

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.

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).

APPLICATION FOR EMPLOYMENT INSTRUCTIONS (Cont'd)

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.

PRIVACY ACT STATEMENT

Authority: This form authorized by 5 U.S.C. 3301 and 42 U.S.C. 2000e-16.

Purpose: The information requested will be used to conduct an investigation to determine an applicant's suitability for employment and/or your ability to obtain a security clearance.

Routine Uses: This information may be given to Federal, State, and local law enforcement agencies to check for criminal and/or civil violations. Your name and address may be submitted to other federal U.S. Government agencies and Congressional offices and/or committees and international organizations, if requested for potential employment opportunities. If you are selected for Federal employment, we may also notify your college or university placement office. Ethnicity and race information may be used as necessary to plan for equal employment opportunity through the Federal Government but has no impact on your employment status or the processing of your application. Solicitation of your Social Security number is authorized by Executive Order 9397. Respondents' Social Security numbers (*SSN*) will be used to identify records as other individuals may have the same name and birth date.

Disclosure: Although the information requested in this application is voluntary; your application will not be processed if you fail to disclose any such information (*including your Social Security number*).

PAPERWORK REDUCTION ACT STATEMENT

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: A/GIS/DIR, Room 2400 SA-22, U.S. Department of State, Washington, DC 20522-2202

Note: If you receive the application 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.



U.S. Department of State
APPLICATION FOR EMPLOYMENT

*OMB Approved No. 1405-0139
Expires 09-30-2011
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	
<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	
<input type="checkbox"/> Temporary/Part-Time <input type="checkbox"/> Flexible Work Schedule		If "NO", enter the country of his/her citizenship.	
<input type="checkbox"/> Overtime <input type="checkbox"/> World Wide Assignment?		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	
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.	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Temporary <input type="checkbox"/> Career-Conditional <input type="checkbox"/> Career <input type="checkbox"/> Excepted		16. Highest Education Level <u>Completed</u>	
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"/> 10 <input type="checkbox"/> College: 2 <input type="checkbox"/> Graduate Studies	
		<input type="checkbox"/> 11 <input type="checkbox"/> College: 3 <input type="checkbox"/> Masters	
		<input type="checkbox"/> 12/GED <input type="checkbox"/> College: 4 <input type="checkbox"/> Professional Degree	
		<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	
		17. Current Student Status <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student <input type="checkbox"/> Not a Student	
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)		Date of Degree (mm-yyyy)	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)		Grade Point Avg. (on 4.0 scale)	Grade Point Avg. (on 4.0 scale)
Major <input type="checkbox"/> Minor <input type="checkbox"/>		Number of credit hours completed	Major <input type="checkbox"/> Minor <input type="checkbox"/>
Number of credit hours completed		Number of credit hours completed	Number of credit hours completed
Date From (mm-yyyy) Date To (mm-yyyy)		Date From (mm-yyyy) Date To (mm-yyyy)	Date From (mm-yyyy) Date To (mm-yyyy)
<input type="checkbox"/> Quarter hours completed <input type="checkbox"/> Semester hours completed		<input type="checkbox"/> Quarter hours completed <input type="checkbox"/> Semester hours completed	<input type="checkbox"/> Quarter hours completed <input type="checkbox"/> Semester hours completed
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)	
If "YES", what type of clearance and who issued the clearance?		Second Foreign Language Proficiency (See Codes Page 2)	
		Speaking Proficiency Reading Proficiency	
		S <input type="text"/> R <input type="text"/>	
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/GIS/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: 45px; 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: 45px; 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)

Social Security Number _____

Last Name _____

Experience Block <input style="width: 40px; height: 40px;" type="text"/>	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 <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	Exact Title of Your Job <div style="border: 1px solid black; 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	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)

Supervisor's Name, Area Code and Telephone Number

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

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

Continued Items from Page 3

Item 15 continued. Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.

Items 19 & 20 continued. Other schools and/or certificate programs where degrees were received or vocational, technical or armed forces schools where certificates were received and not listed in blocks #19 or 20. Include all information as requested in items #19 & 20.

Name	Relationship

Language	Speaking Proficiency	Reading Proficiency

Item 23 continued List special skills, awards, accomplishments and/or training.

AUTHORIZATION TO FURNISH INFORMATION

I hereby authorize the U.S. Department of State to furnish to any organization or individual who is a potential funding source or organization all the information I have furnished on this form, any official financial aid statement from any college or university, and any other information I have provided with respect to my application for this position with the U.S. Department of State.

Signature

Date (mm-dd-yyyy)

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 _____ |

(Please specify)

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. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	1. Name (Last, First, MI.) _____	
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

Specific Instructions: The two questions below are designed to identify your ethnicity and race. **Regardless of your answer to question 1, go to question 2.**

Question 1. Are You Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) Yes No

Question 2. Please select the racial category or categories with which you most closely identify by placing and "X" in the appropriate box. Check as many as apply.

RACIAL CATEGORY <i>(Check as many as apply)</i>	DEFINITION OF CATEGORY
<input type="checkbox"/> American Indian or Alaska Native	A person having origins in any of the original peoples of North and South America (<i>including Central America</i>), and who maintains tribal affiliation or community attachment.
<input type="checkbox"/> 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.
<input type="checkbox"/> Black or African American	A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/> 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? 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

1. **Mobility Impairments:** Individuals whose basic mobility, coordination, and balance, strength and endurance, and other aspects of body function are affected by injuries or disease.
2. **People Who Have Vision Impairments:** Individuals who have either complete or partial loss of vision.
3. **People Who Have Hearing Impairments:** Individuals who may be deaf or hard of hearing.
4. **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.
5. **People with Mental Retardation:** Individuals who may not be able to think, reason or remember as well as others.
6. **People with Psychiatric Disabilities:** Psychiatric disabilities are diverse and include anxiety disorders, depression, bipolar disorders, schizophrenia, and other conditions.
7. **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.