### **Contact Information**

An official website of the United States government

# **USAJOBS**

| ome <b>Prof</b>   | le     | Document |    | Preferen | ices |  |  |     |            |          |         |          |           |       |
|-------------------|--------|----------|----|----------|------|--|--|-----|------------|----------|---------|----------|-----------|-------|
|                   |        |          |    |          |      |  |  |     |            |          |         |          |           |       |
| Conta             | ct I   | nforn    | at | ion      |      |  |  | All | fields are | e requir | red unl | less oth | nerwise i | noted |
| Legal Na          | me     |          |    |          |      |  |  |     |            |          |         |          |           |       |
| Title (optiona    | l)     |          |    |          |      |  |  |     |            |          |         |          |           |       |
|                   |        |          |    |          |      |  |  |     |            |          |         |          |           |       |
|                   |        |          |    |          |      |  |  |     |            |          |         |          |           |       |
| First name        |        |          |    |          |      |  |  |     |            |          |         |          |           |       |
| First name  JAMES |        |          |    |          |      |  |  |     |            |          |         |          |           |       |
| JAMES             | (ontio | nal)     |    |          |      |  |  |     |            |          |         |          |           |       |
|                   | (optio | nal)     |    |          |      |  |  |     |            |          |         |          |           |       |
| JAMES Middle name | (optic | nal)     |    |          |      |  |  |     |            |          |         |          |           |       |
| JAMES Middle name | (optio | nal)     |    |          |      |  |  |     |            |          |         |          |           |       |

### Address

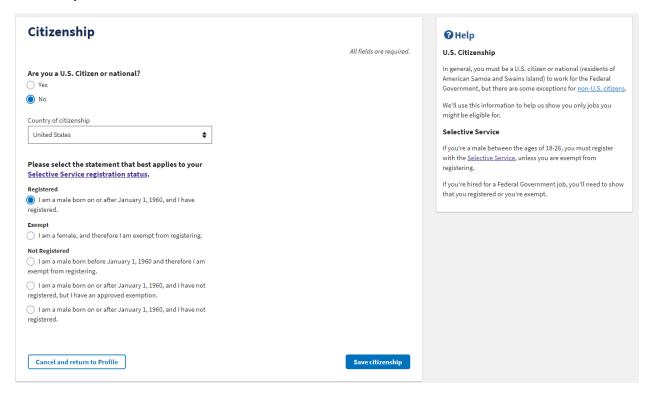
# Street address 4302 Arabella Court If you do not have a mailing address at the time of job application, you may want to consider using an address of a family member, friend, or religious or social organizations. Another option is General Delivery offered by the U.S. Postal Service. Street address 2 (optional) Country Undesignated Sovereignty Postal code City Upper Marlboro State/Territory/Province

# Telephone

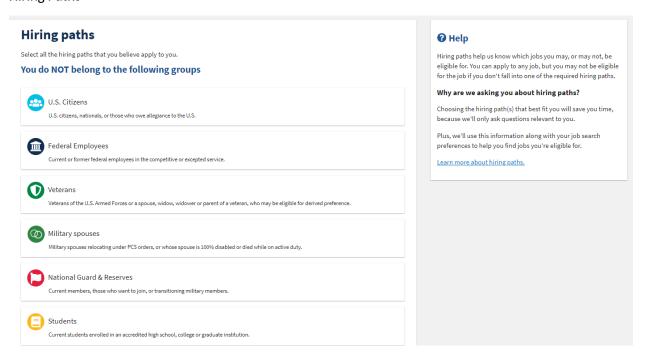
| Telephone type  |
|---|
| Mobile  |
|   |
| Telephone number  |
| +1 301-467-0000   |
| U.S. numbers - include area code. International numbers - include country calling code (+1, +1 340) |
| Extension (optional)  |
| Secondary telephone type (optional)   |
| Evening Phone   |
| Secondary telephone number (optional)   |
| 301-574-0000  |
| U.S. numbers - include area code. International numbers - include country calling code (+1, +1 340) |
| Secondary Extension (optional)  |
| Cancel and return to Profile  |

