

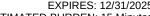
OMB CONTROL NO. 1405-0189 EXPIRES: 12/31/2025 ESTIMATED BURDEN: 15 Minutes

U.S. Department of State

APPLICATION FOR EMPLOYMENT AS A LOCALLY EMPLOYED STAFF OR FAMILY MEMBER

POSITION						
Vacancy Announcement Number		Position Title				
SECTION 1: PERSONAL INFORMATION TO BE COMPLETED BY ALL APPLICANTS						
Name (Last, First or Given Name)						
Other Names Used (All other names used, including nicknames)						
Address (Current mailing address, including apartment number, building number, or mailing code)						
Email		Telephone Number				
Are you able to legally work in this country? (Note: U.S. Government does not sponsor work visas eligibility to work in country.)	☐ Yes ☐ No s unless specified on the	e Vacancy Announce	ement. Applicants will be re	quired to provide proof of		
Do you have a relative working at this U.S. Mission? ☐ Yes ☐ No If yes, tell us their name and the section where they work.						
(Note: Relative is a husband, wife, domestic partner, member of household, father, father-in-law, stepfather, mother, mother-in-law, stepmother, son, son-in-law, stepson, daughter, daughter-in-law, stepdaughter, brother, brother-in-law, half-brother, sister-in-law, half-sister, uncle, aunt, first cousin, nephew, or niece.)						
Are you a current, or former, employee of this U.S. Mission? ☐ Yes ☐ No						
If yes, please provide the position title, employment dates, and section/agency.						
SECTION 2: EDUCATION, EXPERIENCE, AND LANGUAGE						
You must complete sections 2a, 2b, and 2c below or attach a copy of your Resume/Curriculum Vitae which provides all the requested information. If you fail to provide this information, your application may be found not qualified for the position to which you are applying.						
SECTION 2a: EDUCATION						
Please complete (HR may request a copy of your dec	,					
High School/Secondary Education (Name, City)	Dates Attended (mm-yyyy)	Did you graduate?				
	From	Yes				
Trade/Technical	Dates Attended	Did you	Certificate/Diploma	Major Subject		
(Name, City)	(mm-yyyy) From	graduate? — Yes				
	To	No				
Undergraduate/Bachelor's Degree (Name, City)	Dates Attended (mm-yyyy)	Did you graduate?	Degree/Diploma	Major Subject		
(tails, only)	From	— Yes				
	То	No				
Graduate Degree (Name, City)	Dates Attended (mm-yyyy) From	Did you graduate?	Degree/Diploma	Major Subject		
	To	—				
SECTION 3: LANGUAGES						
Please list your language proficiency for any required by	anguago in the vacaney	announcement inclu	iding the English language	Solf cortify your language		







Job Title

ESTIMATED BURDEN: 15 Minutes level based on the scale below for speaking, reading and writing. Language abilities may be tested or evaluated during interview. 1 Basic - Examples: Basic greetings, phrases, numbers, and signs. 2 Limited - Examples: Directions, simple questions. 3 Good working knowledge - Examples: Conversations about familiar topics, complex documents. 4 Fluent - Examples: Infer nuanced meaning from complex documents. 5 Translator - Examples: Certified professional translator in this language Language Speaking (Provide level) Reading (Provide level) Writing (Provide level) **SECTION 4: WORK EXPERIENCE** Paid and Voluntary - Please begin by listing your most current work experience and go back 10 years (or longer, if relevant for the job.) Please complete all required information to the best of your knowledge. You must provide the month and year of your employment. If you need additional space, please attach additional pages to your application. Job Title To (mm-yyyy) From (mm-yyyy) Yearly Salary (Local currency) Hours per Week Employer Name, Address and Phone Number Supervisory Responsibilities? Supervisor Name Yes Main Duties and Responsibilities Reason for leaving Job Title From (mm-yyyy) Yearly Salary (Local currency) Hours per Week To (mm-yyyy) Employer Name, Address and Phone Number Supervisory Responsibilities? Supervisor Name Yes No Main Duties and Responsibilities Reason for leaving



