

OMB APPROVAL NO.

EXPIRES

ESTIMATED BURDEN

PRIVACY ACT STATEMENT Authorities: This form is authorized by 5 U.S.C. 3109 Purpose: The information solicited on this form is necessary for consideration for contract positions with the U.S. Department of State Office of Language Services. Routine Uses: The information on this form may be shared with potential employers, credit institutions, rental offices, etc. requesting verification of employment and/or earnings. This information may also be released to other government agencies having a statutory or other lawful authority to maintain such information. For further information see State-37, Translator and Interpreter Records. Disclosures: Providing the requested information is voluntary. However, failure to provide the information requested may result in the failure of your application to be processed in a timely manner or at all. This may affect your contract prospects.

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General Information * Contact Information * Mailing Address * **Education** Employment Interpretation Translation

Education								
	Name of Institution	Type	Start Date	End Date	Country	Major Subject	Certificate Awarded	Specify Other
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