Delete Profile +

### Citizenship



### **Hiring Paths**





### Recent graduates

 $Individuals\ who\ have\ graduated\ from\ an\ accredited\ educational\ institute\ or\ certificate\ program\ within\ the\ last\ 2\ years,\ or\ 6\ years\ for\ Veterans.$ 



### Senior executives

 $Individuals\ looking\ for\ an\ executive\ level\ job\ and\ who\ meet\ the\ five\ Executive\ Core\ Qualifications\ (ECQs).$ 



### Individuals with disabilities

Individuals who are eligible under Schedule A.



### Family of overseas employees

Family members of a federal employee or uniformed service member who is, or was, working overseas.



### **Native Americans**

Native Americans or Alaskan Natives with a tribal affiliation.



### Peace Corps & AmeriCorps VISTA

Individuals who have served at least 2 years with the Peace Corps or 1 year with AmeriCorps VISTA.



### Land & base management

Certain current or former term or temporary federal employees of a land or base management agency.

Cancel and return to Profile

Save hiring paths

## Experience Federal Service

### **Federal Service**

All fields are optional unless otherwise noted

Tell us about your current or former federal service. You can

| Please select the statement below which best reflects your federal employment status. (Required)  | experience section of your profile.  |
|---|--|
|   |  |
| I am currently a federal civilian employee  | Learn more about listing your federal experience.  |
| I am a former federal civilian employee with reinstatement eligibility.   | How is this information used?  |
| I am a former federal civilian employee but do not have <u>reinstatement</u> eligibility.   | We'll use this information to improve your job search results. In<br>the future, we'll also use this information if you sign up to |
| Not a federal employee  I am not and have never been a federal civilian employee.   | participate in Open Opportunities—a government-wide program  |
| O tall literature section receive employed  | that helps current federal employees develop their skills and  |
| Are you a contractor who is currently working for the Federal Government? (optional)  | career.  |
| ○ Yes   | What is reinstatement?   |
| ○ No  | You may be eligible for reinstatement if you held a career or  |
|   | career-conditional appointment in the federal government.  Reinstatement allows former federal employees to re-enter the           |
|   | federal competitive service workforce without competing with   |
| Current federal service   | the public. <u>Learn more about reinstatement.</u>   |
| Department & agency (optional)  | Why are you asking about federal contractors?  |
| - Select -  | Some federal contractors need access to Open Opportunities   |
| To find an agency, scroll through the list or type it in at the top. Highlight the agency name and click or press enter to select it. You must include your agency  | and we need more information to grant that access. Being a<br>federal contractor does not improve your job search results or       |
| if you want to use Open Opportunities.  | give any advantage in the job application process.   |
| Federal Government email address (optional)   |  |
| Total Soft mile Called God Co.  |  |
| This is your officially issued Federal Government email address. You must   |  |
| include this email address if you want to use <u>Open Opportunities</u> .   |  |
| Receive notifications to this email?  |  |
| Are you a current federal civilian employee serving under a <u>Veterans' Recruitment Appointment (VRA)</u> ?  |  |
| ○ Yes   |  |
| ● No  |  |
| Is your position in the competitive, excepted, or senior executive service?   |  |
| Competitive   |  |
| Competitive   |  |
| ○ Excepted  |  |
| ○ Senior Executive  |  |
| Learn more about determing the service to which you belong.   |  |
| Learn more about determing the service to which you belong.   |  |
|   |  |
| University to the desired and form a most than to a find and a second   |  |
| Have you been displaced from a position in a federal agency?  |  |
