

## **PERSONAL INFORMATION (1)**

## **Marking Instructions**

- Use a No. 2 pencil only.
  - Do not use ink, ballpoint, or felt tip pens.
  - Please shade in the squares completely. (■)
  - Erase cleanly any marks you wish to change.
  - Make no stray marks on this form.
  - Do not fold, staple, tear, or paper clip this form.
  - Do not submit photocopies of this form.

## **PERSONAL INFORMATION (2)**

#### 4. City

State or Province

### 5. Email Address

5. Email Address	
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**DO NOT MARK IN THIS AREA**

## **PERSONAL INFORMATION (3)**

## 11 Race, Sex and National Origin Identification

Choose the one that applies

- No Answer
  - American Indian or Alaskan Native
  - Asian Pacific Islander
  - Black, not of Hispanic origin
  - Hispanic
  - White, not of Hispanic origin
  - Hispanic in Puerto Rico
  - Not Hispanic in Puerto Rico
  - Hawaiian

## Gender

- No Answer
  - Female
  - Male

Country ID			
1	2	3	4
5	6	7	8
9	10	11	12
13	14	15	16
17	18	19	20
21	22	23	24
25	26	27	28
29	30	31	32
33	34	35	36
37	38	39	40
41	42	43	44
45	46	47	48
49	50	51	52
53	54	55	56
57	58	59	60
61	62	63	64
65	66	67	68
69	70	71	72
73	74	75	76
77	78	79	80
81	82	83	84
85	86	87	88
89	90	91	92
93	94	95	96

## 10 Are you a US Citizen?

卷之三

## Are you a Veteran?

五〇〇

# **QUESTIONNAIRES**

## 12 Veterans Preference

**2** **3** **4** **5** **6** **7** **8** **9** **10** **11** **12** **13** **14** **15** **16** **17** **18** **19** **20** **21** **22** **23** **24** **25** **26** **27** **28** **29** **30** **31** **32** **33** **34** **35** **36** **37** **38** **39** **40** **41** **42** **43** **44** **45**

## 13 Priority Placement (1)

## 14 Priority Placement (2)

## 15 Eligibility To Apply

11 12 13 14 15 16 17 18 19 100 101 102 103 104 105 106 107 108 109 200 201 202 203 204 205 206 207 208 209 300 301 302 303 304 350 360 370 380 390 400 203 420 430 440 450

16

17

000 021 301 431 551 631 771 831 911 001 003 021 033 043 051 061 071 081 091 1201 1211 1221 1231 1241 1251 1261 1271 1281 1291 1301 1311 1321 1331 1341 1351 1361 1371 1381 1391 1401 1411 1421 1431 1441 1451

## **WORK HISTORY (1)**

**18 Job Title**

**19 Employer Name**

19 Employer Name	
------------------	--

20 From

Month	Day	Year
00	00	19
01	01	20
02	02	21
03	03	22
04	04	23
05	05	24
06	06	25
07	07	26
08	08	27
09	09	28

To

21 Was this a military position? ☐ YES ☐ NO  
Was this a federal position? ☐ YES ☐ NO

**Pay Plan**

AG	GG	NN
CG	GM	VP
ED	GS	NB
EE	HS	WD
EE	NA	WG
EG	ND	WD
EC	NS	NN
EO	OC	MS
EP	VM	DV

Series			
00	00	00	00
01	01	01	01
02	02	02	02
03	03	03	03
04	04	04	04
05	05	05	05
06	06	06	06
07	07	07	07
08	08	08	08
09	09	09	09

## **WORK HISTORY (2)**

18 Job Title

The image consists of a continuous, horizontal repeating pattern. It features small, dark, irregular shapes, possibly representing stylized letters or symbols, arranged in a grid-like structure. The background is a very light color, creating a high-contrast effect with the dark shapes. The pattern is perfectly aligned horizontally across the entire frame.

**19 Employer Name**

20 From

Month	Day	Year
00	00	19 00 00
01	01	20 00 00
02	02	21 00 00
03	03	22 00 00
04	04	23 00 00
05	05	24 00 00
06	06	25 00 00
07	07	26 00 00
08	08	27 00 00
09	09	28 00 00

To

Month	Day	Year
01	01	01
02	02	02
03	03	03
04	04	04
05	05	05
06	06	06
07	07	07
08	08	08
09	09	09
10	10	10
11	11	11
12	12	12
13	13	13
14	14	14
15	15	15
16	16	16
17	17	17
18	18	18
19	19	19
20	20	20
21	21	21
22	22	22
23	23	23
24	24	24
25	25	25
26	26	26
27	27	27
28	28	28
29	29	29
30	30	30
31	31	31

21 Was this a military position?  
Was this a federal position?

EX-10.1

**Pay Plan**

AG	CG	GW
CG	GI	WP
ED	GS	WB
EE	HS	WD
EE	NA	WG
EG	NU	WW
EC	NS	WW
EO	VC	WS
EP	VW	WW

Series			
101	102	103	104
105	106	107	108
109	110	111	112
113	114	115	116
117	118	119	120
121	122	123	124
125	126	127	128
129	130	131	132
133	134	135	136
137	138	139	140
141	142	143	144
145	146	147	148
149	150	151	152
153	154	155	156
157	158	159	160
161	162	163	164
165	166	167	168
169	170	171	172
173	174	175	176
177	178	179	180
181	182	183	184
185	186	187	188
189	190	191	192

Grade

**DO NOT MARK IN THIS AREA**

## **WORK HISTORY (3)**

**18 Job Title**

The image shows a continuous, horizontal grid of binary digits (0s and 1s). The pattern repeats every four columns. Each group of four columns contains the sequence: 0, 1, 1, 0. This pattern is repeated across the entire width of the image.

