____
MM / DD / YYYY

18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance?

YES NO Do Not Know

18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled.

YES NO Do Not Know

GENERAL INFORMATION

You may apply for most Federal jobs with a resume, the attached *Optional Application for Federal Employment* or other written format. If your resume or application does not provide all the information requested on this form and in the job vacancy announcement, you may lose consideration for a job. Type or print clearly in dark ink. Help speed the selection process by keeping your application brief and sending only the requested information. If essential to attach additional pages, include your name and Social Security Number on each page.

- For information on Federal employment, including job lists, alternative formats for persons with disabilities, and veterans' preference, call the U.S. Office of Personnel Management at 912-757-3000, TDD 912-744-2299, by computer modem 912-757-3100, or via the Internet (Telnet only) at FJOB.MAIL.OPM.GOV.
- If you served on active duty in the United States Military and were separated under honorable conditions, you may be eligible for veterans' preference. To receive preference if your service began after October 15, 1976, you must have a Campaign Badge, Expeditionary Medal, or a service-connected disability. Veterans' preference is not a factor for Senior Executive Service jobs or when competition is limited to status candidates (current or former career or career-conditional Federal employees.)
- Most Federal jobs require United States citizenship and also that males over age 18 born after December 31, 1959, have registered with the Selective Service System or have an exemption.
- The law prohibits public officials from appointing, promoting, or recommending their relatives.
- Federal annuitants (military and civilian) may have their salaries or annuities reduced. All employees must pay any valid delinquent debts or the agency may garnish their salary.
- Send your application to the office announcing the vacancy. If you have questions, contact that office.

THE FEDERAL GOVERNMENT IS AN EQUAL OPPORTUNITY EMPLOYER

PRIVACY ACT AND PUBLIC BURDEN STATEMENTS

- The Office of Personnel Management and other Federal agencies rate applicants for Federal jobs under the authority of sections 1104, 1302, 3301, 3304, 3320, 3361, 3393, and 3394 of title 5 of the United States Code. We need the information requested in this form and in the associated vacancy announcements to evaluate your qualifications. Other laws require us to ask about citizenship, military service, etc.
- We request your Social Security Number (SSN) under the authority of Executive Order 9397 in order to keep your records straight; other people may have the same name. As allowed by law or Presidential directive, we use your SSN to seek information about you from employers, schools, banks, and others who know you. Your SSN may also be used in studies and computer matching with other Government files, for example, files on unpaid student loans.
- If you do not give us your SSN or any other information requested, we cannot process your application, which is the first step in getting a job. Also, incomplete addresses and ZIP Codes will slow processing.
- We may give information from your records to: training facilities; organizations deciding claims for retirement, insurance, unemployment or health benefits; officials in litigation or administrative proceedings where the Government is a party; law enforcement agencies concerning violations of law or regulation; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representing employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearances, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public and private organizations including news media that grant or publicize employee recognition and awards; and the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives, the Federal Acquisition Institute, and congressional offices in connection with their official functions.
- We may also give information from your records to: prospective nonfederal employers concerning tenure of employment, civil service status, length of service, and date and nature of action for separation as shown on personnel action forms of specifically identified individuals; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and nonfederal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from self-and-family to self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement or job for the Federal Government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employee about fitness-for-duty or agency-filed disability retirement procedures.
- We estimate the public reporting burden for this collection will vary from 20 to 240 minutes with an average of 40 minutes per response, including time for reviewing instructions, searching existing data sources, gathering data, and completing and reviewing the information. You may send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to U.S. Office of Personnel Management, Reports and Forms Management Officer, Washington, DC 20415-0001.
- Send your application to the agency announcing the vacancy.

WHAT ARE KSAs?

These are unique requirements that the hiring agency wants to find in the applicant selected to fill a particular job. The purpose of KSAs is to measure qualities that will set one applicant apart from the others. How well a person can demonstrate in his/her KSAs that he/she is the perfect match for the position, will determine whether that person will be seriously considered for the job.

