



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<br>Administrative Clerk (Rover)                                                                                                                                                                                                                                                                                                                                                                                                         | 2. Grade<br>LE-105-6                                                                               |             |
| 3. Vacancy Announcement Number<br>Tbilisi-2018-50                                                                                                                                                                                                                                                                                                                                                                                                         | 4. Date Available for Work (mm-dd-yyyy)<br>1.11.2018                                               |             |
| PERSONAL INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                    |             |
| 5. Last Name(s)/Surnames<br>MKURNALI                                                                                                                                                                                                                                                                                                                                                                                                                      | First Name<br>MARIANA                                                                              | Middle Name |
| 6. Other Names Used                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                    |             |
| 7. Current Address<br>Vazha Pshavela Ave. 70B, Entrance 3, APT 53                                                                                                                                                                                                                                                                                                                                                                                         | 8. Phone Numbers<br>Day +995 599 49 09 42<br>Evening +995 599 49 09 42<br>Mobile +995 599 49 09 42 |             |
| 9. E-mail Address<br>MARI_MKURNALI@YAHOO.COM                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                    |             |
| 10. Are you a U.S. Citizen?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                        |                                                                                                    |             |
| 11. Do you have permanent U.S. Resident status (green card)?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, provide number. _____                                                                                                                                                                                                                                                                                      |                                                                                                    |             |
| 12a. U.S. Social Security Number (for U.S. Citizens/Permanent U.S. Residents) <u>NA</u><br><br>and/or<br><br>12b. Country Identification Number <u>NA</u>                                                                                                                                                                                                                                                                                                 |                                                                                                    |             |
| 13. Are you legally eligible to work in this country?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable<br><br>If yes, Class/Type of License <u>NA</u><br><br>If yes, have you operated a vehicle without incident for the past three years?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                                    |             |

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|---------------------------------------|----------------|
| 15. What days are you available to work as part of a regularly scheduled work week? <i>(Check all that apply.)</i><br><input type="checkbox"/> Sunday <input checked="" type="checkbox"/> Monday <input checked="" type="checkbox"/> Tuesday <input checked="" type="checkbox"/> Wednesday <input checked="" type="checkbox"/> Thursday <input checked="" type="checkbox"/> Friday <input type="checkbox"/> Saturday                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                      |                                                                                                 |                                       |                |
| 16. Do any of your relatives or members of your household work for the United States Government? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                      |                                                                                                 |                                       |                |
| If yes, provide the details below. If you need more space, use an additional sheet of paper. <i>(See Instructions for Completing the DS-174 for the definition of relatives and members of household.)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                      |                                                                                                 |                                       |                |
| <b>Name</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Relationship</b>                                                  | <b>Agency, Position, and Location</b>                                                           |                                       |                |
| LEVAN INADZE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SPOUSE                                                               | US EMBASSY, FRAUD PREVENTION ASSISTANT AT CONSULAR SE                                           |                                       |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                      |                                                                                                 |                                       |                |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                      |                                                                                                 |                                       |                |
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| <b>U.S. CITIZEN ELIGIBLE FAMILY MEMBER (USEFM) AND U.S. VETERANS HIRING PREFERENCE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                      |                                                                                                 |                                       |                |
| 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.)<br><br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> U.S. Citizen EFM<br/> <input type="checkbox"/> U.S. Citizen EFM and also a U.S. Veteran         </div> <div> <input type="checkbox"/> U.S. Veteran<br/> <input checked="" type="checkbox"/> Neither a U.S. Citizen EFM, nor a U.S. Veteran         </div> </div> <p>Have you invoked this preference for a prior position at this post/Mission?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, which agency? _____ Date (mm-dd-yyyy) _____</p> <p>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.</p> |                                                                      |                                                                                                 |                                       |                |
| <b>EDUCATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                      |                                                                                                 |                                       |                |
| 18. Graduate School<br>Name of School, City, State or Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Dates Attended<br><i>(mm-yyyy)</i><br><br>From _____<br>To _____     | Did you graduate?<br><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No            | Degree/Diploma                        | Major Subject  |
| Undergraduate College/University<br>Name of School, City, State or Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Dates Attended<br><i>(mm-yyyy)</i><br><br>From 09-2005<br>To 05-2009 | Did you graduate?<br><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Bachelors Degree                      | Social Scinces |
| High School/GED or Country Equivalent<br>Name of School, City, State or Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Dates Attended<br><i>(mm-yyyy)</i><br><br>From 09-1993<br>To 05-2004 | Did you graduate?<br><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | If no, highest grade level completed. |                |
