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

Languages 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 _____ 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

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)	
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 _____
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)		
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 May HR contact your current supervisor? ☐ Yes ☐ No	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 references.

Name	Address or E-mail	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 terminations/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 _____ *(mm-dd-yyyy)* *(mm-dd-yyyy)*	Salary per year in U.S. Dollars or Local Currency	Hours per Week
Employer's Name and Address May HR contact your current supervisor? ☐ Yes ☐ No	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)		

DS-174 CONTINUATION SHEET – WORK EXPERIENCE		
25__. 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 May HR contact your current supervisor? ☐ Yes ☐ No	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)		