

# APPLICATION FOR EMPLOYMENT INSTRUCTIONS

## Carefully Read the Following Instructions and the Vacancy Announcement Before You Complete this Application

THIS APPLICATION IS REQUIRED FOR CERTAIN EMPLOYMENT OPPORTUNITIES IN THE DEPARTMENT OF STATE. TYPE OR PRINT CLEARLY IN BLACK INK. NOTE: Illegible statements on the application form may hinder full consideration of your application. Data on the application form are read by computer. Using care while filling in the form will speed processing of your application. **TYPING IS PREFERRED.** If you plan to type this application, **first fill in the boxes** (items #10, 11, 12, etc.) with black ink. If you plan to handwrite, print carefully and close letters.

Before completing this application, determine from the appropriate office if applications are being accepted for the position in which you have an interest and, if so, obtain a vacancy announcement from that office. In addition to describing the job, the announcement will help you determine if you have the appropriate qualifications and how to present them, advise whether any additional application documents are needed, and explain how to submit the application and any supplemental documents.

You must submit at least the following parts of this application (*refer to the vacancy announcement for complete instructions on what to submit*): one Page 1, one Page 2, one Page 3 and one page 5. On each Page 2, 3 and 4 you submit, enter your Social Security Number and up to the first 18 characters of your last name. You may submit more than one Page 2 depending on the number of experience blocks you need, but only one Page 3.

When completing date (*except item # 18 - "Date of Diploma/GED" and items #19 and 20 - "Date of Degree"*), use the following format: MM-DD-YYYY.

Answer all questions fully and correctly. Otherwise, you may delay the review of your application and exclude yourself from consideration for employment. See the vacancy announcement for the fax number and/or mailing instructions and for any required additional submissions and attachments. You must keep a copy of this application with an original signature. At some point in the selection process, you may be asked to submit original copies of your application and attachments. If you plan to make copies of your application, we suggest you leave items #9, 24 and 25 blank, so you can use this application for future vacancies. Complete these blank items each time you apply. **YOU MUST SIGN AND DATE, IN INK, EACH COPY YOU SUBMIT.**

## SPECIFIC INSTRUCTIONS

### Page 1

**#5.** If applicable, include your apartment number at the end of your street address.

**#6, 7.** Include area codes for all phone numbers. Use the following format: 202-555-1234.

**#12.** If you are a male and were born prior to December 31, 1959, you should NOT answer item #12.

**#13.** To qualify for Veteran's Preference, you must have been discharged or released from active duty in the armed forces under honorable conditions performed under ONE of the following conditions:

- In a war; or
- In a campaign or expedition for which a campaign badge has been authorized; or
- During the period beginning April 28, 1952, and ending July 1, 1955; or
- For more than 180 consecutive days, other than for training, any part of which occurred during the period beginning February 1, 1955, and ending October 14, 1976; or
- During the Gulf War from August 2, 1990, through January 2, 1992; or
- For more than 180 consecutive days, other than for training, any part of which occurred during the period beginning September 22, 2001, and ending on the date prescribed by Presidential proclamation or by law as the last day of Operation Iraqi Freedom; or
- Are a disabled veteran.

You will be required to submit a completed SF-15 and/or DD-214, along with any proof requested, to receive Veteran's Preference. (Please note that Veterans' Preference eligibility is governed by 5 U.S.C. 2108 and 5 CFR Part 211. All conditions are not fully described on this form because of space restrictions. For additional information, please refer to the specific regulations.)

**#16, 17.** Mark only one box per item. For #16, indicate the highest level of education you have completed. For #17, mark the box that most closely indicates your present status.

**#18, 19, 20.** List the most recently attended schools for each of these items. On Page 5, you have more space to list schools where you received additional degrees or certificates, such as from Vocational/Technical programs. Use the following format for "Date of Diploma/GED" and "Date of Degree": mm-yyyy (e.g. 04-1994). For "Date From" and "Date To" use mm-yyyy (e.g. 04-2000).