| Have you been displaced from a position in a federal agency?  Yes, I am eligible for the Career Transition Assistance Plan (CTAP)   |  |
|   |  |
| Yes, I am eligible for the Career Transition Assistance Plan (CTAP)  Yes, I am eligible for the Interagency Career Transition Assistance Plan (ICTAP)   |  |
| Yes, I am eligible for the Career Transition Assistance Plan (CTAP)   |  |
| Yes, I am eligible for the Career Transition Assistance Plan (CTAP)  Yes, I am eligible for the Interagency Career Transition Assistance Plan (ICTAP)   |  |
| Yes, I am eligible for the Career Transition Assistance Plan (CTAP)  Yes, I am eligible for the Interagency Career Transition Assistance Plan (ICTAP)  No   |  |
| Yes, I am eligible for the Career Transition Assistance Plan (CTAP)  Yes, I am eligible for the Interagency Career Transition Assistance Plan (ICTAP)  No   |  |
| Yes, I am eligible for the Career Transition Assistance Plan (CTAP)  Yes, I am eligible for the Interagency Career Transition Assistance Plan (ICTAP)  No  Learn more about career transition programs  |  |
| Yes, I am eligible for the Career Transition Assistance Plan (CTAP)  Yes, I am eligible for the Interagency Career Transition Assistance Plan (ICTAP)  No  Learn more about career transition programs  Are you a retiree receiving a Federal annuity?  Yes   |  |
| Yes, I am eligible for the Career Transition Assistance Plan (CTAP)  Yes, I am eligible for the Interagency Career Transition Assistance Plan (ICTAP)  No  Learn more about career transition programs  Are you a retiree receiving a Federal annuity?  |  |
| Yes, I am eligible for the Career Transition Assistance Plan (CTAP)  Yes, I am eligible for the Interagency Career Transition Assistance Plan (ICTAP)  No  Learn more about career transition programs  Are you a retiree receiving a Federal annuity?  Yes  No   |  |
| Yes, I am eligible for the Career Transition Assistance Plan (CTAP)  Yes, I am eligible for the Interagency Career Transition Assistance Plan (ICTAP)  No  Learn more about career transition programs  Are you a retiree receiving a Federal annuity?  Yes   |  |
| Yes, I am eligible for the Career Transition Assistance Plan (CTAP)  Yes, I am eligible for the Interagency Career Transition Assistance Plan (ICTAP)  No  Learn more about career transition programs  Are you a retiree receiving a Federal annuity?  Yes  No   |  |
| Yes, I am eligible for the Career Transition Assistance Plan (CTAP)  Yes, I am eligible for the Interagency Career Transition Assistance Plan (ICTAP)  No  Learn more about career transition programs  Are you a retiree receiving a Federal annuity?  Yes  No  Have you accepted a buyout from a Federal agency within the past 5 years?  Yes |  |
| Yes, I am eligible for the Career Transition Assistance Plan (CTAP)  Yes, I am eligible for the Interagency Career Transition Assistance Plan (ICTAP)  No  Learn more about career transition programs  Are you a retiree receiving a Federal annuity?  Yes  No  Have you accepted a buyout from a Federal agency within the past 5 years?      |  |

# **About your experience** Career field **\$** - Select -Series - Select -Highest grade The highest grade that you have reached as a federal employee. Pay scale of highest grade - Select -**\$** The pay scale that corresponds to the highest grade you have reached as a federal employee. Occupation Job title Biography

Cancel and return to Profile

Save federal experience

### **Profile Military Service**

# Military service All fields are optional unless otherwise noted Have you served in the U.S. Armed Forces or are you a family member eligible for derived preference? (Required) Yes No Cancel and return to Profile Save military experience

### **②** Help

Learn more about listing your military experience.

### What is derived preference?

Derived preference is when a spouse, widow/widower, or parent of a veteran is eligible to claim Veterans' preference when your veteran is unable to use it. You're not eligible for derived preference if you have any other relationship with the veteran or if the veteran is living and is qualified for federal employment.