Knowledge statement should refer to an organized body of information that is factual and usually of a procedural nature which, if applied, makes adequate performance on the job possible.

Skill statements should refer to the proficient manual, verbal or mental manipulation of data or things. An example of proficient manipulation of things would be skills in typing or operating a vehicle. An example of manipulating data might be computing decimals, skill in editing, etc.

Ability should refer to the power to perform an observable activity. This means that abilities have been evidenced through activities or behaviors that are similar to those required for the job. An example is ability to plan and organize work. Abilities differ from aptitudes in that aptitudes are only the potential for performing the activity.

Common KSAs

1. Ability to communicate orally:

Poor response: I am capable of communicating orally because I have a lot of experience in talking to people about various subjects. I will show you during the interview.

Suggested response at the GS 5/7 Level:

As a student at the University of Maryland, I completed course work in public speaking and drama. I have received training in clear and concise communications of all types of information, as well as training in persuasive presentation of views. During the summer, I worked as a tour guide. In this position, I conveyed information regarding the Nation's Capital to tourists. Enunciation and sentence structure were vital for effective communication.

2. Ability to communicate in writing:

Poor Response: In my time as a student, I have written many papers and letters to my friends which often communicate terribly complex information for the edification of the readership. I am a very good writer and have no trouble at all in making sure that what I write says what I want it to.

DEPARTMENT OF DEFENSE DEPENDENT SCHOOLS
(DoDDS)

HIGHLIGHTS OF
THE MILITARY SPOUSE OVERSEAS EMPLOYMENT PREFERENCE PROGRAM

With the passage of the 1985 Military Family Act, military spouses receive preference over civilian spouses and all other family members when appropriated fund (AF) positions at GS/GM-15 and below or equivalent WG positions are filled using competitive procedures. Spouses may also receive preference for nonappropriated fund (NAF) positions at grades UA-8 and below and for equivalent positions paid at hourly rates.

- ❖ Military spouse preference (MSP) applies when spouses of active duty military service members are relocating because of a sponsor's permanent change of station (PCS) and are seeking employment in the same commuting area as that of the military member's new duty station.
- ❖ MSP applies only once for initial employment into a continuing DoD position (including temporary position scheduled to last 1 year or longer) at each duty location. The spouse must be among persons determined to be best qualified for the position.
- ❖ Employment in DoD includes AF and NAF positions. NAF is composed of AAFES, i.e., post/base exchange, Burger King, etc., and other NAF instrumentalities.
- ❖ When a spouse applies for a continuing position, preference is granted automatically for AF positions. The spouse is no longer eligible for MSP upon acceptance of a continuing position.
- ❖ Upon declination of a continuing full-time, part-time AF or NAF position, the spouse is no longer eligible for MSP.
- ❖ Spouse may file applications for employment with DoDDS 30 days before their anticipated arrival within the command and their names may be referred; however, spouses may not receive preference until actually arriving at the overseas location.
- ❖ Spouses are encouraged to apply only for those positions in which they are truly interested and available.
- ❖ MSP does not apply when preference, if afforded, would result in displacement of a current employee by the action.
- ❖ Spouses seeking preference with less than 6-months time remaining in the area may be nonselected for permanent continuing positions.

QUESTIONNAIRE FOR MILITARY SPOUSE PREFERENCE

This questionnaire is for the purpose of determining your eligibility for Military Spouse Preference (MSP) during your sponsor's present tour. Please respond to the questions listed below and submit this with each application.

PART I

- A. Are you the spouse of an active duty military member?
() Yes () No

If your answer is no, please complete PART III.

If your answer is yes, please complete PARTS II and III and attach a copy of your sponsor's permanent change of station (PCS) orders to the overseas command, or other appropriate documentation, to support military spouse preference eligibility.

