

APPLICATION FOR EMPLOYMENT INSTRUCTIONS

Carefully Read the Following Instructions and the Vacancy Announcement Before You Complete this Application

THIS APPLICATION IS REQUIRED FOR CERTAIN EMPLOYMENT OPPORTUNITIES IN THE DEPARTMENT OF STATE. TYPE OR PRINT CLEARLY IN BLACK INK. NOTE: Illegible statements on the application form may hinder full consideration of your application. Data on the application form are read by computer. Using care while filling in the form will speed processing of your application. **TYPING IS PREFERRED.** If you plan to type this application, **first fill in the boxes** (*items #10, 11, 12, etc.*) with black ink. If you plan to handwrite, print carefully and close letters.

Before completing this application, determine from the appropriate office if applications are being accepted for the position in which you have an interest and, if so, obtain a vacancy announcement from that office. In addition to describing the job, the announcement will help you determine if you have the appropriate qualifications and how to present them, advise whether any additional application documents are needed, and explain how to submit the application and any supplemental documents.

You must submit at least the following parts of this application (*refer to the vacancy announcement for complete instructions on what to submit*): one Page 1, one Page 2, one Page 3 and one page 5. On each Page 2, 3 and 4 you submit, enter your Social Security Number and up to the first 18 characters of your last name. You may submit more than one Page 2 depending on the number of experience blocks you need, but only one Page 3.

When completing date (*except item # 18 - "Date of Diploma/GED" and items #19 and 20 - "Date of Degree"*), use the following format: MM-DD-YYYY.

Answer all questions fully and correctly. Otherwise, you may delay the review of your application and exclude yourself from consideration for employment. See the vacancy announcement for the fax number and/or mailing instructions and for any required additional submissions and attachments. You must keep a copy of this application with an original signature. At some point in the selection process, you may be asked to submit original copies of your application and attachments. If you plan to make copies of your application, we suggest you leave items #9, 24 and 25 blank, so you can use this application for future vacancies. Complete these blank items each time you apply. **YOU MUST SIGN AND DATE, IN INK, EACH COPY YOU SUBMIT.**

SPECIFIC INSTRUCTIONS

Page 1

#5. If applicable, include your apartment number at the end of your street address.

#6, 7. Include area codes for all phone numbers. Use the following format: 202-555-1234.

#12. If you are a male and were born prior to December 31, 1959, you should NOT answer item #12.

#13. To qualify for Veteran's Preference, you must have been discharged or released from active duty in the armed forces under honorable conditions performed under ONE of the following conditions:

- In a war; or
- In a campaign or expedition for which a campaign badge has been authorized; or
- During the period beginning April 28, 1952, and ending July 1, 1955; or
- For more than 180 consecutive days, other than for training, any part of which occurred during the period beginning February 1, 1955, and ending October 14, 1976; or
- During the Gulf War from August 2, 1990, through January 2, 1992; or
- For more than 180 consecutive days, other than for training, any part of which occurred during the period beginning September 22, 2001, and ending on the date prescribed by Presidential proclamation or by law as the last day of Operation Iraqi Freedom; or
- Are a disabled veteran.

APPLICATION FOR EMPLOYMENT INSTRUCTIONS (Cont'd)

(Item #13 continued)

You will be required to submit a completed SF-15 and/or DD-214, along with any proof requested, to receive Veteran's Preference. (Please note that Veterans' Preference eligibility is governed by 5 U.S.C. 2108 and 5 CFR Part 211. All conditions are not fully described on this form because of space restrictions. For additional information, please refer to the specific regulations.)

#16, 17. Mark only one box per item. For #16, indicate the highest level of education you have completed. For #17, mark the box that most closely indicates your present status.

#18, 19, 20. List the most recently attended schools for each of these items. On Page 5, you have more space to list schools where you received additional degrees or certificates, such as from Vocational/Technical programs. Use the following format for "Date of Diploma/GED" and "Date of Degree": mm-yyyy (e.g. 04-1994). For "Date From" and "Date To" use mm-yyyy (e.g. 04-2000).