Learn more about derived preference.

# What is the Veterans Employment Opportunity Act of 1998 (VEOA)?

VEOA is a hiring authority used to fill permanent, competitive service jobs. Under VEOA, eligible veterans can apply to jobs that are only open to "status" employees (i.e. jobs that are not offered to candidates outside of the federal government). Learn more about VEOA.

### What is the Veterans' Recruitment Appointment (VRA)?

The Veterans' Recruitment Appointment (VRA) is a hiring authority that federal agencies can use to hire eligible veterans without competing with the public. <u>Learn more about VRA</u>.

| Eligibility   |
|---|
| Do you claim <u>Veterans' Preference</u> ?  |
| No, I do not claim Veterans' Preference   |
| 5-point preference based on:  |
| 0-point Sole Survivorship Preference (SSP)  |
| 5-point preference based on:  5-point preference based on active duty in the U.S. Armed Forces (TP)   |
| 10-point preference based on:   |
| 10-point preference based on a compensable service connected disability of at least 10% but less than 30% (CP)  |
| 10-point preference based on a compensable service connected disability of 30% or more (CPS)  |
| 10-point preference for non-compensable disability or Purple Heart (XP)   |
| 10 point preference based on widow/widower or parent of a deceased veteran, or spouse or parent of a disabled veteran (XP)  |
| Are you a veteran who was separated from the armed forces under honorable conditions after completing an initial continuous tour of duty of at least 3 years (may have been released just short of 3 years) (VEOA)? |
| ○ Yes   |
| ○ No  |
| Are you a 30% or more disabled Veteran?   |
| ○ Yes   |
| ○ No  |
| Are you a disabled Veteran who has completed a VA training program?   |
| ○ Yes   |
| ○ No  |

### **Service dates**

| Start  |   |
|--|---|
| Month Day Year   |   |
|  |   |
| For example: 03 18 2010  |   |
| End  |   |
| Month Day Year   |   |
|  |   |
| Future/To-be-determined Release Date   |   |
| For military members with a separation date in the near future, please enter the Start Date And select the Future/To -be - determined Release Date checkbox. If you have a break In service, please add your additional service dates. |   |
| Add Service Dates  |   |
| Cancel and return to Profile   | Save military experience  |
| Work experience  | <b>9</b> Help   |
| All fields are required unless otherwise noted   | Enter your relevant work experience, including any federal experience. You can add up to 50 separate work experience entries. If you want to add more, you need to delete an existing entry.  Learn more about listing your work experience.  How is this information used? |
| Address  | If you make your profile searchable, your work experience becomes searchable too and agencies can find you based on the   |
| Street address   | experience you include in this section. We'll also use this information to prepopulate a new resume, if you create one using our resume builder. However, we can't update existing resumes with this information.   |
| Street address 2 (optional)  | If you want to update an existing resume with new work experience, you'll need to manually go into our resume builder and make the updates or upload a new resume.  |
| Country  | To apply to a job you still need to upload or create a resume using our resume builder.   |
| United States  | Learn how to create a resume with our resume builder.   |
| Postal code  |   |
| City or Town   |   |

| State, Territory, or Province               |   |
|---|---|
| +   | ; |
|   |   |
| Position                                    |   |
| Formal job title                            |   |
|   |   |
|   | _ |
| Start date                                  |   |
| Month Year                                  |   |
|   |   |
| End date                                    |   |
| Month Year                                  |   |
| month real                                  |   |
| Present?                                    |   |
| Duties, accomplishments, and related skills |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   | / |

Problems with formatting when pasting from Microsoft Word?

