Contact Information

USAJOBS®

Home   **Profile**   Documents   Preferences

Contact Information

All fields are required unless otherwise noted

Legal Name

Title (optional)

First name

JAMES

Middle name (optional)

D

Last name

Still

Suffix (optional)

JR.

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   **Save contact info**

Delete Profile   +

Citizenship

Citizenship

All fields are required.

Are you a U.S. Citizen or national?
- ◯ Yes
- ⦿ No

Country of citizenship
[United States ⬍]

Please select the statement that best applies to your Selective Service registration status.

Registered
- ⦿ I am a male born on or after January 1, 1960, and I have registered.

Exempt
- ◯ I am a female, and therefore I am exempt from registering.

Not Registered
- ◯ I am a male born before January 1, 1960 and therefore I am exempt from registering.
- ◯ I am a male born on or after January 1, 1960, and I have not registered, but I have an approved exemption.
- ◯ I am a male born on or after January 1, 1960, and I have not registered.

[Cancel and return to Profile]   [Save citizenship]

Hiring Paths

Hiring paths

Select all the hiring paths that you believe apply to you.

You do NOT belong to the following groups

U.S. Citizens
U.S. citizens, nationals, or those who owe allegiance to the U.S.

Federal Employees
Current or former federal employees in the competitive or excepted service.

Veterans
Veterans of the U.S. Armed Forces or a spouse, widow, widower or parent of a veteran, who may be eligible for derived preference.

Military spouses
Military spouses relocating under PCS orders, or whose spouse is 100% disabled or died while on active duty.

National Guard & Reserves
Current members, those who want to join, or transitioning military members.

Students
Current students enrolled in an accredited high school, college or graduate institution.

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

Please select the statement below which best reflects your federal employment status. (Required)

◉ I am currently a federal civilian employee

○ I am a former federal civilian employee with reinstatement eligibility.

○ I am a former federal civilian employee but do not have reinstatement eligibility.

Not a federal employee

○ I am not and have never been a federal civilian employee.

Are you a contractor who is currently working for the Federal Government? (optional)

○ Yes

○ No

Current federal service

Department & agency (optional)

- Select -	⬍

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 if you want to use Open Opportunities.

Federal Government email address (optional)

[   ]

This is your officially issued Federal Government email address. You must include this email address if you want to use Open Opportunities .

☐ Receive notifications to this email?

Are you a current federal civilian employee serving under a Veterans' Recruitment Appointment (VRA)?

○ Yes

◉ No

Is your position in the competitive, excepted, or senior executive service?

○ Competitive

○ Excepted

○ Senior Executive

Learn more about determing the service to which you belong.

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 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

○ No

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]

Eligibility

Do you claim [Veterans' Preference](#)?

◯ 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

All fields are required unless otherwise noted

Employer name

Address

Street address

Street address 2 (optional)

Country

United States ⬍

Postal code

City or Town

State, Territory, or Province

[dropdown ▲▼]

Position

Formal job title

[text field]

Start date

Month   Year

[ ]   [ ]

End date

Month   Year

[ ]   [ ]

[ ] Present?

Duties, accomplishments, and related skills

[text area]

Problems with formatting when pasting from Microsoft Word?

Salary (optional)

[   ]

Currency (optional)

[USD   ⇕]

Salary rate (optional)

[Bi-weekly   ⇕]

Average hours per week (optional)

[   ]

May we contact your supervisor? (optional)

○ Yes

○ No

○ Contact 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

All fields are required unless otherwise noted

School or Program name

Country

United States ⬍

Postal code

City or Town

State, Territory, or Province

⬍

Degree or Level attained

⬍

Completion date (optional)

Month   Year

Major (optional)

Minor (optional)

❓ **Help**

Learn more about listing your education.

Grade Point Average (GPA) (optional)

GPA   of GPA Max.

[   ]   [   ]

Total credits earned (optional)

[   ]

System for awarded credits (optional)

◯ Semester hours

◯ Quarter hours

◯ Continuing education units

Honors (optional)

[⬍]

Relevant coursework, licensures, and certifications (optional)

[   ]

(2000 characters remaining)

[Cancel and return to Profile]   [Save education]

Demographics

Demographics

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 personnel file.

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

You indicated that you have a disability or a serious health condition. If you are willing, please select any of the conditions listed below that apply to you. As explained above, your responses will not be shown to the panel rating the applications, to the selecting official, or 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

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

Cancel and return to Profile   **Save demographics**

Languages

Languages

Language

All fields are required

[   ]

Spoken language skill level
- ◉ None
- ○ Novice
- ○ Intermediate
- ○ Advanced

Written language skill level
- ◉ None
- ○ Novice
- ○ Intermediate
- ○ Advanced

Read language skill level
- ◉ None
- ○ Novice
- ○ Intermediate
- ○ Advanced

[Cancel and return to Profile]   [Save language]

Organizations

Organizations

Name

All fields are required

[   ]

Role

[   ]

[Cancel and return to Profile]   [Save organization]

References

References

Name

All fields are required unless otherwise noted

Phone

Email

Reference type

◯ Professional

◯ Personal

Employer (optional)

Title (optional)

Cancel and return to Profile   **Save reference**

? Help

Add and save each reference. You need to repeat this for each reference you want to add.

If you list your references here, you can pull this information into our Resume Builder