



Application for Employment

An equal opportunity employer

Are you a United States Citizen? Yes No

First Name _____ Middle Name _____ Last Name _____

Application Date (MM/DD/YYYY)

Preferred First Name _____ Preferred Middle Name _____ Preferred Last Name _____

Date Available (MM/DD/YYYY)

Previous Names (if any) _____ Pronouns

Position Title _____ Announcement Number _____ Willingness to Travel (up to...)
 No Yes, 75% of the time
 Yes, 25% of the time Yes, 100% of the time
 Yes, 50% of the time

How did you first learn about this job opportunity?

Job Preferences

Employment Desired

- Permanent
- Temporary

Employment Status

- Full-time
- Part-time
- Contingent

Shift

- Day Weekend
- Night Rotating
- Evening

Type

- Standard
- Internship
- Temporary Work

Desired Compensation

\$ _____

Address

Number and Street _____
 City / Town _____ State / Province _____
 Zip / Postal Code _____ Country _____

Contact Information

Home Phone _____ Work Phone _____ Cell Phone _____
 Primary Phone Number: Home Cell Work
 Email Address _____

Rehabilitation Act

The Board complies with the Rehabilitation Act of 1973, as amended, and provides job applicants with disabilities reasonable accommodations to assist them in applying for jobs at the Board. If you have a disability and would like to request an accommodation in order to apply for a job at the Board, please call 202-452-3880 or e-mail FRBRecruiting@frb.gov.

Equal Opportunity Employer

We are an Equal Opportunity Employer and do not discriminate against any employee or applicant for employment on the basis of race, color, religion, sex, sexual orientation, gender identity, national origin, age, disability, genetic information, or application, membership, or service in the uniformed services.

Privacy

You may review the Federal Reserve Board's Privacy Act Notice at <http://www.federalreserve.gov/careers/pdf/fr1273.pdf>.

Paperwork Reduction Act

Public reporting burden for this employment application is estimated to average one hour per response, including the time to gather the information in the required form and to review instructions and complete the application. The Federal Reserve may not conduct or sponsor, and an organization (or a person) is not required to respond to, a collection of information unless it displays a currently valid OMB control number. This application for employment is authorized by law (12 U.S.C. §§ 244 and 248(l)). Send comments regarding this burden estimate or any other aspect of this employment application, including suggestions for reducing this burden, to Secretary, Board of Governors of the Federal Reserve System, 20th and C Streets, NW, Washington, DC 20551; and to the Office of Management and Budget, Paperwork Reduction Project (7100-0181), Washington, DC 20503.

Education and Training

List all educational experiences, included high school, college (attendance or degree from accredited schools), graduate school (attendance or degree from accredited schools), and technical or other training schools. You must specify at least one education entry.

Institution		Program		
Name		Major		
Street Address		Minor		
City / Town		Type of Degree		
State / Province	Zip / Postal Code	Did you graduate?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Country		Year Graduated	Start Date (MM/YYYY)	End Date (MM/YYYY)

Institution		Program		
Name		Major		
Street Address		Minor		
City / Town		Type of Degree		
State / Province	Zip / Postal Code	Did you graduate?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Country		Year Graduated	Start Date (MM/YYYY)	End Date (MM/YYYY)

Institution		Program		
Name		Major		
Street Address		Minor		
City / Town		Type of Degree		
State / Province	Zip / Postal Code	Did you graduate?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Country		Year Graduated	Start Date (MM/YYYY)	End Date (MM/YYYY)

Institution		Program		
Name		Major		
Street Address		Minor		
City / Town		Type of Degree		
State / Province	Zip / Postal Code	Did you graduate?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Country		Year Graduated	Start Date (MM/YYYY)	End Date (MM/YYYY)

Certifications/Professional Licenses

Enter the most relevant certification/professional license first. Do not list expired certifications/professional licenses.

Certification/Professional License	Issuing Organization	Date Issued (MM/YY)	Date Expires (MM/YY)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employment Record

Please list all employment, including periods of unemployment. You must specify at least one work experience entry.

List current or most recent job first.