**19 Employer Name**

The image consists of a large grid of small, black-outlined boxes arranged in horizontal rows. Each box contains a single uppercase letter from the English alphabet, starting with 'A' at the top left and ending with 'Z' at the bottom right. The letters are repeated in a continuous, staggered pattern across the entire grid.

20 From

Month	Day	Year
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

To

Month	Day	Year
1	1	19
2	2	20
3	3	21
4	4	22
5	5	23
6	6	24
7	7	25
8	8	26
9	9	27
10	10	28
11	11	29
12	12	30

21 Was this a military position?    
Was this a federal position?

**Pay Plan**

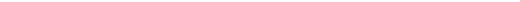
1AG	1GG	1VV
1CG	1GM	1VP
1EN	1GS	1MB
1EE	1ST	1WD
1EE	1NAT	1VG
1EG	1ND	1VN
1ECI	1NSI	1VN
1EO	1VC	1WS
1EP	1WD	1WT

Grade

## **QUALIFICATIONS**

22 Knowledge / Skill / Ability Questions (1)
1. <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4. <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5. <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6. <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7. <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
8. <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
9. <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
10. <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
11. <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
12. <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
13. <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
14. <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
15. <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
16. <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
17. <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
18. <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
19. <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
20. <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

23 Knowledge / Skill/ Ability Questions (2)

24  1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

25

26 Hours			
1	2	3	4
5	6	7	8
9	10	11	12
13	14	15	16
17	18	19	20
21	22	23	24
25	26		

27 Credit System  
 Semester  
 Quarter  
 Other

28 Degree

29	General Experience Questions	20																		
20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	

## 33 Specialized Experience Questions

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20  
21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40

30 Work Type	<input type="checkbox"/> Full-time
	<input checked="" type="checkbox"/> Part-time
	<input type="checkbox"/> None of the above

31 Hours	
00	00
01	01
02	02
03	03
04	04
05	05
06	06
07	07
08	08
09	09

32 Months	
1	1
2	2
3	3
4	4
5	5
6	6
	7
	8
	9

34 Work Type
<input type="checkbox"/> Full-time
<input checked="" type="checkbox"/> Part-time
<input type="checkbox"/> None of the above

35 Hours	
<input type="checkbox"/>	00
<input type="checkbox"/>	01
<input type="checkbox"/>	02
<input type="checkbox"/>	03
<input type="checkbox"/>	04
<input type="checkbox"/>	05
<input type="checkbox"/>	06
<input type="checkbox"/>	07
<input type="checkbox"/>	08
<input type="checkbox"/>	09

36 Months	
00	00
01	01
02	02
03	03
04	04
05	05
06	06
07	
08	
09	

37 Quality Group Questions

38 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45

### 39 Preferred Locations

DO NOT MARK IN THIS AREA

80949

# **SUPPLEMENTAL QUESTIONNAIRE**

1.	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
2.	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
3.	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
4.	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
5.	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
6.	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
7.	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
8.	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
9.	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
10.	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
11.	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
12.	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
13.	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
14.	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
15.	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
16.	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
17.	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
18.	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
19.	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
20.	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E

41 Experience Questions
<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 31 <input type="checkbox"/> 32 <input type="checkbox"/> 33 <input type="checkbox"/> 34 <input type="checkbox"/> 35 <input type="checkbox"/> 36 <input type="checkbox"/> 37 <input type="checkbox"/> 38 <input type="checkbox"/> 39 <input type="checkbox"/> 40

42 Work Type	<input checked="" type="checkbox"/> Full-time <input checked="" type="checkbox"/> Part-time <input checked="" type="checkbox"/> None of the above
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43 Hours

44 Months
1
2
3
4
5
6
7
8
9

## 45 Experience Questions

46 Work Type  
 Full-time  
 Part-time  
 None of the above

47 Hours		48 Months	
1	1	1	1
2	2	2	2
3	3	3	3
4		4	4
5		5	5
6		6	6
7		7	7
8		8	8
9		9	9

49	Experience Questions																		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40

51 Hours		52 Months	
1	1	1	1
2	2	2	2
3	3	3	3
4		4	4
5		5	5
6		6	6
7		7	7
8		8	8
9		9	9

53 Experience Questions

151 Work Type
<input type="checkbox"/> Full-time
<input type="checkbox"/> Part-time
<input type="checkbox"/> None of the above

55 Hours	56 Months
00	00
01	01
02	02
03	03
04	04
05	05
06	06
07	07
08	08
09	09

<b>57</b>	<b>Experience Questions</b>																		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40

58 Work Type  
 Full-time  
 Part-time  
 None of the above

59 Hours		60 Months	
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4		4	4
5		5	5
6		6	6
7			7
8			8
9			9

62 Work Type  
 Full-time  
 Part-time  
 None of the above

63 Hours	64 Months
10	10
11	11
12	12
13	13
14	14
15	15
16	16
17	17
18	18
19	19

65	Experience Questions																		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40

66 Work Type

- Full-time
- Part-time
- None of the above