#22. Rate your proficiency for speaking and reading languages other than English. Be sure to include the two languages in which you have the highest proficiency. If you wish to list more than two languages in which you have proficiency, give details in the "Continued Items" area on Page 3. Rate your proficiency using the codes listed below:

Proficiency Code	Speaking Definitions	Reading Definitions
0-No Practical Proficiency	No Practical speaking proficiency	No Practical Reading proficiency
1-Elementary Proficiency	Able to satisfy routine travel needs and minimum courtesy requirements.	Able to read some personal and place names, street signs, office and shop designations, numbers and isolated words and phrases.
2-Limited Working Proficiency	Able to satisfy routine social demands and limited work requirements.	Able to read simple prose, in a form equivalent to typescript or printing, on subject within a familiar context.
3-minimum Professional Proficiency	Able to speak the language with sufficient structural accuracy and vocabulary to participate effectively in most formal and informal conversations on practical, social, and professional topics.	Able to read standard newspaper items addressed to the general reader, routine correspondence, reports, and technical materials in the individual's special field.
4-Full Professional Proficiency	Able to use the language fluently and accurately on all levels pertinent to professional needs.	Able to read all styles and forms of the language pertinent to professional needs.
5-Native or Bilingual Proficiency	Equivalent to that of an educated native speaker.	Equivalent to that of an educated native.

Pages 2 and 3

Fill in your employment, unemployment, and education activities, beginning with the present and working backwards 10 years. Label each experience with a consecutive letter (A, B, C, D, etc.) beginning with the letter "A" in the first "Experience Block". INCLUDE ALL: full-time work, part-time work, temporary work, paid work, unpaid work, active military duty, self-employment, periods of unemployment, educational activities (*for unpaid activities, leave the salary blocks blank*). You may also include any other experience prior to the past 10 years which you feel would be relevant to the position for which you are applying. If you had a significant change of duties or responsibilities while you worked for the same employer, describe each major change as a separate experience. If specific experience continues to the present, mark the box for "Present" and do not mark the "Date To" blocks.

Note: If you receive the application from by fax and the four corner boxes are cut off at the top or bottom of any page, please contact the sending office to resend the fax or request a form by mail. The form may not read properly if the boxes are not intact.

APPLICATION FOR EMPLOYMENT INSTRUCTIONS (Cont'd)

PRIVACY ACT STATEMENT

This form is authorized by 5 U.S.C. 3301. It is used by the public to apply for positions in the U.S. Department of State (*DOS*). *DOS* will protect the collected information pursuant to the Privacy Act of 1974, as amended and the Freedom of Information Act, as applicable.

If a request is made, we may share non-personally-identifiable information with others in aggregated form (*for instance, a count the average number of applications*). With respect to personally-identifiable information, the Office of Personnel Management is authorized to rate Civil Service applicants for Federal jobs under sections 1104, 1302, 3301, 3304, 3320, 3324, 3361 and 3394 of title 5 of the U.S. Code. Section 1104 of Title 5 of the U.S. Code allows the Office of Personnel Management to authorize other Federal Agencies to rate applicants for Federal jobs. With respect to personally-identifiable information, the U.S. Department of State is authorized to rate Foreign Service applicants for Federal jobs under section 3926 and 3941 of the U.S. Code.

We are authorized to solicit your Social Security number by Executive Order 9397. We need the information collected to determine how well your knowledge, skills and abilities qualify you for a Federal job. We also need information on matters such as citizenship and military service to determine whether you are affected by laws that we must follow in deciding who may be employed by the Federal Government. We need your Social Security Number (*SSN*) to identify your records because other people may have the same name and birth date.

If necessary, and usually in conjunction with another form or forms, the information collected in an application (*including your Social Security number*) may be used in conducting an investigation to determine your suitability for employment or your ability to hold a security clearance. The information may be disclosed to authorized officials making similar, subsequent determinations. Disclosure of the information requested in an application (*including your Social Security number*) is voluntary; however, your application will not be processed if you fail to disclose any such information (*including your Social Security number*). Also, incomplete and/or incorrect addresses and/or email addresses may result in our inability to contact you should you be selected for an interview and/or as the selected candidate for a position for which you have applied.

Information we have about you may also be given to Federal, State, and local agencies for checking on law violations or other lawful purposes. We may send your name and address to State and local Government agencies, Congressional and other public offices, and public international organizations, if they request names of people to consider for employment. We may also notify your school placement office if you are selected for a Federal job.