PART II

- B. When did you arrive at your sponsor's current duty station? _____

- C. Are you presently employed, or have you previously been employed at your sponsor's current duty station or within the commuting area?
() Yes () No

If you answer yes, please attach a copy of your appointment record (SF-50 or equivalent form) and complete the following items:

1. Who employed you?

() CPO

() DoDDS

() NAF (Includes AAFES & other NAF Instrumentalities)

() Other please specify _____

2. List the title and pay grade of your position (s). State how long the appointment is/was scheduled to last.

Position Title _____ Grade _____

_____ Permanent or _____ Temporary for _____ 1 year or more _____ less than 1 year.

Position Title _____ Grade _____

_____ Permanent or _____ Temporary for _____ 1 year or more _____ less than 1 year.

- D. What is your DEROS (date of estimated return from overseas)? _____

PART III

Name (please print): _____

Signature: _____

TO BE COMPLETED BY THE DoDDS PERSONNEL CENTER

Eligible for MSP _____ Yes _____ No

Reason:

Signature of CPO Representative

Date

**PRE-EMPLOYMENT QUESTIONNAIRE
TO DETERMINE ELIGIBILITY FOR EMPLOYMENT**

INSTRUCTIONS: TO BE COMPLETED BY CANDIDATES WHO ARE LIVING IN THE OVERSEAS AREA. The purpose of this questionnaire is to obtain information in order to determine the eligibility of applicants for Department of Defense Dependents Schools (DoDDS) positions serviced by the DoDDS Personnel Center. This form is not intended to establish overseas entitlements. Please complete all questions and return the completed form with your application for employment. Enter N/A if a statement is not applicable.

1. Are you a citizen of the United States? Yes No
Also, list additional countries you are a citizen of (if applicable): _____

2. I have resided in GERMANY since (date) _____.

3. My reason for being in this country is:
 - a. ___ I arrived in this country with my military sponsor and my trip was command sponsored. (ALSO COMPLETE QUESTIONNAIRE FOR MILITARY SPOUSE PREFERENCE and attach copy of your sponsor's travel orders.)

 - b. ___ I arrived in this country to be with my military sponsor, but my trip was not at Government expense (i.e., I am non-command sponsored). My sponsor's DEROS date is _____.

 - c. ___ I am a family member of a civilian employee of the Department of Defense Dependents School/Department of the Army/Department of the Air Force, etc. My sponsor's DEROS date is _____. (Attach copies of you sponsor's most current PCS or RAT orders.)

 - d. ___ I am an employee or the family member of an employee of a private firm doing work in this country. The firm's name is: _____, and the expiration of this assignment is: _____.

 - e. ___ I am on contract or I am a family member of a person hired on contract to support the U.S. Forces. The contract is with (name of contractor and expiration date) _____, and the contract provides me with a U.S. Forces Identification card.

 - f. ___ I am retired/retiring from active military service, date of retirement is/was: _____.

 - g. ___ I was discharged from active military service with a European Out. Date of discharge is/was: _____.

 - h. ___ Other (explain): _____

4. I have ___/ I have not ___ been issued a work permit from the host country.
5. I have ___/ I have not ___ been employed since being in this country.
Name of employer(s), dates and location(s) of work: _____

6. I own ___/ I do not own ___ a residence in the host country.
7. I have ___/ I have not ___ paid income taxes to the host country.
8. Other: Please use the space below to explain.

I understand that a false statement on any part of the questionnaire may be grounds for not hiring me, or grounds for removing me after I begin work. I understand it is my responsibility to notify the Personnel Center promptly of any changes in the information provided in this questionnaire.

