



**APPLICATION FOR EMPLOYMENT AS A  
LOCALLY EMPLOYED STAFF OR FAMILY MEMBER**

*(This application is for positions recruited by the U. S. Mission under the  
Office of Overseas Employment's Interagency Local Employment Recruitment Policy)*

**POSITION**

1. Position Title	2. Grades
3. Vacancy Announcement Number <i>(If known)</i>	4. Date Available for Work <i>(mm-dd-yyyy)</i>

**PERSONAL INFORMATION**

5. Last Name(s)/Surnames	First Name	Middle Name
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6. Other Names Used \_\_\_\_\_

7. Date of Birth <i>(mm-dd-yyyy)</i>	8. Place of Birth
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9. Current Address	10. Phone Numbers Day _____ Evening _____ Cell _____
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11. E-mail Address \_\_\_\_\_

12. Are you a U. S. Citizen?  Yes  No

13. Do you have permanent U.S. Resident status?  Yes  No If yes, provide number \_\_\_\_\_

14a. U.S. Social Security Number *(for U.S. Citizens/Permanent U.S. Residents)* \_\_\_\_\_  
and/or

14b. Country Identification Number \_\_\_\_\_

15. Are you legally eligible to work in this country?  Yes  No

If yes, Mission HR may require verification of eligibility. Please attach copies of all documentation that confirms your legal eligibility to work in this country (e.g., work permit, residency permit). If you are not sure if you need to submit proof of eligibility, contact the Mission's HR office.

16. If hired, are there accommodations the Mission needs to provide so that you can perform all the essential functions and duties of the position?  Yes  No If yes, please explain.

17. If you are applying for a position that includes driving a U.S. Government vehicle, do you have a valid driver's license?  Yes  No

If yes, Class/Type of License \_\_\_\_\_

If yes, have you operated a vehicle without incident for the past three years?  Yes  No

18. What days are you available to work as part of a regularly scheduled work week? (Check all that apply)

Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

19. Do any of your relatives or members of your household work for the United States Government?  Yes  No

If yes, provide the details below. If you need more space, use an additional sheet of paper. (See Instructions for Completing the DS-174 for the definition of relatives and members of household.)

Name	Relationship	Agency, Position, and Location

**U.S. CITIZEN ELIGIBLE FAMILY MEMBER (USEFM) AND U.S. VETERANS HIRING PREFERENCE**

20. Are you claiming preference in hiring under U.S. law, including the Foreign Service Act of 1980, based upon your status as either a U.S. Citizen Eligible Family Member (USEFM) or U. S. Veteran? See Instructions for Completing the DS-174 for additional information about the USEFM and U.S. Veterans hiring preference. (Check only one)

- Yes, I am a U.S. Citizen EFM and also a U.S. Veteran  Yes, I am a U.S. Veteran  
 Yes, I am a U.S. Citizen EFM  No, I am neither a U.S. Citizen, nor a U.S. Veteran

If claiming eligibility for U.S. Veteran preference, you must attach a copy of your most recent DD-214, Certificate of Release or Discharge from Active Duty. If claiming conditional eligibility for U.S. Veterans preference, you must submit proof of conditional eligibility.

**EDUCATION**

21. Graduate School Name of School, City, State or Country	Dates Attended (mm-dd-yyyy) From _____ To _____	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree/Diploma	Major Subject
Undergraduate College/University Name of School, City, State or Country	Dates Attended (mm-dd-yyyy) From _____ To _____	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree/Diploma	Major Subject
High School/GED or Country Equivalent Name of School, City, State or Country	Dates Attended (mm-dd-yyyy) From _____ To _____	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, highest grade level completed	
Other, e.g Technical/Vocational School Name of School, City, State or Country	Dates Attended (mm-dd-yyyy) From _____ To _____	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate/ Diploma	Major Subject

**LICENSE, SKILLS, TRAINING, MEMBERSHIP, AND RECOGNITION**

22. List professional licenses, certifications, typing/keyboard, computer skills, formal and on-line training, and other skills and abilities you consider relevant to the position. Please include the license or certification number. Attach a copy if the license or certification is a requirement of the position. If licensed in the U.S., please list the state of issuance. If licensed in another country, please list the province/state/region and country of issuance. *(Use additional pages, as required)*

23. List professional organizations, associations, awards, honors, fellowships, and publications you consider significant.