1. Name during employment: _____

Position Title _____ Federal Classification Grade _____ No. of Hours Worked Per Week _____ Start Date _____ End Date _____
MM/YYYY MM/YYYY

Employer

Name _____

Street Address _____

City / Town _____ State / Province _____

Zip / Postal Code _____ Country _____

Brief description of duties and responsibilities _____

Supervisor

Name _____ Phone Number _____

May we contact this supervisor? Yes No

Reason for desiring to change employment _____

2. Name during employment: _____

Position Title _____ Federal Classification Grade _____ No. of Hours Worked Per Week _____ Start Date _____ End Date _____
MM/YYYY MM/YYYY

Employer

Name _____

Street Address _____

City / Town _____ State / Province _____

Zip / Postal Code _____ Country _____

Brief description of duties and responsibilities _____

Supervisor

Name _____ Phone Number _____

May we contact this supervisor? Yes No

Reason for desiring to change employment _____

3. Name during employment: _____

Position Title _____ Federal Classification Grade _____ No. of Hours Worked Per Week _____ Start Date _____ End Date _____
MM/YYYY MM/YYYY

Employer

Name _____

Street Address _____

City / Town _____ State / Province _____

Zip / Postal Code _____ Country _____

Brief description of duties and responsibilities _____

Supervisor

Name _____ Phone Number _____

May we contact this supervisor? Yes No

Reason for desiring to change employment _____

Employment Record (Continued)

4. Name during employment: _____

Position Title	Federal Classification Grade	No. of Hours Worked Per Week	Start Date	End Date
_____	_____	_____	MM/YYYY	MM/YYYY

Employer

Name

Street Address

City / Town

State / Province

Zip / Postal Code

Country

Brief description of duties and responsibilities

Supervisor

Name

Phone Number

May we contact this supervisor? Yes No

Reason for desiring to change employment

5. Name during employment: _____

Position Title	Federal Classification Grade	No. of Hours Worked Per Week	Start Date	End Date
_____	_____	_____	MM/YYYY	MM/YYYY

Employer

Name

Street Address

City / Town

State / Province

Zip / Postal Code

Country

Brief description of duties and responsibilities

Supervisor

Name

Phone Number

May we contact this supervisor? Yes No

Reason for desiring to change employment

6. Name during employment: _____

Position Title	Federal Classification Grade	No. of Hours Worked Per Week	Start Date	End Date
_____	_____	_____	MM/YYYY	MM/YYYY

Employer

Name

Street Address

City / Town

State / Province

Zip / Postal Code

Country

Brief description of duties and responsibilities

Supervisor

Name

Phone Number

May we contact this supervisor? Yes No

Reason for desiring to change employment

References

List three persons who are not related to you and who have definite knowledge of your ability to perform the duties of the position for which you are applying. Do not repeat the names of supervisors listed under "Employment Record." **You must specify three reference entries.**

Full Name (First, Last)	Relationship (Professional or Personal)	Years Known	Email	Phone Number
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

General Questions

Complete all the questions below. If you answer "Yes" to any of these questions, explain fully below each question. A "Yes" response to any of these questions may have an effect on whether the Board hires you based upon federal law, regulations, and the Board's policies.

1. Are you delinquent on any federal debt (e.g., federal taxes, loans, overpayment of benefits, defaults on guaranteed or insured loans)? Yes No

2. Are you now under charges, on trial, or awaiting trial on criminal charges for any violation of law (such as a misdemeanor or a felony)? Yes No

3. Are you related to or acquainted with any employee of the Board of Governors of the Federal Reserve System? Yes No

4. Do you receive any annuity from the United States or District of Columbia governments under any retirement act or any pension or compensation for military service? Yes No

5. During the last seven years, have you ever been convicted of a crime, imprisoned, on probation, or on parole? Yes No
(You must include felonies, firearms or explosives violations, military court-martials, misdemeanors, and any other matter that was resolved by a plea of nolo contendere (no contest). However (you may omit: (a) minor traffic violations that resulted in a fine of \$300 or less; (b) any offense committed before your 16th birthday; (c) any offense committed before your 18th birthday that was finally adjudicated in a juvenile court or under a youth offender law; and (d) any conviction in which the record has been expunged under federal or state law or set aside under the Federal Youth Corrections Act or similar state law.)

Note: A criminal conviction is not an absolute bar to employment but will be considered in relation to specific job requirements.

6. Have you ever been discharged or asked to resign from any position, or have you resigned after having been informed that your employer intended to discharge you? Yes No

7. Have you experienced any periods of unemployment? Yes No

By signing below, I understand that I am certifying that, to the best of my knowledge, the information I am providing is accurate and complete. I understand that false or fraudulent information may be grounds for not hiring me or for firing me after I begin work, and may be punishable by fine or imprisonment. Any intentionally false statement on this form or willful misrepresentation relative thereto is a violation of law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both (18 U.S.C. § 1001).

Signature: _____ Date: _____
MM/DD/YYYY