



OFFEROR INFORMATION FOR PERSONAL SERVICES CONTRACTS

Section A – Offeror Information				
1. Title of Proposed Offer		2. Grade of Proposed Offer		3. Offer Number
4a. Last Name		4b. First and Middle Names		5. Social Security Number
6a. Mailing Address				7. Phone Numbers (include area code if within the United States of America)
6b. City		6c. State	6d. Zip Code	7a. Daytime
6e. Country (If not within the United States of America)				7b. Evening
8. Email Address (if available)				
Section B – Work Experience				
Describe your paid and non-paid work experience related to this offer. Do not attach job descriptions.				
1. Job Title (if Federal, include series and grade)				
2. From (mm/yyyy)		3. To (mm/yyyy)		5. Hours per week
			4. Salary \$	per
6. Employer's Name and Address				7. Supervisor's Name and Phone Number
				7a. Name
				7b. Phone
8. May we contact your current supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If we need to contact your current supervisor before making an offer, we will contact you first.				
9. Describe your duties, accomplishments and related skills (if you need to attach additional pages, include your name, address, and offer number)				
Section C – Additional Work Experience				
1. Job Title (if Federal, please include series and grade)				
2. From (mm/yyyy)		3. To (mm/yyyy)		5. Hours per week
			4. Salary \$	per
6. Employer's Name and Address				7. Supervisor's Name and Phone Number
				7a. Name
				7b. Phone
8. May we contact your current supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If we need to contact your current supervisor before making an offer, we will contact you first.				
9. Describe your duties, accomplishments and related skills (if you need to attach additional pages, include your name, address, and offer number)				

Section D - Education

1. Last High School (HS)/GED school. Give the school's name, city, state, Zip code (if known), and year of diploma or GED received:

2. Mark highest level completed: Some HS HS/GED Associate Bachelor Master Doctoral

3. Colleges and universities attended. Do not attach a copy of your transcript unless requested.

	Total Credits Earned		Major(s)	Degree (if any), Year Received
	Semester	Quarter		
3a. Name				
City	State	Zip Code		
3b. Name				
City	State	Zip Code		
3c. Name				
City	State	Zip Code		

Section E – Other Education Completed

Do not list degrees received solely on life experience or obtained from schools with little or no academic standards.

Section F – Other Qualifications

License or Certificate	Date of Latest License or Certificate	State or Other Licensing Agency
1f.		
2f.		

Section G – Other Qualifications

Offer-related training courses (give title and year). **Offer-related** skills (other languages, computer software/hardware, tools, machinery, typing speed, etc.). **Offer-related** honors, awards, and special accomplishments (publications, memberships in professional/honor societies, leadership activities, public speaking, and performance awards). Give dates, but do **not** send documents unless requested.

Section H - General

1a. Are you a U.S. citizen? Yes <input type="checkbox"/> No <input type="checkbox"/> →	1b. If no, give the Country of your citizenship
2. Check this box if you are an adult male born on or after January 1 st 1960, and you registered for Selective Service between the ages of 18 through 25 → <input type="checkbox"/>	
3. Were you ever a Federal civilian employee? Yes <input type="checkbox"/> No <input type="checkbox"/> → If yes, list highest civilian grade for the following:	
3a. Series	3b. Grade
	3c. From (mm/yyyy)
	3d. To (mm/yyyy)

Section I – Offeror Certification

I certify that, to the best of my knowledge and belief, all of the information on and attached to this offer is true, correct, complete, and made in good faith. I understand that false or fraudulent information on or attached to this offer may be grounds for not awarding me the contract or for early contract termination after award, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated.

1a. Signature	1b. Date (mm/dd/yyyy)
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Privacy Act Statement

We need the information requested in this form to evaluate your qualifications. Other laws require us to ask about citizenship, military service, etc. In order to keep your records in order, we request your Social Security Number (SSN) under the authority of Executive Order 9397. 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 know you. 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 offer. Also, incomplete addresses and ZIP codes will slow processing. We may confirm information from your records with prospective nonfederal employers concerning tenure of employment, civil service status, length of service, and date and nature of action for separation.

Public Burden Statement

We estimate the public reporting burden for this collection is estimated to average sixty minutes per response, including time for reviewing instructions, searching existing data sources, gathering data and completing and reviewing the information. Send comments regarding the burden statement or any other aspect of the collection of information, including suggestions for reducing this burden to the U.S. Agency for International Development (USAID), Office of Acquisition and Assistance, Policy Division, Washington, D.C. 20523-7800. Do not send offeror forms to this address; follow directions provided in the solicitation for Personal Services Contract.