**LANGUAGES**

24. List your languages, the appropriate competency levels, and your primary/first spoken/native language using the language standards below. You may only identify one primary/first spoken/native language.

Language Indicators:

Level I = Basic Knowledge

Level IV = Fluent

Level II = Limited Knowledge

Level V = Professional Translator/Interpreter

Level III = Good Working Knowledge

Language	Speak	Read	Write	Primary Language?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

**WORK EXPERIENCE**

Include all work experience, paid and voluntary. Start with your present or most recent work experience. When describing work, list specific duties/responsibilities and accomplishments. Include supervisory responsibilities and the number of employees supervised. Go into as much detail as possible for work experience that directly relates to the advertised position. Include all periods of unemployment and the reason. *(Use additional pages, as required)*

25a. Job Title *(If U.S. Government, include the Series and Grade)*

From _____ To _____ <i>(mm-dd-yyyy) (mm-dd-yyyy)</i>	Salary per Year in U.S. Dollars or Local Currency	Hours per Week
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Employer's Name and Address

Supervisor's Name and Contact Information

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

May HR contact your current supervisor?

Yes  No

Describe your major duties/responsibilities and accomplishments.

Reason(s) for leaving (Do not write "N/A" or Not applicable)

25b. Job Title (If U.S. Government, include the series and grade)

From _____ (mm-dd-yyyy)	To _____ (mm-dd-yyyy)	Salary per Year in U.S. Dollars or Local Currency _____	Hours per Week _____
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Employer's Name and Address _____	Supervisor's Name and Contact Information Name _____
	Phone Number _____
	E-mail Address _____

Describe your major duties/responsibilities and accomplishments.

Reason(s) for leaving (Do not write "N/A" or Not applicable)

25c. Job Title (If U.S. Government, include the Series and Grade)

From _____ (mm-dd-yyyy)	To _____ (mm-dd-yyyy)	Salary per Year in U.S. Dollars or Local Currency _____	Hours per Week _____
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Employer's Name and Address _____	Supervisor's Name and Contact Information Name _____
	Phone Number _____
	E-mail Address _____

Describe your major duties/responsibilities and accomplishments.

Reason(s) for leaving (Do not write "N/A" or Not Applicable)

25d. Job Title (If U.S. Government, include the Series and Grade)

From _____ To _____ (mm-dd-yyyy) (mm-dd-yyyy)	Salary per Year in U.S. Dollars or Local Currency _____	Hours per Week _____
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Employer's Name and Address _____	Supervisor's Name and Contact Information Name _____ Phone Number _____ E-mail Address _____
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Describe your major duties/responsibilities and accomplishments.

Reason(s) for leaving (Do not Write "N/A" or Not Applicable)

**REFERENCES**

26. List three personal references who are not relatives or former supervisors who have knowledge of your work performance. Mission HR will obtain your permission before contacting any reference.

Name	Address	Telephone	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SIGNATURE AND CERTIFICATION**

27. I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete, and made in good faith. I understand that false or fraudulent information on or attached to this application may be grounds for not hiring me, or for termination/dismissal after I begin work, and may be punishable by fine or imprisonment according to this country's law or U.S. law. I understand that any information I voluntarily provide on or attached to this application may be investigated.

Signature \_\_\_\_\_ Date (mm-dd-yyyy) \_\_\_\_\_

**DS-174 CONTINUATION SHEET - WORK EXPERIENCE**

25\_ Job Title (If U.S. Government, include the Series and Grade)

From _____ To _____ <small>(mm-dd-yyyy) (mm-dd-yyyy)</small>	Salary per Year in U.S. Dollars or Local Currency _____	Hours per Week _____
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Employer's Name and Address _____	Supervisor's Name and Contact Information
	Name _____
	Phone Number _____
	E-mail Address _____

Describe your duties/responsibilities and accomplishments.

Describe your reason(s) for leaving. (Do not write "N/A" or Not Applicable)

**DS-174 CONTINUATION SHEET - WORK EXPERIENCE**

25\_ Job Title (If U.S. Government, Include the Series and Grade)

From _____ To _____ <small>(mm-dd-yyyy) (mm-dd-yyyy)</small>	Salary per Year in U.S. Dollars or Local Currency _____	Hours per Week _____
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Employer's Name and Address _____	Supervisor's Name and Contact Information
	Name _____
	Phone Number _____
	E-mail Address _____

Describe your major duties/responsibilities and accomplishments.

Reason(s) for leaving (Do Not Write "N/A" or Not Applicable)