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

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. 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. Citizen EFM
☐ Yes, I am a U.S. Veteran
☐ 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

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

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 II = Limited Knowledge

Level III = Good Working Knowledge

Level IV = Fluent

Level V = Professional Translator/Interpreter

Language	Speak	Read	Write	Primary Language?
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ 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)*

25a. 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 _____
May HR contact your current supervisor? ☐ Yes ☐ No	E-mail Address _____

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 _____

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 _____

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 _____ (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 _____

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)* _____

PRIVACY ACT STATEMENT
(for U.S. Citizens and Legal Permanent Residents of the U. S.)

AUTHORITIES: The information is sought pursuant to, e.g., the Foreign Service Act of 1980, as amended, and 22 U.S.C. 2669(c)

PURPOSE: The information solicited on this form is necessary to establish your eligibility and qualifications for advertised positions. The information furnished may also be used in the pre-employment fitness-for-duty process, if you are selected for a Mission position. We are authorized to solicit your social security number *(SSN)* by Executive Order 9397 to confirm the identity and employment eligibility of the individual. The SSN may also be used to seek information about you from employers, schools, banks, and others who know you. Disclosure of this information, including your social security number, is voluntary. Failure to provide the information requested on this application may result in delays in considering your application. It could result in you not receiving full consideration for the position. Incomplete addresses slow processing of your application.

ROUTINE USES: The information you provide in this form may be shared with Federal, State, local, and foreign agencies to the extent relevant and necessary for that agency's decision about you. This information may be disclosed to a member of Congress or to a congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent etc. This information may be disclosed to a member of Congress or to a congressional staff member in response to an inquiry of the Congressional office made at written request of the constituent about whom the record is maintained. Information may also be disclosed in the course of presenting evidence to a court, magistrate, or administrative tribunal, including disclosures to opposing counsel in the course of settlement negotiations.

BURDEN: Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: A/GIS/DIR, Room 2400 SA-22, U.S. Department of State, Washington, DC 20522-2202

EQUAL OPPORTUNITY STATEMENT

The United States Government is an equal opportunity employer.

DS-174 CONTINUATION SHEET - WORK EXPERIENCE

25_ 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 _____

Describe your duties/responsibilities and accomplishments.

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

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