



**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. Grade	
3. Vacancy Announcement Number	4. Date Available for Work (mm-dd-yyyy)	
PERSONAL INFORMATION		
5. Last Name(s)/Surnames	First Name	Middle Name
6. Other Names Used		
7. Current Address	8. Phone Numbers	
	Day _____	
	Evening _____	
	Mobile _____	
9. E-mail Address		
10. Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
11. Do you have permanent U.S. Resident status (green card)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide number. _____		
12a. U.S. Social Security Number (for U.S. Citizens/Permanent U.S. Residents) _____		
and/or		
12b. Country Identification Number _____		
13. Are you legally eligible to work in this country? <input type="checkbox"/> Yes <input type="checkbox"/> 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).		
14. If hired, are there accommodations the Mission needs to provide so that you can perform all the essential functions and duties of the position? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain.		
15. If you are applying for a position that includes driving a U.S. Government vehicle, do you have a current and valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		
If yes, Class/Type of License _____		
If yes, have you operated a vehicle without incident for the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No		

16. 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

17. 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

18. 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 EFM, nor a U.S. Veteran.

Have you invoked this preference for a prior position at this post/Mission? Yes No

If yes, which agency? _____ Date (mm-dd-yyyy) _____

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

19. Graduate School Name of School, City, State or Country	Dates Attended (mm-yyyy) From _____ To _____	Did you 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-yyyy) From _____ To _____	Did you 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-yyyy) From _____ To _____	Did you 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-yyyy) From _____ To _____	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate/Diploma	Major Subject

LANGUAGES

20. 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 Level To:	Speak	Read	Write
Primary -			

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 needed.)*

21a. WORK EXPERIENCE

21a. Job Title *(If U.S. Government, include the series and grade)*

From <i>(mm-yyyy)</i>	To <i>(mm-yyyy)</i>	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
Were you a supervisor in this position? <input type="checkbox"/> Yes <input type="checkbox"/> No	May HR contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many people did you supervise? _____	

Describe your major duties/responsibilities and accomplishments.

Reason(s) for Leaving *(Do not write "N/A" or "not applicable".)*

21b. WORK EXPERIENCE

21b. Job Title *(If U.S. Government, include the series and grade)*

From <i>(mm-yyyy)</i>	To <i>(mm-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	

Were you a supervisor in this position? <input type="checkbox"/> Yes <input type="checkbox"/> No	May HR contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many people did you supervise? _____	

Describe your major duties/responsibilities and accomplishments.

Reason(s) for Leaving *(Do not write "N/A" or "not applicable".)*

21c. WORK EXPERIENCE

21c. Job Title *(If U.S. Government, include the series and grade)*

From <i>(mm-yyyy)</i>	To <i>(mm-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	

Were you a supervisor in this position? <input type="checkbox"/> Yes <input type="checkbox"/> No	May HR contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many people did you supervise? _____	

Describe your major duties/responsibilities and accomplishments.

Reason(s) for Leaving *(Do not write "N/A" or "not applicable".)*

21d. WORK EXPERIENCE

21d. Job Title (If U.S. Government, include the series and grade)

From (mm-yyyy)

To (mm-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

Were you a supervisor in this position? Yes NoMay HR contact your supervisor? Yes NoIf yes, how many people did you supervise?

Describe your major duties/responsibilities and accomplishments.

Reason(s) for Leaving (Do not write "N/A" or "not applicable".)

LICENSE, SKILLS, TRAINING, MEMBERSHIP, AND RECOGNITION

22. List professional licenses, certifications, typing/keyboard skills, computer skills, formal and online training, and other skills and abilities you consider relevant to the position. Include the license or certification number and 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 necessary.)

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

REFERENCES

24. List three personal references who are not relatives or former supervisors who can speak knowledgeably of your work performance.

Name

Address

Telephone

Occupation

SIGNATURE AND CERTIFICATION

25. 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)

CONTINUATION - WORK EXPERIENCE

21_ Job Title (If U.S. Government, include the series and grade)

From (mm-yyyy)	To (mm-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	

Were you a supervisor in this position? <input type="checkbox"/> Yes <input type="checkbox"/> No	May HR contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many people did you supervise? _____	

Describe your major duties/responsibilities and accomplishments.

Reason(s) for Leaving (Do not write "N/A" or "not applicable".)

CONTINUATION - WORK EXPERIENCE

21_ Job Title (If U.S. Government, include the series and grade)

From (mm-yyyy)	To (mm-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	

Were you a supervisor in this position? <input type="checkbox"/> Yes <input type="checkbox"/> No	May HR contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many people did you supervise? _____	

Describe your major duties/responsibilities and accomplishments.

Reason(s) for Leaving (Do not write "N/A" or "not applicable".)