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From (<i>mm-yyyy</i>)	To (mm-yyyy)	Yearly Salary (Local currency)	Hours per Week		
Employer Name, Address and Phone Number					
Supervisory Responsibilities? Yes No		Supervisor Name			
Main Duties and Responsibilities					
Reason for leaving					
Job Title					
From (mm-yyyy)	To (mm-yyyy)	Hours per Week			
Employer Name, Address and Phone Number					
Supervisory Responsibilities?		Supervisor Name			
Yes	No				
Reason for leaving					
SECTION 5: HIRING PREFERENCE FOR U.S. CITIZEN ELIGIBLE FAMILY MEMBER (USEFM)					
Are you a U.S. citizen eligible family member (USEFM) listed on the travel orders, the approved Foreign Service Residence and Dependency Report (OF-126), or other agency equivalent document of a direct hire Foreign Service (FS), Civil Service (CS), or uniformed service member assigned (not TDY) to this U.S. Mission and under Chief of Mission authority, or to an office of the American Institute in Taiwan?					
□ Yes □ No					
If no, proceed to Section 6. If yes, help us determine your eligibility by selecting all that apply:					
☐ I am an Appointment Eligible Family Member (AEFM) / U.S. Citizen Eligible Family Member (USEFM) who is a preference eligible U.S. Veteran. I have NOT used my preference at this post, and I wish to do so for this position. (DD Form 214 required or Letter from the Veterans Affairs indicating a service-connected disability is required).					
☐ I am an Appointment Eligible Family Member (AEFM) / U.S. Citizen Eligible Family Member (USEFM) who is a preference eligible U.S. Veteran. I was hired for a position at this post using my U.S. Veteran's preference. I understand I may not use my U.S. Veteran's preference twice with the same agency at the same post unless I have a 90-day break in service.					
□ I am an Appointment Eligible Family Member (AEFM) / U.S. Citizen Eligible Family Member (USEFM) as defined in 3 FAM 7120.					
☐ I am a member of the Foreign Service Family Reserve Corps (FSFRC). (SF-50 required).					
□ I am Foreign Service employee on Leave Without Pay (LWOP).					
☐ I am a Department of State Civil Service (CS) employee on LWOP with a Bureau specific reemployment rights letter. (Reemployment rights letter required).					
☐ I am a CS employee of another U.S. government agency on LWOP. I understand HR may ask me to provide evidence of re-employment rights from					



my employer.

If you are an Appointment Eligible Family Member (AEFM) / U.S. Citizen Eligible Family Member (USEFM) who is a preference eligible U.S. Veteran and you used your hiring preference at this post, then please tell us the position and agency where you work(ed):

(Note: For more information on the USEFM hiring preference, see the Other Information section or contact the HR office listed in the vacancy announcement. Include all required documents with your application. HR may request additional documentation if needed to determine your eligibility. Dependents of U.S. Personal Services Contractors (USPSC), Members of Household, and dependents of other USG personnel who are not under COM authority are not defined as USEFM and not eligible for the USEFM hiring preference.)

SECTION 6: DECLARATION

I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete, and made in good faith. I understand that false or fraudulent information on or attached to this application may be grounds for not hiring me, or for separation/dismissal after I begin work, and may be punishable by fine or imprisonment according to this country's law or U.S. law. I understand that any information I voluntarily provide on or attached to this application may be investigated.

PRIVACY AND PAPERWORK REDUCTION ACT STATEMENTS (For U.S. Citizens and Legal Permanent Residents of the U.S.)

AUTHORITIES The information is sought pursuant to The Foreign Service Act of 1980, as amended, and 22 U.S.C. 2669(c).

PURPOSE The information solicited on this form will be used to establish your eligibility and qualifications for job vacancies at U.S. Missions.

ROUTINE USES The information may be shared with other federal agencies to the extent relevant and necessary for that agency to make employment decisions and to a Congressional Office in response to your written request. More information on Routine Uses can be found in System of Records Notices State-31, Human Resource Records, and OPM/GOVT-5, Recruiting, Examining, and Placement Records.

DISCLOSURE Disclosure of this information is voluntary. Failure to provide the requested information may result in your application not receiving full consideration or being delayed for consideration.

BURDEN Public reporting burden for this collection of information is estimated to average fifteen (15) minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: HR/OE, SA-22, 1800 G Street, NW, Washington, DC 20006.

EQUAL OPPORTUNITY EMPLOYER

The U.S. Mission provides equal opportunity and fair and equitable treatment in employment to all people without regard to race, color, religion, sex, national origin, age, disability, political affiliation, marital status, protected genetic information, or sexual orientation.

The EEO complaint procedure is not available to individuals who believe they have been denied equal opportunity based upon marital status or political affiliation. Individuals with such complaints should avail themselves of the appropriate grievance procedures, remedies for prohibited personnel practices, and/or courts for relief.

EMPLOYMENT APPLICATION FOR LOCALLY EMPLOYED STAFF OR FAMILY MEMBER INSTRUCTIONS