## APPLICATION FOR EMPLOYMENT INSTRUCTIONS (Cont'd)

**#22.** Rate your proficiency for speaking and reading languages other than English. Be sure to include the two languages in which you have the highest proficiency. If you wish to list more than two languages in which you have proficiency, give details in the "Continued Items" area on Page 3. Rate your proficiency using the codes listed below:

Proficiency Code	Speaking Definitions	Reading Definitions
0-No Practical Proficiency	No Practical speaking proficiency	No Practical Reading proficiency
1-Elementary Proficiency	Able to satisfy routine travel needs and minimum courtesy requirements.	Able to read some personal and place names, street signs, office and shop designations, numbers and isolated words and phrases.
2-Limited Working Proficiency	Able to satisfy routine social demands and limited work requirements.	Able to read simple prose, in a form equivalent to typescript or printing, on subject within a familiar context.
3-minimum Professional Proficiency	Able to speak the language with sufficient structural accuracy and vocabulary to participate effectively in most formal and informal conversations on practical, social, and professional topics.	Able to read standard newspaper items addressed to the general reader, routine correspondence, reports, and technical materials in the individual's special field.
4-Full Professional Proficiency	Able to use the language fluently and accurately on all levels pertinent to professional needs.	Able to read all styles and forms of the language pertinent to professional needs.
5-Native or Bilingual Proficiency	Equivalent to that of an educated native speaker.	Equivalent to that of an educated native.

### Pages 2 and 3

Fill in your employment, unemployment, and education activities, beginning with the present and working backwards 10 years. Label each experience with a consecutive letter (*A, B, C, D, etc.*) beginning with the letter "A" in the first "Experience Block". **INCLUDE ALL:** full-time work, part-time work, temporary work, paid work, unpaid work, active military duty, self-employment, periods of unemployment, educational activities (*for unpaid activities, leave the salary blocks blank*). You may also include any other experience prior to the past 10 years which you feel would be relevant to the position for which you are applying. If you had a significant change of duties or responsibilities while you worked for the same employer, describe each major change as a separate experience. If specific experience continues to the present, mark the box for "Present" and do not mark the "Date To" blocks.

### PRIVACY ACT STATEMENT

**Authority:** This form is authorized by 5 U.S.C. 3301.

**Purpose:** The information requested will be used to conduct an investigation to determine an applicant's suitability for employment and/or your ability to obtain a security clearance.

**Routine Uses:** This information may be given to Federal, State, and local law enforcement agencies to check for criminal and/or civil violations. Your name and address may be submitted to other federal U.S. Government agencies and Congressional offices and/or committees and international organizations, if requested for potential employment opportunities. If you are selected for Federal employment, we may also notify your college or university placement office.

Solicitation of your Social Security number is authorized by Executive Order 9397. Respondents Social Security numbers (SSN) will be used to identify records as other individuals may have the same name and birth date.

**Disclosure:** Although the information requested in this application (including your Social Security number) is voluntary; your application will not be processed if you fail to disclose any such information (including your Social Security number).

**Note:** If you receive the application by fax and the four corner boxes are cut off at the top or bottom of any page, please contact the sending office to resend the fax or request a form by mail. The form may not read properly if the boxes are not intact.