| Other, e.g. Technical/Vocational School<br>Name of School, City, State or Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Dates Attended<br><i>(mm-yyyy)</i><br><br>From _____<br>To _____     | Did you graduate?<br><br><input type="checkbox"/> Yes<br><input type="checkbox"/> 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                         |                                                                                                     |                      |
| <b>Language Indicators</b><br><b>Level I</b> Basic Knowledge<br><b>Level II</b> Limited Knowledge<br><b>Level III</b> Good Working Knowledge<br><b>IV</b> Fluent<br><b>Level V</b> Professional Translator/Interpreter                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         |                                                                                                     |                      |
| Language Level To:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Speak                   | Read                                                                                                | Write                |
| <b>Primary</b> - Georgian                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | IV                      | IV                                                                                                  | IV                   |
| English                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | IV                      | IV                                                                                                  | IV                   |
| Russian                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | IV                      | IV                                                                                                  | IV                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                         |                                                                                                     |                      |
| 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. <i>(Use additional pages, as needed.)</i>                                                                                                                                                                                                               |                         |                                                                                                     |                      |
| 20a. WORK EXPERIENCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                         |                                                                                                     |                      |
| 20a. Job Title <i>(If U.S. Government, include the series and grade)</i><br>Head of International Relations Division, HR Management and International Relations Department                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                         |                                                                                                     |                      |
| From (mm-yyyy)<br>02-2017                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | To (mm-yyyy)<br>Present | Salary per Year in U.S. Dollars or Local Currency<br>26,400                                         | Hours per Week<br>54 |
| Employer's Name and Address<br>Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia<br>144 A.Tsereteli Avenue, 0159, Tbilisi, Georgia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         | Supervisor's Name and Contact Information                                                           |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                         | Name Sofiko Belkania                                                                                |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                         | Phone Number +995 599 22 32 32                                                                      |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                         | E-mail Address                                                                                      |                      |
| Were you a supervisor in this position? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><br>If yes, how many people did you supervise? <u>2</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         | May HR contact your supervisor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                      |
| Describe your major duties/responsibilities and accomplishments.<br><br>As a head of division my main responsibilities are to coordinate daily correspondence, draft official letters, monthly reports and work on official agreements and memorandums. On many occasions I have to perform administrative duties like organizing bilateral meetings, conferences, arranging work related travel for the employees of the Ministry.                                                                                                                                                                                                                                                             |                         |                                                                                                     |                      |
| Reason(s) for Leaving <i>(Do not write "N/A" or "not applicable".)</i><br><br>The announcement has drawn my attention as it falls under my sphere of interest and the requirements for the position perfectly match my knowledge and professional experience.<br><br>I have years of experience at working on military related subjects, therefore I want to get back to the same field of work.<br><br>Working in the International Environment is one of the priorities in my list of professional interests, I am confident that my background and personality will allow me to make a positive contribution by effectively fulfilling responsibilities, making effective decisions, solving |                         |                                                                                                     |                      |

| 20b. WORK EXPERIENCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                         |                                                                                                     |                      |
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| 20b. Job Title (If U.S. Government, include the series and grade)<br>Assistant to the Civilian Representative of the Ministry of Defence of Georgia to NATO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                         |                                                                                                     |                      |
| From (mm-yyyy)<br>12-2012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | To (mm-yyyy)<br>12-2016 | Salary per Year in U.S. Dollars or Local Currency<br>36000 Euros                                    | Hours per Week<br>40 |
| Employer's Name and Address<br><br>Mission of Georgia to NATO<br>3 Leopold St, Brussels, Belgium                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                         | Supervisor's Name and Contact Information                                                           |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                         | Name David Nardaia                                                                                  |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                         | Phone Number +32475952469                                                                           |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                         | E-mail Address dnardaia@mod.gov.ge                                                                  |                      |
| Were you a supervisor in this position? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, how many people did you supervise? 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                         | May HR contact your supervisor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                      |
| Describe your major duties/responsibilities and accomplishments.<br>In my capacity of assistant in the defence section of the Georgian Representation to NATO where I served 4 years, main duties include administrative and logistical support to high level visits of Georgian delegations to HQ; communication and work with the NATO member and partner delegations and International Staff on the issues pertaining to the NATO-Georgia defence cooperation; organization of bilateral meetings as well as intense conferences and preparing/provision with relevant papers and materials.                                                                        |                         |                                                                                                     |                      |
| Reason(s) for Leaving (Do not write "N/A" or "not applicable".)<br>End of rotation period.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                         |                                                                                                     |                      |
| 20c. WORK EXPERIENCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                         |                                                                                                     |                      |
