

Personal Information Page

Personal Information

Personal Information

Please enter all relevant personal information in the fields below.

*First Name A4b *Last Name A4a

Middle Name A4b

*Street Address (Line 1) A6a

Street Address (Line 2)

*City A6b *Zip/Postal Code A6d

*Place of Residence
Country A6e

*Email Address A8

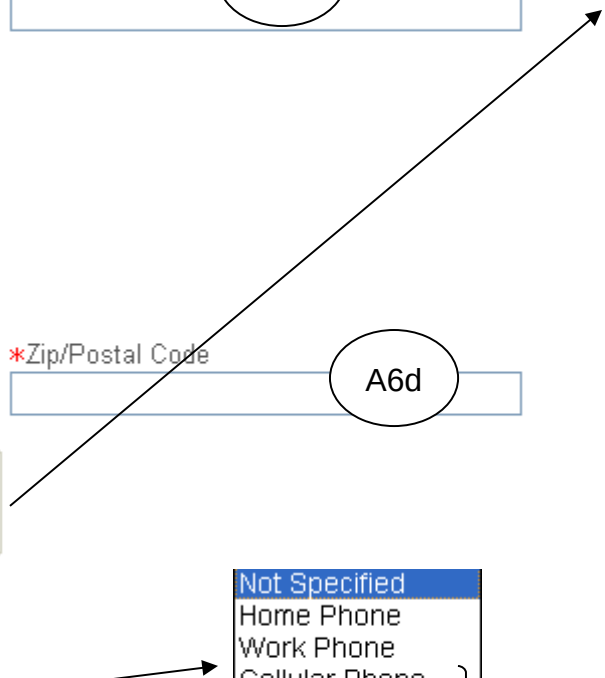
*Primary Number A7
Not Specified

Home Phone A7a Work Phone A7b

- Select
- United States
- Afghanistan
- Åland Islands
- Albania
- Algeria
- Andorra
- Angola
- Anguilla
- Antarctica
- Antigua and Barbuda
- Argentina
- Armenia
- Aruba
- Australia
- Austria
- Azerbaijan
- Bahamas
- Bahrain
- Bangladesh
- Barbados
- Belarus
- Belgium
- Belize
- Benin
- Bermuda
- Bhutan
- Bolivia
- Bosnia and Herzegovina
- Botswana

- Not Specified
- Home Phone
- Work Phone
- Cellular Phone
- Pager
- Fax

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Personal Information Page

Mobile Phone Pager

Fax Number

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- Select One...
- Ad or event ID
- Career Fair
- Job Board
- Other
- Our Web Site
- Professional Associations
- Referral
- University Recruiting

Source Tracking

Please indicate how you heard about this job.

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* Source Type

Select One...

References

The section below is optional. However, if you choose to complete it, you must enter all required information (*). List your references below in the order of contact preference, starting with the most relevant one. References are individuals that are familiar with your work capabilities and your educational training.

Reference 1

The section below is optional. However if you choose to complete it, you must enter all required information (*)

*Type

Not Specified

- Not Specified
- Academic
- Occupational
- Personal
- Other

*First Name

*Last Name

Employer

Title

*Phone Number

Email Address

Defer OPM

[Remove Reference](#)

Experience Page

Experience

Work Experience

If you have no relevant work experience, please skip this section.

Otherwise, list the work experiences below, starting with the most relevant one.

Work Experience 1

Current Job

*Employer

Employer Street Address

*Employer State/Province

*Start Date

Month Year

B2

*Formal Title

B1

Salary

B4

*Average hours per week

B5

*Employer City/Town

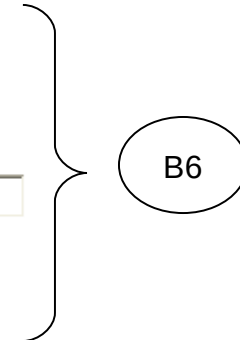
*Employer Country

Select

*End Date

Month Year

B3



Experience Page

May we contact your supervisor B8

Select No Yes

If yes, please provide information below

Supervisor's Name B7a Supervisor's Phone B7b

Is this a Federal Position? (If the answer is Yes please provide more details below)

Select

Series B1 [Search](#) Pay Plan Grade / Band / Level B1

*Duties, Accomplishments and Related Skills

B9

Please note: You may copy and paste your duties/responsibilities in the box below. If you are using Windows please highlight the section you would like to include, to copy hold down the CTRL key and press "C". To paste the information to this section hold down the CTRL key and press "V".

Affiliation

Organization Name

Affiliation/Role



Experience Page

Education

The section below is optional. However, if you choose to complete it, you must enter all required information (*).

List the educational experiences below, starting with the most relevant education.

Education 1

*Education Level **D2, E**
Select

*Institution **D3**

*Institution Location **D3a**
Country
Select

Total Credits Earned **D3**

System for Awarded Credits **D3**
Select

System for Awarded Credits (if Other)
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*Major **D3**

Minor
Defer OPM

GPA out of

Graduation Date **D3**
Month Year
 Anticipated Graduation Date

Honors
Select

Select
None
High School Diploma/GED (±11 years)
Technical Diploma (±12 years)
Associate's Degree/College Diploma (±13 years)
Non-Degree Program (±14 years)
Bachelor's Degree (±16 years)
Master's Degree (±18 years)
Doctorate Degree (over 19 years)
Higher Degree
Other

Select
Semester Hours
Quarter Hours
Other

Select
cum laude
magna cum laude
summa cum laude

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Experience Page

Language

Language

[Search](#)

Spoken

Written

Read

[Remove Education](#)

[Add Education](#)

Certifications/Licenses

Start by entering the most relevant certification/license and continue adding certifications/licenses until you have entered all that you feel are important to disclose for this job. Do not list expired certifications/licenses.