# APPLICATION FOR EMPLOYMENT

<input type="checkbox"/> Mr. 1. Name (Last, First, MI.)		<input type="checkbox"/> Mrs.		<input type="checkbox"/> Ms.	
2. Other Names Ever Used (Maiden, Nicknames, etc.)			3. Date of Birth (mm-dd-yyyy)		4. Social Security Number
5. Current Address (Include apartment number, if any)					
5a. City		5b. State (Two Letters)		5c. ZIP/Postal Code (ZIP + 4)	
5d. E-Mail Address		5e. Country (if not United States)		6. Current Home Phone (Include Area Code)	
6a. Current Work Phone (Include Area Code)		7. Permanent Address (include apartment number, if any)			
7a. Permanent City		7b. State (Two Letters)		7c. ZIP/Postal Code (ZIP + 4)	
7d. Permanent Country (If not United States)		7e. Permanent Home Phone (Include Area Code)			
8. Indicate Title, Position or Program you are applying for		Job Announcement Number		9. Lowest Acceptable Annual Salary Or Grade Level	
10. Are you available for: (Select all appropriate)		11. Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		12. If you are a male born after December 31, 1959, have you registered with the Selective Service? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Full-Time? <input type="checkbox"/> Shift Work?		Is your spouse/cohabitant a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		13. Veteran's Preference <input type="checkbox"/> No Preference	
<input type="checkbox"/> Temporary/Part-Time? <input type="checkbox"/> Flexible Work Schedule?		If "NO", enter the country of his/her citizenship.		<input type="checkbox"/> 5-Point Preference	
<input type="checkbox"/> Overtime? <input type="checkbox"/> World Wide Assignment?				<input type="checkbox"/> 10-Point Preference	
14. Were you ever employed as a civilian by the Federal Government? If "YES" mark all that apply.		15. Do you have a relative working for the Agency for which you are applying? If "YES", give details on Page 5.		16. Highest Education Level <u>Completed</u>	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 10 <input type="checkbox"/> College: 2 <input type="checkbox"/> Graduate Studies	
<input type="checkbox"/> Temporary <input type="checkbox"/> Career-Conditional <input type="checkbox"/> Career <input type="checkbox"/> Excepted				<input type="checkbox"/> 11 <input type="checkbox"/> College: 3 <input type="checkbox"/> Masters	
Do you receive, or have you ever applied for retirement pay, pension or other pay based on military, Federal civilian, or District of Columbia Government service? <input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> 12/GED <input type="checkbox"/> College: 4 <input type="checkbox"/> Professional Degree	
				<input type="checkbox"/> Vo/Tech Prog. <input type="checkbox"/> College: AA <input type="checkbox"/> JD/other law degree	
				<input type="checkbox"/> College: 1 <input type="checkbox"/> College: BA/BS <input type="checkbox"/> Doctorate	
17. Current Student Status					
<input type="checkbox"/> Full-Time Student					
<input type="checkbox"/> Part-Time Student					
<input type="checkbox"/> Not a Student					
18. High School Name		City, State, ZIP Code		Date of Diploma/GED (mm-yyyy)	
19. Undergraduate Institution		Date of Degree (mm-yyyy)		20. Graduate Institution	
Date of Degree (mm-yyyy)		Date of Degree (mm-yyyy)		Date of Degree (mm-yyyy)	
City, State, ZIP Code, Country (if not U.S.)		Grade Point Avg. (on 4.0 scale)		City, State, ZIP Code, Country (if not U.S.)	
Grade Point Avg. (on 4.0 scale)		Grade Point Avg. (on 4.0 scale)		Grade Point Avg. (on 4.0 scale)	
Major		Minor		Major	
Minor		Number of credit hours completed		Minor	
Number of credit hours completed		Number of credit hours completed		Number of credit hours completed	
Date From (mm-yyyy)		Date To (mm-yyyy)		Date From (mm-yyyy)	
Date To (mm-yyyy)		<input type="checkbox"/> Quarter hours completed		Date To (mm-yyyy)	
<input type="checkbox"/> Semester hours completed		<input type="checkbox"/> Semester hours completed		<input type="checkbox"/> Quarter hours completed	
<input type="checkbox"/> Semester hours completed		<input type="checkbox"/> Semester hours completed		<input type="checkbox"/> Semester hours completed	
21. Do you have or have you had a Security Clearance? <input type="checkbox"/> Yes <input type="checkbox"/> No		22. First Foreign Language Proficiency (See Codes Page 2)		Second Foreign Language Proficiency (See Codes Page 2)	
If "YES", what type of clearance and who issued the clearance?		Speaking Proficiency		Speaking Proficiency	
		Reading Proficiency		Reading Proficiency	
		<input type="checkbox"/> S <input type="checkbox"/>		<input type="checkbox"/> S <input type="checkbox"/>	
		<input type="checkbox"/> R <input type="checkbox"/>		<input type="checkbox"/> R <input type="checkbox"/>	
23. List any special skills (e.g. computer), experiences, current licenses, honors, awards, special accomplishments, and/or training (with date completed) relating to the position for which you are applying. Continue on Page 5, if necessary.		24. Original Signature (SIGN IN INK) I certify that all of the information on and attached to this application is true, correct, complete, and made in good faith.			
		Signature			
		25. Date Signed (mm-dd-yyyy)			

# APPLICATION FOR EMPLOYMENT

Social Security Number \_\_\_\_\_

Last Name \_\_\_\_\_

Experience Block  <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>	Type of Experience <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid <input type="checkbox"/> Unemployed <input type="checkbox"/> Education	Full-Time/Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time If P/T, hours per week <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div>	Exact Title of Your Job <div style="border: 1px solid black; width: 180px; height: 45px; margin: 5px 0;"></div> Date From (mm-dd-yyyy) _____ To _____	Starting Salary _____ per <input type="checkbox"/> Hr <input type="checkbox"/> Wk <input type="checkbox"/> Mo <input type="checkbox"/> Yr If present experience, mark box and leave "Date To" blank. <input type="checkbox"/> Present	Ending Salary _____ per <input type="checkbox"/> Hr <input type="checkbox"/> Wk <input type="checkbox"/> Mo <input type="checkbox"/> Yr Date To (mm-dd-yyyy) _____
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Employer's Name and Address (Include ZIP Code, if known)	If Federal employment, civilian or military, list series, grade or rank, and if promoted in this job, indicate the date of your last promotion.
Supervisor's Name, Area Code and Telephone Number	

Describe your duties and accomplishments (Include any knowledge, skills, and abilities listed in the vacancy announcement that you have gained from this work experience).