Signature _____

Date _____

Print Name: _____

BACKGROUND SURVEY QUESTIONNAIRE

<p style="text-align: center;">GENERAL INSTRUCTIONS</p> <p>The information from this survey is used to help insure that agency personnel practices meet the Public Law 92-261 of March 24, 1972. Your responses are voluntary. Please answer each of the questions to the best of your ability. Read each item thoroughly. Please print your responses.</p> <p>Name (Last, First, Middle Initial)</p> <hr/> <p>Announcement Number for which applying</p> <hr/> <p>Date of your application</p> <hr/> <p>Social Security Number Year of Birth</p> <hr/>	<p style="text-align: center;">PRIVACY ACT INFORMATION</p> <p style="text-align: center;">GENERAL</p> <p>This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974) December 31, 1974, for individuals completing Federal records and forms that select personal.</p> <p style="text-align: center;">AUTHORITY</p> <p>Sections 1302, 3301, 3304 & 7201 of Title 5 of the US Code</p> <p style="text-align: center;">PURPOSE AND ROUTINE USES</p> <p>This information is used for research and for a Federal Equal Opportunity Recruitment Program (FEORP) to help insure that agency personnel practices meet requirements of Federal law.</p> <p style="text-align: center;">EFFECTS OF NONDISCLOSURE</p> <p>Providing this information is voluntary. No individual personnel selection are made based on this information</p> <p>INFORMATION REGARDING DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER UNDER PUBLIC LAW 93-579, SECTION 7(b). Solicitation of the Social Security Number is authorized under the Executive Order 9397, dated November 22, 1943. It is used to relate this form with other records that you file with OSD.</p>
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How did you learn about the position for which you are applying? (You may check up to three choices.)

- 01 Private Information Service
- 02 Magazine
- 03 Newspaper
- 04 Radio
- 05 TV
- 06 Poster
- 07 Private Employment Office
- 08 State Unemployment Office
- 09 Agency Personnel Dept (Bulletin Board or Other Announcement)
- 10 Agency or other Federal Government Recruitment at School or College
- 11 Federal, State or Local Job Info. Center
- 12 Religious Organization
- 13 School or College Counselor or Other Official
- 14 Friend or Relative Working for Agency
- 15 Friend or Relative not Working for Agency
- 16 Other (Specify) _____

Please categorize yourself in terms of the race, sex and ethnic categories below. First read definitions of subcategories.

DEFINITIONS

The racial and ethnic categories for Federal Statistics and administrative reporting are defined as follows:

RACE: American Indian or Alaskan Native. A person having origins in any of the original peoples of North American, and who maintains cultural identification through tribal affiliations or community recognition. Asian or Pacific Islander. A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, India, Japan, Korea, the Philippine Islands, and Samoa. **BLACK.** A person having origins in any of the black racial groups of Africa. **White.** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

ETHNICITY: Hispanic. A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish Culture or origin regardless of race.

<p>RACE</p> <p>1. <input type="checkbox"/> American Indian or Alaskan Native</p> <p>2. <input type="checkbox"/> Asian or Pacific Islander</p> <p>3. <input type="checkbox"/> Black</p> <p>4. <input type="checkbox"/> White</p> <p>5. <input type="checkbox"/> Other _____</p> <p style="text-align: center;">(Specify)</p>	<p>SEX</p> <p>1. <input type="checkbox"/> Male</p> <p>2. <input type="checkbox"/> Female</p>	<p>ETHNICITY</p> <p>1. <input type="checkbox"/> Hispanic Origin</p> <p>2. <input type="checkbox"/> Not of Hispanic Origin</p>
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SPECIAL EXCEPTED APPOINTING AUTHORITIES

Are you eligible for appointment under a special excepted appointing authority (Schedule A or B) for severely physically or mentally handicapped person?

YES NO

EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

PRE-APPOINTMENT CERTIFICATION STATEMENT FOR
SELECTIVE SERVICE REGISTRATION

IMPORTANT NOTICE: If you are a male born after December 31 1959, and you want to be employed by the Federal Government, you must (subject to certain exceptions) be registered with the Selective Service System.

PRIVACY ACT STATEMENT: We need information on your registration with the Selective Service System to see whether you are affected by the laws we must follow in deciding who may be employed by the Federal Government.

CRIMINAL PENALTY STATEMENT: A false statement by you may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by fine or imprisonment (U.S. Code, Title 18, Section 1001.).

REVIEW: If your employing agency has informed you that you cannot be appointed to a position in an executive agency because of your failure to register, and you wish to establish that your non-compliance with the law was neither knowing nor willful, you may write to:

U.S. Office of Personnel Management
NACI Center
IOD-SAB
Boyers, Pennsylvania 16018

CERTIFICATION OF REGISTRATION STATUS

- () I certify that I am registered with the Selective Service System.
- () I certify that I am not required to be registered with the Selective Service System.

