

# Supplement to OF-612, Optional Application for Federal Employment

Use this form as a supplement to your OF-612, Optional Application for Federal Employment.

Name	SSN
Address	
City	State, ZIP Code

For each job you are adding to supplement your original application, you must provide ALL of the following information. **In addition**, if you have EVER worked as a civilian for the Federal government (regardless of when) you must complete all blocks for EACH federal job you have held.

Name of Employer	
Employer Address	
Employer City, State, ZIP Code	
Supervisor Name	Supervisor Phone (      )
Dates of Employment From (MM/YY):	To (MM/YY):
Hours Worked Per Week	Salary
Job Title	If Federal employment, Series and Grade:
Description of Work	

Name of Employer	
Employer Address	
Employer City, State, ZIP Code	
Supervisor Name	Supervisor Phone (      )
Dates of Employment From (MM/YY):	To (MM/YY):
Hours Worked Per Week	Salary
Job Title	If Federal employment, Series and Grade:
Description of Work	

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Name of Employer

Employer Address

Employer City, State, ZIP Code

Supervisor Name

Supervisor Phone ( )

Dates of Employment From (MM/YY):

To (MM/YY):

Hours Worked Per Week

Salary

Job Title

If Federal employment,  
Series and Grade:

Description of Work

### Privacy Act and Paperwork Reduction Act Notices

The U.S. Office of Personnel Management and other Federal agencies rate applicants for Federal jobs under the authority of sections 1104, 1302, 3301, 3304, 3320, 3361, 3393, and 3394 of Title 5 of the United States Code. We need the information requested in this form and in the associated vacancy announcements to evaluate your qualifications. In order to keep your records in order, we request your social security number (SSN) under the authority of Public Law 104-134 (April 26, 1996). This law requires that any person doing business with the Federal government furnish an SSN or Tax Identification number. This is an amendment to title 31, Section 7701. Failure to furnish the requested information may delay or prevent action on your application. We use your SSN to seek information about you from employers, schools, banks and others who you know. We may use your SSN in studies and computer matching with other Government files. If you do not give us your SSN or any other information requested, we cannot process your application. Also, incomplete address and zip codes will slow processing. We may confirm information from your records with prospective non-federal employees concerning tenure of employment, civil service status, length of service, and date and nature of action for separation as shown on personnel action form of specifically identified individuals.

We ask for the information on this form to carry out the mission of the Internal Revenue Service. Your response is voluntary. You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by code 6103. The time needed to complete this form will vary depending on the individual circumstances. The estimated average time to complete this form is 30 minutes. If you have comments concerning the accuracy of this estimate or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.

### SIGNATURE, CERTIFICATION AND RELEASE OF INFORMATION:

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YOU MUST SIGN THIS APPLICATION SUPPLEMENT. Read the following carefully before you sign:

A false statement on any part of your application or this supplement may be grounds for not hiring you or for firing you after you begin work. Also, you may be punished by fine or imprisonment (U.S. Code, Title 18, Section 1001).

I understand that any information I give may be investigated as allowed by law or Presidential order;

I consent to the release of information about my ability and fitness for Federal employment by *employers, schools, law enforcement agencies and other individuals and organizations, to investigators, personnel staffing specialists and other authorized employees of the Federal Government.*

I certify that, to the best of my knowledge and belief, all statements on my application and on this form are correct, complete and made in good faith.

Signature (Sign in dark ink.)

Date signed