



Form **12114** (Rev. 3-2005)  
 Catalog Number 26601R  
 OMB Number 1545-1921

Department of the Treasury - **Internal Revenue Service**  
**Continuation Sheet for Item # 16 (Additional Information)**  
**OF-306, Declaration for Federal Employment**

**Read the background Information Section of OF-306 very carefully, the requested information must be provided.**

If your answer is "yes" to questions 9, 10, 11, 12, or 13, please make sure the following details are included in your explanation in Item # 16 on the OF-306, this continuation sheet, or you may use an additional sheet of paper.

If you use this continuation sheet, the reverse side of this sheet, or an additional sheet of paper to provide additional information, be sure to sign and list your social security number and date on each additional sheet used.

**Additional Information Provided - Needed Only if You Answered Yes to Questions 9-13**

**Item 9, 10, or 11 - If you answered yes to Items 9, 10, or 11, please complete information below.**

|  |   |   |
|--|---|---|
| Date of the violation  | Explanation of the violation                                      | <input type="checkbox"/> Continued on reverse |
| What was the charge?   |   |   |
| Were you convicted? <input type="checkbox"/> Yes <input type="checkbox"/> No   |   |   |
| What were the results? Were you; <input type="checkbox"/> fined? <input type="checkbox"/> Incarcerated? <input type="checkbox"/> put on probation? | Name and complete address of police department or court involved. |   |
| <input type="checkbox"/> Continued on reverse  |   |   |

Are you currently under any charges for any violation of law or are you on probation?  
 Yes (*If yes, please explain*)  No

Continued on reverse

**Item 12 - if you answered yes to Item 12, please specify below**

|  |                             |
|--|-----------------------------|
| Date   | Employer's name and address |
| Explanation of problem and reason for leaving: |                             |
| <input type="checkbox"/> Continued on reverse  |                             |

**Item 13 - if you answered yes to Item 13 please specify below**

|   |                 |             |
|---|-----------------|-------------|
| Type of debt ( <i>student loan, federal taxes, etc.</i> )         | Date debt began | Balance due |
| Steps that you are taking to correct the error or repay the debt. |                 |             |
| <input type="checkbox"/> Continued on reverse                     |                 |             |

|                      |     |      |
|----------------------|-----|------|
| Applicants signature | SSN | Date |
|----------------------|-----|------|

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## **Privacy Act and Paperwork Reduction Act Notices**

Under Executive Order 9397, Federal agencies were required to use the Social Security Number (SSN) as a means of identifying individuals in personnel record systems. Solicitation of your SSN is thus authorized by this executive order and will be used to ensure that the information you provide is accurately recorded as pertaining to you. Furnishing your SSN or any of the other data is voluntary, but failure to supply complete and accurate information may limit consideration or jeopardize eligibility to hold a Federal position. The information requested on this form will be used to update personnel records. Your name and/or social security number is only used as an identifier (authorized under Executive Order 9397, dated November 1943.) Your response is voluntary. We ask for the information on this form to carry out the mission of the Internal Revenue Service. We need the information to process your application for employment with the Internal Revenue Service. 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 section 6103. The time needed to complete this form will vary depending upon the individual circumstances. The estimated average time to complete this form is 15 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.