U.S. Department of State
APPLICATION FOR EMPLOYMENT

*OMB Approved No. 1405-0139
Expires 07-31-2008
Estimated Burden 30 Minutes

<input type="checkbox"/> Mr. 1. Name (Last, First, MI.)		<input type="checkbox"/> Mrs.		<input type="checkbox"/> Ms.	
2. Other Names Ever Used (Maiden, Nicknames, etc.)			3. Date of Birth (mm-dd-yyyy)		4. Social Security Number
5. Current Address (Include apartment number, if any)					
5a. City		5b. State (Two Letters)	5c. ZIP/Postal Code (ZIP + 4)		5d. E-Mail Address
5e. Country (if not United States)		6. Current Home Phone (Include Area Code)		6a. Current Work Phone (Include Area Code)	
7. Permanent Address (include apartment number, if any)					
7a. Permanent City		7b. State (Two Letters)	7c. ZIP/Postal Code (ZIP + 4)		
7d. Permanent Country (If not United States)		7e. Permanent Home Phone (Include Area Code)			
8. Indicate Title, Position or Program you are applying for		Job Announcement Number	9. Lowest Acceptable Annual Salary		Or Grade Level
10. Are you available for: (Select all appropriate)		11. Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		12. If you are a male born after December 31, 1959, have you registered with the Selective Service? <input type="checkbox"/> Yes <input type="checkbox"/> No	13. Veteran's Preference <input type="checkbox"/> No Preference <input type="checkbox"/> 5-Point Preference <input type="checkbox"/> 10-Point Preference
<input type="checkbox"/> Full-Time? <input type="checkbox"/> Shift Work?		Is your spouse/cohabitant a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "NO", enter the country of his/her citizenship.	
<input type="checkbox"/> Temporary/Part-Time? <input type="checkbox"/> Flexible Work Schedule?					
<input type="checkbox"/> Overtime? <input type="checkbox"/> World Wide Assignment?					
14. Were you ever employed as a civilian by the Federal Government? If "YES" mark all that apply.		15. Do you have a relative working for the Agency for which you are applying? If "YES", give details on Page 5.	16. Highest Education Level Completed		17. Current Student Status
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 10 <input type="checkbox"/> College: 2 <input type="checkbox"/> Graduate Studies		<input type="checkbox"/> Full-Time Student
<input type="checkbox"/> Temporary <input type="checkbox"/> Career-Conditional <input type="checkbox"/> Career <input type="checkbox"/> Excepted		Do you receive, or have you ever applied for retirement pay, pension or other pay based on military, Federal civilian, or District of Columbia Government service? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 11 <input type="checkbox"/> College: 3 <input type="checkbox"/> Masters		<input type="checkbox"/> Part-Time Student
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 12/GED <input type="checkbox"/> College: 4 <input type="checkbox"/> Professional Degree		<input type="checkbox"/> Not a Student
			<input type="checkbox"/> Vo/Tech Prog. <input type="checkbox"/> College: AA <input type="checkbox"/> JD/other law degree		
			<input type="checkbox"/> College: 1 <input type="checkbox"/> College: BA/BS <input type="checkbox"/> Doctorate		
18. High School Name		City, State, ZIP Code		Date of Diploma/GED (mm-yyyy)	
19. Undergraduate Institution		Date of Degree (mm-yyyy)	20. Graduate Institution		Date of Degree (mm-yyyy)
City, State, ZIP Code, Country (if not U.S.)		Grade Point Avg. (on 4.0 scale)	City, State, ZIP Code, Country (if not U.S.)		Grade Point Avg. (on 4.0 scale)
Major	Minor	Number of credit hours completed	Major	Minor	Number of credit hours completed
Date From (mm-yyyy)	Date To (mm-yyyy)	<input type="checkbox"/> Quarter hours <input type="checkbox"/> Semester hours	Date From (mm-yyyy)	Date To (mm-yyyy)	<input type="checkbox"/> Quarter hours completed <input type="checkbox"/> Semester hours
21. Do you have or have you had a Security Clearance? <input type="checkbox"/> Yes <input type="checkbox"/> No		22. First Foreign Language Proficiency (See Codes Page 2)		Second Foreign Language Proficiency (See Codes Page 2)	
If "YES", what type of clearance and who issued the		Speaking Proficiency Reading Proficiency		Speaking Proficiency Reading Proficiency	
		<input type="checkbox"/> S <input type="checkbox"/>		<input type="checkbox"/> S <input type="checkbox"/>	
		<input type="checkbox"/> R <input type="checkbox"/>		<input type="checkbox"/> R <input type="checkbox"/>	
23. List any special skills (e.g. computer), experiences, current licenses, honors, awards, special accomplishments, and/or training (with date completed) relating to the position for which you are applying. Continue on Page 5, if necessary.		24. Original Signature (SIGN IN INK) I certify that all of the information on and attached to this application is true, correct, complete, and made in good faith.			
		Signature			
		25. Date Signed (mm-dd-yyyy)			

*The response time is an estimated average including the time needed to look for, get and provide the information required. You do not have to provide the information requested if the OMB approval has expired. We would appreciate any comments on the estimated responses and cost burdens, and recommendations for reducing them. Please send your comments to A/ISS/DIR, U.S. Department of State, Washington, DC 20520.

