

## U.S. Department of State APPLICATION FOR EMPLOYMENT AS A LOCALLY EMPLOYED STAFF OR FAMILY MEMBER

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

(This application is for positions recruited by the U.S. Mission under the Office of Overseas Employment's Interagency Local Employment Recruitment Policy)

POSITION						
1. Position Title	2. Grade					
3. Vacancy Announcement Number	4. Date Available for Work (mm-dd-yyyy)					
PERSONAL INFORMATION						
5. Last Name(s)/Surnames First Name	Middle Name					
6. Other Names Used						
Day Eveni	Numbers  ng e					
9. E-mail Address						
10. Are you a U.S. Citizen?						
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?							
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.)							
<del>-</del>			on, and Location				
Nume	relationship P	agency, rositio	ni, and Education				
U.S. CITIZEN ELIGIBLE FA	MILY MEMBER (USEF	M) AND U.S.	VETERANS HIRING PRE	FERENCE			
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. Citizen EFM, nor a U.S. Veteran  Neither a U.S. Citizen EFM, nor a U.S. Veteran							
Have you invoked this preference for a prior		_		No			
If yes, which agency? Date (mm-dd-yyyy)  If claiming eligibility for U.S. Veteran preference, you must attach a copy of your most recent DD-214, Certificate of Release or Discharge from Active Duty. If claiming conditional eligibility for U.S. Veterans preference, you must submit proof of conditional eligibility.							
	EDUCA	ATION					
18. Graduate School	Dates Attended	Did you	Degree/Diploma	Major Subject			
Name of School, City, State or Country	(mm-yyyy)	graduate?					
, ,,	From	Yes					
	To	☐ No					
Undergraduate College/University	Dates Attended	Did you	Degree/Diploma	Major Subject			
Name of School, City, State or Country	(тт-уууу)	graduate?	-0, p				
	From	Yes					
	·						
	То	☐ No					
High School/GED or Country Equivalent Dates Attended Did you If no, highest grade level completed.							
Name of School, City, State or Country	(mm-yyyy)	graduate?					
	From	Yes					
	То	☐ No					
Other, e.g. Technical/Vocational School	Dates Attended	Did you	Certificate/Diploma	Major Subject			
Name of School, City, State or Country	(mm-yyyy)	graduate?					
From Yes							
	To	☐ No					
		1 —					

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LANGUAGES						
19. List your langua	ges, the appropriate compet	tency levels, and	d your primary/first spoken/	native language usin	ng the language	
standards below. Yo	u may only identify one prim	nary/first spoke	n/native language.			
<u>Language Indica</u>						
	Knowledge					
	d Knowledge					
	Working Knowledge					
IV Fluent  Level V Profes	: ssional Translator/Interprete	r				
Language Level To:		<u> </u>	Speak	Read	Write	
Language Level 10.			Speak	Nead	Wille	
Primary -						
-						
			(DEDIENCE			
20. Include all week			KPERIENCE		h a a al a a a i b i a a	
	experience, paid and volunta ties/responsibilities and acco	-	•	·	_	
	as much detail as possible fo					
	ment and the reason. (Use o	· ·		ie davertisea positio	n. meidde dii	
periodo or amempio,			( EXPERIENCE			
20a. Job Title (If U.S	5. Government, include the se					
, ,	·					
From (mm-yyyy)	To (mm-yyyy)	Salary per \	Year in U.S. Dollars or Local (	Currency Hours p	er Week	
Employer's Name an	d Address		Supervisor's Name and Co	ontact Information		
Name						
	Phone Number					
E-mail Address						
Were you a supervisor in this position?  Yes  Mo May HR contact your supervisor?  Yes  No						
If yes, how many people did you supervise?						
ii yes, now many people did you supervise:						
Describe your major duties/responsibilities and accomplishments.						
Reason(s) for Leaving (Do not write "N/A" or "not applicable".)						

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	Government, include	- 41					
From (mm-yyyy)		20b. Job Title (If U.S. Government, include the series and grade)					
	To (mm-yyyy)	Salary pe	r Year in U.S. [	Pollars or Local Currency	Hours per Week		
Employer's Name and A	Address			Supervisor's Name and Con	ntact Information		
				Name			
	Phone Number						
	E-mail Address						
Were you a supervis	or in this position?	Yes	☐ No	May HR contact your super	visor? Yes No		
If yes, how many peo							
Reason(s) for Leaving (Do not write "N/A" or "not applicable".)							
			20c. WORK EX	PERIENCE			
20c. Job Title (If U.S. G	Government, include	the series	and grade)				
From (mm-yyyy)	To (mm-yyyy)	Salary pe	r Year in U.S. [	Pollars or Local Currency	Hours per Week		
Employer's Name and A	Address			Supervisor's Name and Con	ntact Information		
				Name			
				Phone Number	hone Number		
			_	E-mail Address			
Were you a supervisor		_ Yes _	No	May HR contact your super	visor?		
If yes, how many people did you supervise?  Describe your major duties/responsibilities and accomplishments.							
Reason(s) for Leaving (Do not write "N/A" or "not applicable".)							

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20d. WORK EXPERIENCE							
20d. 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			/ Hours per Week		
Employer's Name and Ad	Employer's Name and Address Supervisor's Name and Contact Information						
Name							
			Phor	ne Number			
			E-ma	ail Address			
Were you a superviso		es No	May HF	R contact your supervisor?	Yes No		
	ple did you supervise? ies/responsibilities and a						
Describe your major duc	responsibilities and a	ecompilaritient.					
Reason(s) for Leaving (D	o not write "N/A" or "not	applicable".)					
	LICENSE, SKILLS	, TRAINING, ME	MBERSH	IP, 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.							
		REFER	ENCES				
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 (m	m-dd-yyyy)			

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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			
Were you a supervisor in this position? Yes No			E-mail Address			
		No No	May HR contact your supervisor?	Yes No		
If yes, how many peop	ple did you supervise?					
	Reason(s) for Leaving (Do not write "N/A" or "not applicable".)					
	CONT	INUATION -	WORK EXPERIENCE			
20 Job Title ( <i>If U.</i>	S. Government, include the	series and gr	rade)			
From (mm-yyyy)	To (mm-yyyy)	Salary per Y	Salary per Year in U.S. Dollars or Local Currency Hours per Week			
Employer's Name and A	ddress		Supervisor's Name and Contact Info	rmation		
	20.		Name			
			Phone Number			
			E-mail Address			
Were you a superviso	r in this position?	No No	May HR contact your supervisor? [	Yes No		
If yes, how many people did you supervise?						
Describe your major duties/responsibilities and accomplishments.						
Reason(s) for Leaving (Do not write "N/A" or "not applicable".)						

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