| Salary (optional)                                     |           |
|---|-----------|
|   |           |
|   |           |
| Currency (optional)                                   |           |
| USD   | <b>\$</b> |
|   |           |
| Salary rate (optional)                                |           |
| Bi-weekly   | <b>\$</b> |
|   |           |
| Average hours per week (optional)                     |           |
|   |           |
|   |           |
| May we contact your supervisor? (optional)            |           |
| ○ Yes   |           |
| ○ No  |           |
| Ontact me first                                       |           |
|   |           |
| Is this a Federal Civilian position? (optional)       |           |
| ○ Yes   |           |
| ○ No  |           |
| How to determine if a position was federal experience |           |
|   |           |

Cancel and return to Profile

Save work experience

### Education

### **Education**

| Education School or Program name       | All fields are required unless otherwise noted | ▲ You must only list degrees from accredited schools or other education programs.  Look up your school at the U.S. Department of Education. |
|--|--|---|
| Country United States •                |  | Help  Learn more about listing your education.  |
| Postal code  City or Town              |  |   |
| State, Territory, or Province          |  |   |
| Degree or Level attained               |  |   |
| Completion date (optional)  Month Year |  |   |
| Major (optional)                       |  |   |
| Minor (optional)                       |  |   |

| Grade Poi   | nt Average (GPA) (optional)                           |                |
|-------------|---|----------------|
| GPA         | of GPA Max.   |                |
| Total cred  | its earned (optional)                                 |                |
|             | r awarded credits (optional)<br>ster hours            |                |
| Quart       | er hours  |                |
| Conti       | nuing education units                                 |                |
| Honors (o   | ptional)  |                |
|             | <b>*</b>  |                |
| Relevant    | coursework, licensures, and certifications (optional) |                |
| (2000 chara | cters remaining)                                      |                |
| Cancel      | and return to Profile                                 | Save education |

# **Demographics**

All fields are optional

### Your Privacy Is Protected

We use this information to find out if our recruitment efforts are reaching all segments of the population, consistent with federal equal employment opportunity laws.

We will treat your responses in a highly confidential manner. We will not provide this information to anyone rating the applications, to the hiring officials, to anyone else involved in the application or hiring process, or to the public. We do not keep this information in your However, you don't have to fill out this information—it's voluntary and will have no impact on your job application or whether or not you get hired. Review our privacy policy and the Paperwork Reduction Act for more information. I wish to decline to respond to the demographic questions. **Population Segments** Sex Male Female Ethnicity Hispanic or Latino - a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race Not Hispanic or Latino Race American Indian or Alaska Native - a person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment. Asian - a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Phillippine Islands, Thailand, or Vietnam. Black or African American - a person having origins in any of the black racial groups of Africa. Native Hawaiian or other Pacific Islander - a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands. White - a person having origins in any of the original peoples of Europe, the Middle East or North Africa.

### **Disability/Serious Health Condition**

The next questions address disability and serious health conditions. Your responses will ensure that our outreach and recruitment policies are reaching a wide range of individuals with physical or mental conditions. Consider your answers without the use of medication and aids (except eyeglasses) or the help of another person.

### Check all that apply to you

- Deaf or serious difficulty hearing
- ▼ Blind or serious difficulty seeing even when wearing glasses.
- Missing an arm, leg, hand, or foot
- Paralysis: Partial or complete paralysis (any cause)
- Significant Disfigurement: for example, severe disfigurements caused by burns, wounds, accidents, or congenital disorders
- Significant Mobility Impairment: for example, uses a wheelchair, scooter, walker or uses a leg brace to walk
- ✓ Significant Psychiatric Disorder: for example, bipolar disorder, schizophrenia, PTSD, or major depression
- Intellectual Disability (formerly described as mental retardation)
- Developmental Disability: for example, cerebral palsy or autism spectrum disorder
- 🔽 Traumatic Brain Injury
- Dwarfism
- Epilepsy or other seizure disorder
- Other disability or serious health condition: for example, diabetes, cancer, cardiovascular disease, anxiety disorder, or HIV infection; a learning disability, a speech impairment, or a hearing impairment

### If you did not select one of the options above, please indicate whether:

- None of the conditions listed above apply to me.
- I do not wish to answer questions regarding disability/health conditions.

