U.S. Department of State

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)

OMB APPROVAL NO. 1405-0189
EXPIRES: 5/31/2019
ESTIMATED BURDEN: 1 Hour

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? ☐ Yes ☐ No

11. Do you have permanent U.S. Resident status *(green card)*? ☐ Yes ☐ 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? ☐ 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)*.

14. 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?

☐ Yes ☐ No ☐ Not Applicable

If yes, Class/Type of License _____

If yes, have you operated a vehicle without incident for the past three years?

☐ Yes ☐ No

15. 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

16. 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

17. Are you claiming preference in hiring under U.S. law and policy 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.)*

☐ U.S. Citizen EFM. ☐ U.S. Veteran.

☐ U.S. Citizen EFM and also a U.S. Veteran. ☐ 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-yyyyy)* _____

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

18. Graduate School Name of School, City, State or Country	Dates Attended *(mm-yyyy)* From _____ To _____	Did you graduate? ☐ Yes ☐ No	Degree/Diploma	Major Subject
Undergraduate College/University Name of School, City, State or Country	Dates Attended *(mm-yyyy)* From _____ To _____	Did you graduate? ☐ Yes ☐ 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? ☐ Yes ☐ 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? ☐ Yes ☐ No	Certificate/Diploma	Major Subject

LANGUAGES

19. 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

20. 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.)*

20a. WORK EXPERIENCE

20a. 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 ☐ No

If yes, how many people did you supervise? _____

May HR contact your supervisor? ☐ Yes ☐ No

Describe your major duties/responsibilities and accomplishments.

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

20b. WORK EXPERIENCE

20b. 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 ☐ No

If yes, how many people did you supervise? _____

May HR contact your supervisor? ☐ Yes ☐ No

Describe your major duties/responsibilities and accomplishments.

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

20c. WORK EXPERIENCE

20c. 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 ☐ No

If yes, how many people did you supervise? _____

May HR contact your supervisor? ☐ Yes ☐ No

Describe your major duties/responsibilities and accomplishments.

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

20d. 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 ☐ No

If yes, how many people did you supervise? _____

May HR contact your supervisor? ☐ Yes ☐ No

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

21. 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.)*

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

REFERENCES

23. 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

24. 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

20_. 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 ☐ No

If yes, how many people did you supervise? _____

May HR contact your supervisor? ☐ Yes ☐ No

Describe your major duties/responsibilities and accomplishments.

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

CONTINUATION - WORK EXPERIENCE

20_. 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
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If yes, how many people did you supervise? _____

May HR contact your supervisor? ☐ Yes ☐ No

Describe your major duties/responsibilities and accomplishments.

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