APPLICATION FOR EMPLOYMENT

Social Security Number _____

Last Name _____

Experience Block <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>	Type of Experience <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid <input type="checkbox"/> Unemployed <input type="checkbox"/> Education	Full-Time/Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time If P/T, hours per week <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div>	Exact Title of Your Job <div style="border: 1px solid black; width: 180px; height: 40px; margin: 5px 0;"></div> Date From (mm-dd-yyyy) _____ To _____	Starting Salary _____ per <input type="checkbox"/> Hr <input type="checkbox"/> Wk <input type="checkbox"/> Mo <input type="checkbox"/> Yr If present experience, mark box and leave "Date To" blank. <input type="checkbox"/> Present	Ending Salary _____ per <input type="checkbox"/> Hr <input type="checkbox"/> Wk <input type="checkbox"/> Mo <input type="checkbox"/> Yr Date To (mm-dd-yyyy) _____
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Employer's Name and Address (Include ZIP Code, if known)

If Federal employment, civilian or military, list series, grade or rank, and if promoted in this job, indicate the date of your last promotion.

Supervisor's Name, Area Code and Telephone Number

Describe your duties and accomplishments (Include any knowledge, skills, and abilities listed in the vacancy announcement that you have gained from this work experience).

Experience Block <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>	Type of Experience <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid <input type="checkbox"/> Unemployed <input type="checkbox"/> Education	Full-Time/Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time If P/T, hours per week <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div>	Exact Title of Your Job <div style="border: 1px solid black; width: 180px; height: 40px; margin: 5px 0;"></div> Date From (mm-dd-yyyy) _____ To _____	Starting Salary _____ per <input type="checkbox"/> Hr <input type="checkbox"/> Wk <input type="checkbox"/> Mo <input type="checkbox"/> Yr If present experience, mark box and leave "Date To" blank. <input type="checkbox"/> Present	Ending Salary _____ per <input type="checkbox"/> Hr <input type="checkbox"/> Wk <input type="checkbox"/> Mo <input type="checkbox"/> Yr Date To (mm-dd-yyyy) _____
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Employer's Name and Address (Include ZIP Code, if known)

If Federal employment, civilian or military, list series, grade or rank, and if promoted in this job, indicate the date of your last promotion.

Supervisor's Name, Area Code and Telephone Number

Describe your duties and accomplishments (Include any knowledge, skills, and abilities listed in the vacancy announcement that you have gained from this work experience).

APPLICATION FOR EMPLOYMENT (Cont'd)

SUPPLEMENTAL INFORMATION

Social Security Number _____

Last Name _____

1. If employed, describe Field of Work. *(Mark the appropriate box(es))*

- | | |
|--|---|
| <input type="checkbox"/> Administrative/Management | <input type="checkbox"/> Media/Journalism |
| <input type="checkbox"/> Economics/Marketing | <input type="checkbox"/> Fine Arts |
| <input type="checkbox"/> Banking/Finance | <input type="checkbox"/> Scientific/Technical |
| <input type="checkbox"/> International Trade | <input type="checkbox"/> Clerical and Related |
| <input type="checkbox"/> Law | <input type="checkbox"/> Sales/Service |
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Military |
| <input type="checkbox"/> Federal Government | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Foreign Affairs | <i>(Please specify)</i> |

2. Years of Full-Time Work Experience _____

3. Years of Overseas Experience _____

4. Overseas Experience

- | | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Student | <input type="checkbox"/> Military |
| <input type="checkbox"/> Dependent | <input type="checkbox"/> Government |
| <input type="checkbox"/> Peace Corps | <input type="checkbox"/> Other _____ |
| <i>(Please specify)</i> | |