### Other Disability or Serious Health Condition

| that apply to you. As explained above, your responses will not be shown to the panel rating the applications, to the selecting official, to anyone else who can affect your application. All responses will remain private to the extent permitted by law. See the Privacy Act Statement below for more information. |
|--|
| I do not wish to specify any condition.  |
| Alcoholism   |
| Cancer   |
| Cardiovascular or heart disease  |
| Crohn's disease, irritable bowel syndrome, or other gastrointestinal impairment  |
| Depression, anxiety disorder, or other psychological disorder  |
| Diabetes or other metabolic disease  |
| Difficulty seeing even when wearing glasses  |
| Hearing impairment   |
| History of drug addiction (but not currently using illegal drugs)  |
| HIV Infection/AIDS or other immune disorder  |
| Kidney dysfunction: for example, requires dialysis   |
| Learning disabilities or ADHD  |
| Liver disease: for example, hepatitis or cirrhosis   |
| Lupus, fibromyalgia, rheumatoid arthritis, or other autoimmune disorder  |
| Morbid obesity   |
| Nervous system disorder: for example, migraine headaches, Parkinson's disease, or multiple sclerosis   |
| Non-paralytic orthopedic impairments: for example, chronic pain, stiffness, weakness in bones or joints, or some loss of ability to use parts of the body  |
| Orthopedic impairments or osteo-arthritis  |
| Pulmonary or respiratory impairment: for example, asthma, chronic bronchitis, or TB  |
| Sickle cell anemia, hemophilia, or other blood disease   |
| Speech impairment  |
| Spinal abnormalities: for example, spina bifida or scoliosis   |
| Thyroid dysfunction or other endocrine disorder  |
| Other  |

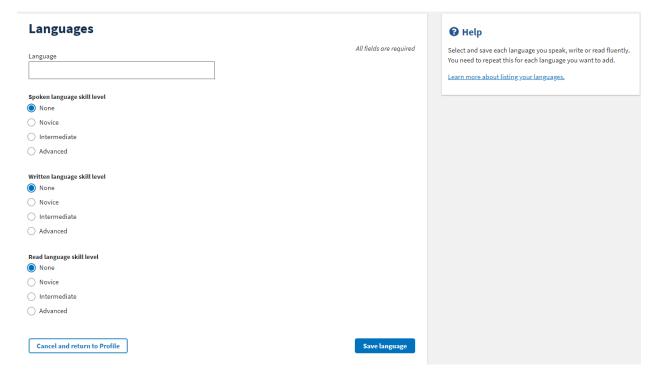
You indicated that you have a disability or a serious health condition. If you are willing, please select any of the conditions listed below

If you have one of the conditions listed above, you may be eligible to apply under the <u>Schedule A Hiring Authority</u>.

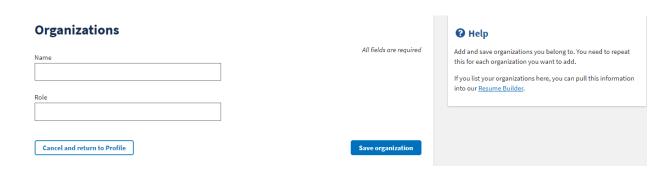
Cancel and return to Profile

Save demographics

### Languages



### Organizations



### References

| References                   |  | <b>?</b> Help  |
|------------------------------|--|--|
| Name                         | All fields are required unless otherwise noted | Add and save each reference. You need to repeat this for each reference you want to add. |
| Phone                        |  | If you list your references here, you can pull this information into our Resume Builder  |
|                              |  |  |
| Email                        |  |  |
| Reference type               |  |  |
| Professional     Personal    |  |  |
| Employer (optional)          |  |  |
| Title (optional)             |  |  |
|                              |  |  |
| Cancel and return to Profile | Save reference                                 |  |