Legal signature (please use ink) Date signed (please use ink)

COMMON ERRORS OF APPLICATIONS

HOURS WORKED IN EACH JOB: Usually the applicant remembers to note the month and year, but frequently forgets to include the hours. This is especially important to remember when doing resumes.

OF-306: Questions #13 and #15. Agency means DoD, not just DoDDS, DoD includes Branches of the Armed Forces. If an applicant is a military spouse or spouse of a DA Civilian, then the answer to Question #13 is yes and requires #15 to be completed.

PRE-EMPLOYMENT QUESTIONNAIRE: Applicants forget to complete the back (2nd) page and do not answer questions 4-7.

MILITARY ORDERS: This means the orders with the spouse's name on them that brought him/her overseas. Applicant should place a check in the margin next to where their name is indicated in the orders. If the spouse came later and was not command-sponsored at that time, the sponsor can obtain a letter from his/her chain of command to get the command sponsorship.

TRANSCRIPTS are highly recommended, if applicable, for rating purposes based on education. Copies are acceptable; original transcripts are not necessary.

PERSONNEL ACTIONS: If applicant is currently employed, we must have a copy of the personnel action that appointed him/her to the position.

DD 214 and SF-15: DD 214, Member Copy 4, is required to claim prior military service and verify 5 point Vet Preference. SF-15 and documentation to claim and verify 10-point preference.

SIGN AND DATE ALL FORMS AS REQUIRED. DSO PERSONNEL REQUIRES ORIGINAL SIGNATURES ON ALL FORMS.

APPLICANT CHECKLIST FOR REVIEWING DoDDS APPLICATION PACKAGE

*Before turning in your application package, please review this
Checklist to see if it is complete.
Incomplete applications will not receive consideration.*

YOU ARE RESPONSIBLE FOR NOTIFYING THE SCHOOL AND THE DoDDS PERSONNEL CENTER OF ANY CHANGE IN FAMILY MEMBER OR SPOUSE PREFERENCE STATUS, ADDRESS, OR TELEPHONE NUMBER.

Here is what your resume or application must contain:

JOB INFORMATION

- Announcement number, title and grade(s) of position(s) for which you are applying
- Whether you will accept permanent and/or temporary positions, and full-time, part-time and/or intermittent employment
- Specific minimum number of words you can type per minute (if applying for office automation/typing positions)

PERSONAL INFORMATION

- Full name, mailing address, and day and evening phone numbers (include city code, if local phone number or indicate "DSN," if phone number is on base/post)
- Social Security Number
- Country of citizenship
- The following (if applicable)
 - Veteran's preference – include member 4 copy of DD-214; if necessary, include F-15 and supporting documentation
 - Reinstatement eligibility – include SF-50 proving status
 - Highest Federal civilian grade held – include dates held and title and job series of position

EDUCATION

- High School
 - Name, city and state
 - Date of diploma or GED
- Colleges and universities
 - Name, city and state
 - Majors
 - Type and year of any degrees received (if no degree, show total credit hours and indicate whether semester or quarter hours)
- Copy of college transcript(s) or list of college courses (OPM Form 1170/17) when education is being used to meet qualification requirements

WORK EXPERIENCE

- Provide the following information for your paid and non-paid work experience related to the position for which you are applying. (Do not send job descriptions.)
 - Job title (include series and grade if federal job)
 - Duties and accomplishments
 - Employer's name and address
 - Supervisor's name and phone number
 - Starting and ending dates (month and year)
 - Hours per week
 - Salary
- Indicate if we may contact your current supervisor

OTHER QUALIFICATIONS

- Job-related training courses (title and year)
- Job-related skills (e.g., other languages, computer software/hardware, machinery)
- Job-related certificates and licenses (current only)
- Job-related honors, awards and special accomplishments (give dates but do not send documents)

