



U.S. Department of State  
**APPLICATION FOR EMPLOYMENT AS A  
 LOCALLY EMPLOYED STAFF OR FAMILY MEMBER**

OMB APPROVAL NO. 1405-0189  
 EXPIRES: 12/31/2012  
 ESTIMATED BURDEN: 1 Hour

*(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 (If known)			4. Date Available for Work (mm-dd-yyyy)			
PERSONAL INFORMATION						
5. Last Name(s)/Surnames		First Name		Middle Name		
6. Other Names Used				Attached photograph taken within past 12 months		
7. Date of Birth (mm-dd-yyyy)		8. Place of Birth				
9. Current Address		10. Phone Numbers				
		Day _____ Evening _____ Cell _____				
11. E-mail Address						
12. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		13. Height Ft.      In.	14. Weight	15. Eye Color		16. Hair Color
17. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Remarried <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced				18. Describe any special or outstanding characteristics or identifying marks.		
19. Are you a U. S. Citizen?                      Yes                      No						
20. Do you have permanent U.S. Resident status?                      Yes                      No						
If yes, provide number						
21a. U.S. Social Security Number (for U.S. Citizens/Permanent U.S. Residents) _____ and/or						
21b. Country Identification Number _____						
22. Previous addresses during the past 10 years						
Dates		Street and Number		City	Country	
From	To					
22. List each country of which you have been a citizen.						
Dates	Country	How was the citizenship acquired?				

23a. Full name of spouse (If wife, maiden name)	b. Date of Birth	c. Place of Birth
---	------------------	-------------------

d. Present Address	e. Present Occupation
--------------------	-----------------------

f. Nationality at birth	g. Present Nationality
-------------------------	------------------------

**24. Children**

Name	Date of Birth	Present Address	Occupation

25a. Father's Name	b. Date of Birth	c. Place of Birth
--------------------	------------------	-------------------

d. Present Address	e. Present Occupation
--------------------	-----------------------

f. Nationality at birth	g. Present Nationality
-------------------------	------------------------

26a. Mother's Name	b. Date of Birth	c. Place of Birth
--------------------	------------------	-------------------

d. Present Address	e. Present Occupation
--------------------	-----------------------

f. Nationality at birth	g. Present Nationality
-------------------------	------------------------

**27. Relatives (Brothers, Sisters, and in-laws wherever located)**

Name	Date of Birth	Present Address	Occupation

28. Has any of the family members mentioned above ever been employed by an agency or representative of any national or local government? If yes, mention the name, address and relationship of government agency.  Yes  No



29. Do you have any personal, business or professional contacts in the United States? If yes, mention the name of firm or individual, business or occupation and Address (Street, and No., City, State)  Yes  No




30. Travel (If you have ever traveled in any other countries give the dates, duration and purpose of such travel. If travel was in the U.S., supply under item 38 additional data, including type of visa, place and date of issuance, date and port of arrival into the U.S., places of residence in the U.S. and the date and port of departure from the U.S.)

Country	Dates		Purpose
	From	To	

31. Memberships, list societies, associations, clubs and other organizations of which you are now or have been a member, except religious or political affiliations.

<u>Name</u>	<u>Address</u>	<u>Type</u>	<u>From</u>	<u>To</u>	<u>Office Held</u>

32. Military Service (Outline any military service past or present, living branch of service, unit or organization, speciality, dates of service, highest rank held and present rank, and date and type of discharge.)


33. List any titles, orders or decorations bestowed upon you.

Titles, Orders or Decorations	Date Bestowed

34. 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.

35. 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.

36. 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

37. 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

38. 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**

39. 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**

40. Graduate School Name of School, City, State	Dates Attended (mm-dd-yyyy) From _____ To _____	Graduate Yes _____ No _____	Degree/ Diploma	Major Subject
Undergraduate College/University Name of School, City, State or Country	Dates Attended (mm-dd-yyyy) From _____ To _____	Graduate Yes _____ No _____	Degree/ Diploma	Major Subject
High School/GED or Country Equivalent Name of School, City, State or Country	Dates Attended From _____ To _____	Graduate Yes _____ 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 Yes _____ No _____	Certificate/ Diploma	Major Subject
--	--	-----------------------------------	-------------------------	---------------

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

41. 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)*

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

**LANGUAGES**

43. 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 II = Limited Knowledge

Level III = Good Working Knowledge

Level IV = Fluent

Level V = Professional Translator/Interpreter

Language

Speak      Read      Write

Primary Language?

_____
_____
_____
_____


_____ Yes	_____ 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)*

44a. 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
---	--	----------------

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 <i>(Do not write "N/A" or Not applicable)</i>	

44b. 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
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 <i>(Do not write "N/A" or Not applicable)</i>			

44c. 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
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)

44d. 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
--	--	----------------

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)

## REFERENCES

45. 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
------	---------	-----------	------------

Answer items 32 to 38 putting an "X" in the appropriate column	Yes	No
--	-----	----

46. Have you ever been discharged or forced to resign for misconduct or unsatisfactory service from any position? If the answer is "Yes", give full detail under item 38.		
---	--	--

47a. Have you now or have you ever had any physical defects or disabilities whatsoever?		
---	--	--

47b. Are you under any medical treatment at present? If the answer is "Yes" give particulars.		
---	--	--

47c. Have you ever had a nervous breakdown?		
---	--	--

47d. Have you ever had tuberculosis?		
--------------------------------------	--	--

47e. Within the last 12 months, have you used intoxicating beverages?		
---	--	--

47f. Are you addicted to any drug or narcotics?		
---	--	--

47g. Were you ever medically discharged from the Armed Forces?		
--	--	--

If any of the answers to any of the above questions is "Yes", give full particulars under item 38.

48. Have you ever been arrested or detained by any police or military authority? If so, name the authority, give time, place and reason for arrest or detention and the disposition of court action.		
--	--	--

49. Are you now, or have you ever been a member of the communist party or any communist or fascist		
--	--	--

50. Are you now, or have you ever been a member of any organization, association, movement, group, or combination of persons which advocates the overthrow of the constitutional form of government of the United States, or any organization, association, movement, group, or combination of persons which has adopted a policy of advocating or approving the commission of acts or force or violence to deny o ther persons their rights under the constitution of the United States or of seeking to alter the form of government of the United States by unconstitutional means?		
--	--	--

51. If your answer to items 35 or 36 is "Yes", state the name of the organization, dates of membership or association, and extent of participation. If you desire to explain the circumstances of your membership you may use the space under item 38 or attach a separate sheet of paper.

<u>Name</u>	<u>Address</u>	<u>Type</u>	<u>From</u>	<u>To</u>	<u>Office Held</u>

52. Use this space for completing answers to any of the forgoing questions, numbering answers to correspond with questions. Add any informatin not covered above which, if known, might affect you employment. Use extra blank sheets if necessary.

## SIGNATURE & CERTIFICATION

53. 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 \_\_\_\_\_