| 20c. Job Title (If U.S. Government, include the series and grade)<br>Assistant to the First Deputy Defense Minister                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                         |                                                                                                     |                      |
| From (mm-yyyy)<br>07-2009                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | To (mm-yyyy)<br>07-2012 | Salary per Year in U.S. Dollars or Local Currency<br>12000 GEL                                      | Hours per Week<br>50 |
| Employer's Name and Address<br>Ministry of Defense of Georgia<br>Gen. Kvinitadze 20, Tbilisi, Georgia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                         | Supervisor's Name and Contact Information                                                           |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                         | Name Nodar Kharshiladze                                                                             |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                         | Phone Number 57 19 91 19                                                                            |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                         | E-mail Address N/A                                                                                  |                      |
| Were you a supervisor in this position? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, how many people did you supervise? _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                         | May HR contact your supervisor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                      |
| Describe your major duties/responsibilities and accomplishments.<br>My duties as an Assistant to the Deputy Defense Minister were mostly administrative. I provided administrative and logistical support in organizing conferences (GDC - Georgian Defense Conference). I maintained and managed diaries, calendar and appointments for the Deputy Minister. One of my responsibilities was to coordinate activities between Military Attaches, ODC (Office of Defense Cooperation) and Ministry of Defense. After successfully performing my duties for 3 years I was promoted to another position. I believe this to be my biggest accomplishment at this position. |                         |                                                                                                     |                      |
| Reason(s) for Leaving (Do not write "N/A" or "not applicable".)<br>Promotion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |                                                                                                     |                      |

| 20d. WORK EXPERIENCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                       |                                                                                                     |                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------------------------------------------|--------------------------------|
| 20d. Job Title (If U.S. Government, include the series and grade)<br>Interpreter at Immediate Response (USG)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                                                                                                     |                                |
| From (mm-yyyy)<br>07-2008                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | To (mm-yyyy)<br>07-2008               | Salary per Year in U.S. Dollars or Local Currency<br>Daily pay - 80USD                              | Hours per Week<br>84           |
| Employer's Name and Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | Supervisor's Name and Contact Information                                                           |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                       | Name N/A                                                                                            |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                       | Phone Number N/A                                                                                    |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                       | E-mail Address N/A                                                                                  |                                |
| Were you a supervisor in this position? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, how many people did you supervise?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                       | May HR contact your supervisor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                |
| Describe your major duties/responsibilities and accomplishments.<br>My main duty was to provide interpretation for U.S. military personnel, who in the framework of the Immediate Response program conducted trainings for Georgian Armed Forces. This was the first time in my career when I interacted with military personnel from two different countries and this experience in a way shaped my future career when I decided to seek employment at the Ministry of Defense of Georgia. Apart from translation I provided logistical and organizational support when needed.                                                                                                           |                                       |                                                                                                     |                                |
| Reason(s) for Leaving (Do not write "N/A" or "not applicable".)<br>End of Immeadite Response Training                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                       |                                                                                                     |                                |
| 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.)<br>Managing Defence in the Wider Security Context" - NATO-Georgia Professional Development Programme (PDP) in conjunction with the UK Ministry of Defence SSIO |                                       |                                                                                                     |                                |
| 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                     |
| Nino Berikashvili                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Khakhanashvili St. 6 Tbilisi, Georgia | 595 883 808                                                                                         | MFA of Georgia                 |
| Tea Karchava                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Rue de Defacqz, 75 Brussels Belgium   | +32479014408                                                                                        | Mission of GEO to NATO         |
| Irakli Chitanava                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Tbilisi, Georgia                      | 595 788 833                                                                                         | Ministry of Justice of Georgia |
| 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 <i>(If U.S. Government, include the series and grade)</i>                                                                    |                     |                                                                                          |                |
| 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<br>If yes, how many people did you supervise? |                     | May HR contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No |                |
| Describe your major duties/responsibilities and accomplishments.                                                                               |                     |                                                                                          |                |
| Reason(s) for Leaving <i>(Do not write "N/A" or "not applicable".)</i>                                                                         |                     |                                                                                          |                |
| CONTINUATION – WORK EXPERIENCE                                                                                                                 |                     |                                                                                          |                |
| 20____. Job Title <i>(If U.S. Government, include the series and grade)</i>                                                                    |                     |                                                                                          |                |
| 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<br>If yes, how many people did you supervise? |                     | May HR contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No |                |
| Describe your major duties/responsibilities and accomplishments.                                                                               |                     |                                                                                          |                |
| Reason(s) for Leaving <i>(Do not write "N/A" or "not applicable".)</i>                                                                         |                     |                                                                                          |                |