Certification/License 1

F1f

Certification/License

Number/ID

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Issuing Organization

F1f

Issue Date

F1f

If this certification/license will be received in the future, enter the expected issuing date.

Expiration Date

Defer DHS

[Remove Certification/License](#)

Citizenship Question Page

[To help us better know you and further assess your qualifications for this position, please answer the following questions as accurately as possible.](#)

Type: Single Answer

Yes

No

[If you are not a U.S. citizen, please provide the country of your citizenship](#)

Type: Text



H1a

General Questions Page

[Do you claim veterans' preference?](#)

Type: *Single Answer*

H2a

No

Yes, 5-point preference based on active duty in the U.S. Armed Forces

Yes, 10-point preference based on spouse, widow, widower, or mother preference

Yes, 10-point preference for non-compensable disability or a purple heart

Yes, 10-point preference based on a compensable service-connected disability of 10 percent but less than 30 percent

Yes, 10-point preference based on a compensable service-connected disability of 30 percent or more

Not Applicable

General Questions Page

[If you are a veteran claiming 5-point preference, did you serve in a campaign or expedition?](#)

Type: *Single Answer*

Yes

No

I do not claim 5-point veterans' preference (Delete)

Not Applicable

[If you selected "Yes" above, please provide the name of the campaign or expedition.](#)

Type: *Text Answer*



General Information

General Questions Page

[Are you are a male born on or after January 1, 1960 who registered for Selective Service between the ages of 18 and 25?](#)

Type: Single Answer

Yes

No

Not Applicable

H3

[Are you or were you a civilian Federal employee?](#)

Type: Single Answer

Yes

No

Not Applicable

H4

General Questions Page

[If you are, or ever were, a Federal civilian employee, please indicate the highest grade level you held?](#)

Type: *Single Answer*

GS-1 or equivalent

GS-2 or equivalent

GS-3 or equivalent

GS-4 or equivalent

GS-5 or equivalent

GS-6 or equivalent

GS-7 or equivalent

GS-8 or equivalent

GS-9 or equivalent

GS-10 or equivalent

GS-11 or equivalent

GS-12 or equivalent

GS-13 or equivalent

GS-14 or equivalent

GS-15 or equivalent

Not Applicable

H4b

General Questions Page

If you are, or ever were, a Federal civilian employee, please indicate the job series and dates of the highest graded position you held on a permanent basis. (MM-YYYY to MM-YYYY or Present)

Type: Text Answer

H4a

H4c

H4d

If you are NOT currently serving in the competitive service as a permanent career or career-conditional Federal employee, are you eligible for reinstatement based on a previous career or career-conditional appointment in the competitive service?

Type: Single Answer

Yes

No

Not Applicable

H5a

General Questions Page

[Career transition assistance program eligibility](#)

Type: *Single Answer*

Not Applicable

H5b

How to Apply

I am a DHS surplus or displaced employee eligible for consideration under the DHS Career Transition Assistance Plan (CTAP)

I am a displaced employee from another Federal agency eligible for consideration under the Interagency Career Transition Assistance Plan (ICTAP)

Diversity Information Page

Department of Homeland Security

*1. Race and National Origin (select all that apply)

- A - American Indian or Alaska Native
- B - Asian or Pacific Islander
- C - Black, not of Hispanic Origin
- D - Hispanic
- E - White, not of Hispanic Origin
- F - Asian Indian
- G - Chinese
- H - Filipino
- J - Guamanian
- K - Hawaiian
- L - Japanese
- M - Korean
- N - Samoan
- P - Vietnamese
- Q - All other Asian or Pacific Islanders
- Y - Not Hispanic in Puerto Rico
- Choose Not To Disclose

Defer DHS (Entire Page)

*2. Gender

Not Specified

M - Male
F - Female
Choose Not To Disclose

*3. Do you have any physical disabilities?

Not Specified

Yes
No
Chose Not To Disclose

Diversity Information Page

*4. Do you have a "targeted" disability? (select all that apply)

- Chose Not To Disclose
- No, I do not have a targeted disability
- Yes, deafness
- Yes, blindness
- Yes, distorted limb and/or spine
- Yes, partial paralysis
- Yes, mental retardation
- Yes, mental illness
- Yes, missing extremities
- Yes, convulsive disorders
- Yes, complete paralysis

Defer DHS (Entire Page)

Attachments Page

Attachments

Attachments

All application materials must be submitted by midnight, Eastern-time of the closing date of this announcement. Failure to provide complete information may result in not receiving consideration for this position.

ATTACHMENTS:

Please refer to the job announcement regarding what documents must be attached to your application.

THE FOLLOWING FILE FORMATS ARE SUPPORTED BY THIS APPLICATION:

- Word (.doc)
- WordPerfect (.wpd)
- Excel (.xls)
- Text (.txt)
- Rich Text Format (.rtf)
- Hypertext Markup Language (.html, .htm)
- Portable Document Format (.pdf)

Select the file to attach

Comments about the file



The attachment will be scanned to ensure it does not contain any viruses.

[This section displays some basic information regarding the files attached to the candidate record.](#)