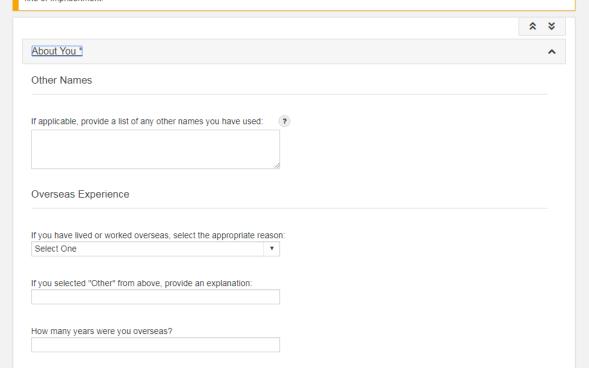
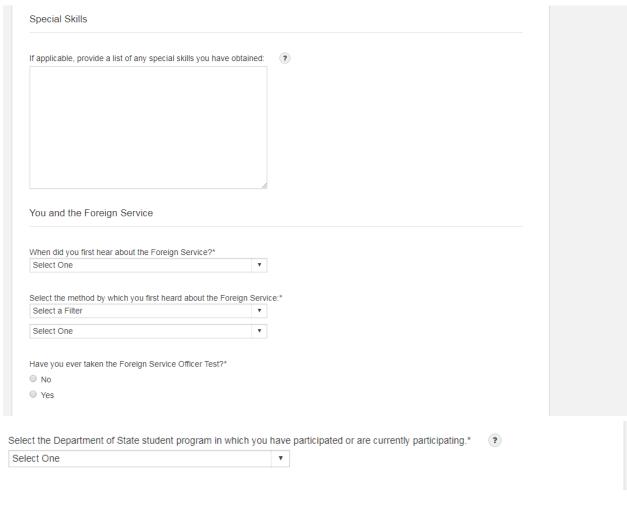
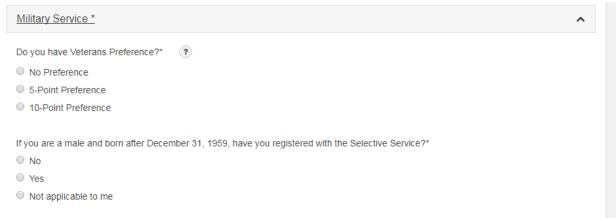
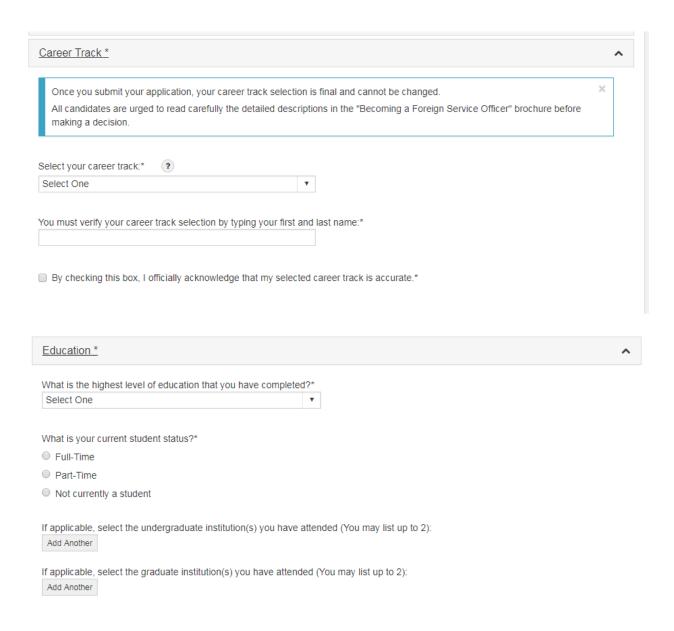
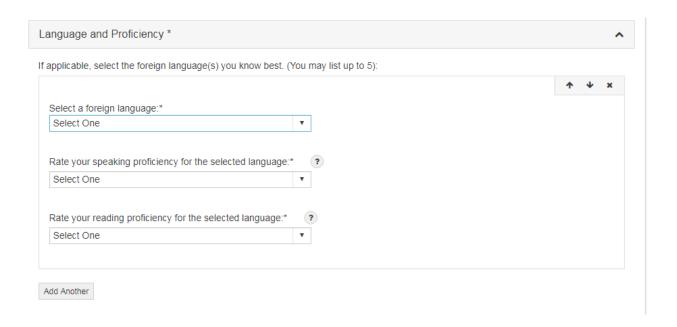
Warning: Each of your responses is subject to verification through background checks, interviews (if you proceed to the Oral Assessment), or review of other information obtained during the application process. Willful provision of false or fraudulent information, including regarding your language proficiency, in connection with your application for employment in the Foreign Service constitutes a violation of Section 1001, Title 18, U.S. Code, and may be grounds for not employing you, or for dismissing you after you have begun work, and may be punishable by fine or imprisonment.





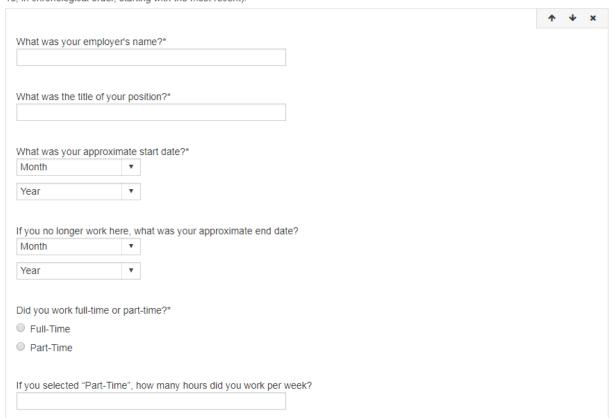






## Work Experience \*

If applicable, add the jobs (unpaid/paid), internships, or volunteer experiences that you have held in the last 10 years (You may list up to 10, in chronological order, starting with the most recent):



How frequently were you paid?	
Select One	▼
How much were you paid per the frequence	cy selected? ?
Select the country where you worked:*	
Select the country where you worked.	▼
Select One In what city did you work?*	▼
If this was a federal position, enter your se	eries, grade, or rank:
If this was a fodoral position, and applicable	ole, provide the date of your last promotion:
Month   Titlis was a rederal position, and applicable was a rederal position.	ne, provide the date of your last promotion.
Year ▼	
	luties, accomplishments, skills, and knowledge:*

Your ethnicity and race information is requested under the authority of 42 U.S.C. Section 2000e-16 and is used to help ensure that Department of State personnel practices meet the requirements of Federal law. The information is used to plan for equal employment opportunity throughout the Federal government. Providing this information is voluntary and has no impact on your employment status, but your cooperation in providing accurate information is important to us. Are you Hispanic or Latino? O No O Yes Select the racial category or categories with which you most closely identify. Check as many as apply: American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Do you have a disability? No Yes If applicable, select the disability that impacts you the most: ? Select One Select your gender: Male Female How would you like to be addressed in correspondence?\* Select One Certification \* By checking this box, I certify that all of the information provided on this application is true, correct, complete and made in good faith.\* Required sections and fields are indicated with an asterisk (\*)