ATTACHMENTS TO APPLICATION

- Completed Declaration for Federal Employment (Opt Form 306)
- Completed Pre-Employment Questionnaire to Determine Eligibility for Employment
- Completed Geographic Availability Statement
- If family member or claiming spouse preference, copy of sponsor's PCS orders, authorizing movement of spouse/family member to the overseas command, or other appropriate documentation
- If current or prior federal employee, include copy of SF-50, Notification of Personnel Action, indicating highest annual salary and personal status
- If current federal employee, include most recent performance appraisal
- If applying under NAFI Interchange Agreement, include documentation to verify eligibility
- If prior military or VRA-eligible, include member 4 copy of DD-214
 - If claiming 10 point veteran preference, include SF-15, Application for 10 Point Veteran Preference, and supporting documentation described in Item C on the SF-15
- If trying to qualify for position based on education, include copy of college transcript(s) or completed OPM Form 1170/17 (List of College Courses and Scholastic Achievement)

INCOMPLETE APPLICATIONS WILL NOT RECEIVE CONSIDERATION

JOB OPENINGS

For job information 24 hours a day, 7 days a week, call 912-757-3000, the U.S. Office of Personnel Management (OPM) automated telephone with a computer modem dial 912-757-3000. You can also reach the OPM automated telephone (Telnet only) at F*

APPLY alternative formats by calling 912-757-3000. Select "Federal Employment Topics" when "People with Disabilities." If you have a hearing disability, call TDD 912-744-2299.

HOW TO APPLY

Review the list of openings, decide which jobs you are interested in, and follow the instructions given. You may apply for most jobs with a resume, the *Optional Application for Federal Employment*, or any other written format you choose. For jobs that are unique or filled through automated procedures, you will be given special forms to complete. (You can get an *Optional Application* by calling OPM or dialing our electronic bulletin board at the numbers above.)

WHAT TO INCLUDE

Although the Federal Government does not require a standard application form for most jobs, we do need certain information to evaluate your qualifications and determine if you meet legal requirements for Federal employment. If your resume or application does not provide all the information requested in the job vacancy announcement and in this brochure, you may lose consideration for a job. Help speed the selection process by keeping your resume or application brief and by sending only the requested material. Type or print clearly in dark ink.

Here's what your resume or application must contain

(in addition to specific information requested in the job vacancy announcement)

JOB INFORMATION

- Announcement number, and title and grade(s) of the job you are applying for.

PERSONAL INFORMATION

- Full name, mailing address (with ZIP Code) and day and evening phone numbers (with area code)
- Social Security Number
- Country of Citizenship (Most Federal jobs require United States citizenship)
- Veterans' preference (See reverse.)
- Reinstatement eligibility (If requested, attach SF-50 proof of your career or career-conditional status.)
- Highest Federal civilian grade held (Also give job series and dates held.)

EDUCATION

- High School
Name, city, and State (ZIP Code if known)
Date of diploma or GED
- Colleges or universities
Name, city, and State (ZIP Code if known)
Majors
Type and year of any degrees received
(If no degree, show total credits earned and indicate whether semester or quarter hours.)
- Send a copy of your college transcript only if the job vacancy announcement requests it.

WORK EXPERIENCE

- Give the following information for your paid and nonpaid work experience related to the job you are applying for.
(Do not send job descriptions.)
Job title (include series and grade if Federal job)
Duties and accomplishments
Employer's name and address
Supervisor's name and phone number
Starting and ending dates (month and year)
Hours per week
Salary
- Indicate if we may contact your current supervisor.

OTHER QUALIFICATIONS

- Job-related training courses (title and year)
- Job-related skills, for example, other languages, computer software/hardware, tools, machinery, typing speed
- Job-related certificates and licenses (current only)
- Job-related honors, awards and special accomplishments, for example, publications, memberships in professional or honor societies, leadership activities, public speaking, and performance awards (Give dates but do not send documents unless requested.)

THE FEDERAL GOVERNMENT IS
AN EQUAL OPPORTUNITY EMPLOYER