5. How did you learn about the job for which you are applying? *(You may select up to 3 choices)*

- | | |
|---|---|
| <input type="checkbox"/> Careers.state.gov | <input type="checkbox"/> Magazine <i>(Please specify)</i> _____ |
| <input type="checkbox"/> Other Website <i>(Please specify)</i> _____ | <input type="checkbox"/> Military Transition Assistance Program or Military Career Fair |
| <input type="checkbox"/> Department of State Diplomat in Residence | <input type="checkbox"/> Newspaper <i>(Please specify)</i> _____ |
| <input type="checkbox"/> Department of State Recruiter | <input type="checkbox"/> Professional Organizations <i>(Please specify)</i> _____ |
| <input type="checkbox"/> Listserv message from careers.state.gov | <input type="checkbox"/> Poster |
| <input type="checkbox"/> Friend or Relative Working for Department of State | <input type="checkbox"/> Radio Advertisement |
| <input type="checkbox"/> Email Marketing | <input type="checkbox"/> Radio/TV Interview |
| <input type="checkbox"/> Direct Mail | <input type="checkbox"/> School or College Career Counselor |
| <input type="checkbox"/> Commercial Career Fair | <input type="checkbox"/> Teacher, Professor or Other Faculty |
| <input type="checkbox"/> College Career Fair | <input type="checkbox"/> Other <i>(Please specify)</i> _____ |

APPLICATION FOR EMPLOYMENT (Cont'd)

EMPLOYMENT DATA

General instructions: The information from this survey is used to help ensure that agency personnel practices meet the requirements of Federal law. Your responses are voluntary. Please answer each of the questions to the best of your ability. Please print entries in pen. Be sure to read each item thoroughly before completing this form.

<input type="checkbox"/> Mr.	1. Name (Last, First, MI.)	
<input type="checkbox"/> Mrs.	_____	
<input type="checkbox"/> Ms.	_____	
2. Social Security Number	3. Position for which you are applying	
_____	_____	
4. Job Announcement Number	5 (a). Is this a Student Program position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	(b). If "YES", do you intend to enroll or continue to be enrolled in a college or university immediately after completing the program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Race and Ethnicity Identification. The race and ethnic categories for federal statistics and administrative reporting are defined below. Please identify yourself in terms of one or more of the following categories by marking the appropriate box (es).		
<input type="checkbox"/> (1) American Indian or Alaska Native	<input type="checkbox"/> (4) Hispanic or Latino	
<input type="checkbox"/> (2) Asian	<input type="checkbox"/> (5) Native Hawaiian or Other Pacific Islander	
<input type="checkbox"/> (3) Black or African American	<input type="checkbox"/> (6) White	

Note: Race is defined by the Equal Employment Opportunity Commission as follows:

- | | |
|--|---|
| 1. American Indian or Alaska Native | A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment. |
| 2. Asian | A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. |
| 3. Black, or African American | A person having origins in any of the black racial groups of Africa. This category includes terms such as "Haitian" or "Negro" as well as "Black" or "African American." |
| 4. Hispanic or Latino | A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. This category includes the term "Spanish origin," as well as "Hispanic" or "Latino." |
| 5. Native Hawaiian or Other Pacific Islander | A person having origins in any of the original peoples of a Hawaii, Guam, Samoa, or other Pacific Islands. |
| 6. White | A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. |

7. Do you have a disability? (Voluntary) Yes No If yes, please identify the disability using the codes below.

Self-identification of disability status is essential for effective data collection and analysis. The information you provide will be used for statistical purposes only. While self-identification is voluntary, your cooperation in providing accurate information is critical.

Definition of a Disability: A person is disabled if he or she has a physical or mental impairment which substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment. Those disabilities that are to be reported are listed below. In the case of multiple impairments, choose the code which describes the impairment that would result in the most substantial limitation on this job.

Employment Data Self-Identification of Disability

- Mobility Impairments:** Individuals whose basic mobility, coordination, and balance, strength and endurance, and other aspects of body function are affected by injuries or disease.
- People Who Have Vision Impairments:** Individuals who have either complete or partial loss of vision.
- People Who Have Hearing Impairments:** Individuals who may be deaf or hard of hearing.
- People with Invisible (Hidden) Disabilities:** Individuals who have a disability that is not visible to an onlooker. There are many disabilities such as asthma, arthritis, heart disease, environmental illness, AIDS, chronic fatigue, psychiatric or mental illnesses, attention deficit hyperactivity disorder, learning disabilities, and mild mental retardation.
- People with Mental Retardation:** Individuals who may not be able to think, reason or remember as well as others.
- People with Psychiatric Disabilities:** Psychiatric disabilities are diverse and include anxiety disorders, depression, bipolar disorders, schizophrenia, and other conditions.
- People with Muscular or Neurological Limitations:** Muscular or neurological disabilities may affect motor ability and/or speech. You might observe some involuntary or halting movement or limitation of movement in one or more than one appendage, as well as some lisping, indistinct speech or flatness of tone due to lack of fine motor control of the tongue and lips. The severity and functional effects of the disability vary from person to person.