Experience Block  <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>	Type of Experience <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid <input type="checkbox"/> Unemployed <input type="checkbox"/> Education	Full-Time/Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time If P/T, hours per week <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div>	Exact Title of Your Job <div style="border: 1px solid black; width: 180px; height: 45px; margin: 5px 0;"></div> Date From (mm-dd-yyyy) _____ To _____	Starting Salary _____ per <input type="checkbox"/> Hr <input type="checkbox"/> Wk <input type="checkbox"/> Mo <input type="checkbox"/> Yr If present experience, mark box and leave "Date To" blank. <input type="checkbox"/> Present	Ending Salary _____ per <input type="checkbox"/> Hr <input type="checkbox"/> Wk <input type="checkbox"/> Mo <input type="checkbox"/> Yr Date To (mm-dd-yyyy) _____
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Employer's Name and Address (Include ZIP Code, if known)	If Federal employment, civilian or military, list series, grade or rank, and if promoted in this job, indicate the date of your last promotion.
Supervisor's Name, Area Code and Telephone Number	

Describe your duties and accomplishments (Include any knowledge, skills, and abilities listed in the vacancy announcement that you have gained from this work experience).



# APPLICATION FOR EMPLOYMENT (Cont'd)

## SUPPLEMENTAL INFORMATION

Social Security Number \_\_\_\_\_

Last Name \_\_\_\_\_

1. If employed, describe Field of Work. *(Mark the appropriate box(es))*

- |  |   |
|--|---|
| <input type="checkbox"/> Administrative/Management | <input type="checkbox"/> Media/Journalism     |
| <input type="checkbox"/> Economics/Marketing       | <input type="checkbox"/> Fine Arts            |
| <input type="checkbox"/> Banking/Finance           | <input type="checkbox"/> Scientific/Technical |
| <input type="checkbox"/> International Trade       | <input type="checkbox"/> Clerical and Related |
| <input type="checkbox"/> Law                       | <input type="checkbox"/> Sales/Service        |
| <input type="checkbox"/> Teaching                  | <input type="checkbox"/> Military             |
| <input type="checkbox"/> Federal Government        | <input type="checkbox"/> Other _____          |
| <input type="checkbox"/> Foreign Affairs           | <i>(Please specify)</i>                       |

2. Years of Full-Time Work Experience \_\_\_\_\_

3. Years of Overseas Experience \_\_\_\_\_

4. Overseas Experience

- |                                      |                                      |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Student     | <input type="checkbox"/> Military    |
| <input type="checkbox"/> Dependent   | <input type="checkbox"/> Government  |
| <input type="checkbox"/> Peace Corps | <input type="checkbox"/> Other _____ |

*(Please specify)*

5. How did you learn about the job for which you are applying? *(You may select up to 3 choices)*

- |   |   |
|---|---|
| <input type="checkbox"/> Careers.state.gov                                  | <input type="checkbox"/> Magazine <i>(Please specify)</i> _____                         |
| <input type="checkbox"/> Other Website <i>(Please specify)</i> _____        | <input type="checkbox"/> Military Transition Assistance Program or Military Career Fair |
| <input type="checkbox"/> Department of State Diplomat in Residence          | <input type="checkbox"/> Newspaper <i>(Please specify)</i> _____                        |
| <input type="checkbox"/> Department of State Recruiter                      | <input type="checkbox"/> Professional Organizations <i>(Please specify)</i> _____       |
| <input type="checkbox"/> Listserv message from careers.state.gov            | <input type="checkbox"/> Poster   |
| <input type="checkbox"/> Friend or Relative Working for Department of State | <input type="checkbox"/> Radio Advertisement  |
| <input type="checkbox"/> Email Marketing                                    | <input type="checkbox"/> Radio/TV Interview   |
| <input type="checkbox"/> Direct Mail  | <input type="checkbox"/> School or College Career Counselor                             |
| <input type="checkbox"/> Commercial Career Fair                             | <input type="checkbox"/> Teacher, Professor or Other Faculty                            |
| <input type="checkbox"/> College Career Fair                                | <input type="checkbox"/> Other <i>(Please specify)</i> _____                            |

# APPLICATION FOR EMPLOYMENT (Cont'd)

## EMPLOYMENT DATA

### 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 personnel file. However, you don't have to fill out this information - it is voluntary and will have no impact on your job application or whether or not you get hired.

Mr. **1. Name (Last, First, MI.)**  
 Mrs.  
 Ms. \_\_\_\_\_

**2. Social Security Number**  
\_\_\_\_\_

**3. Position for which you are applying**  
\_\_\_\_\_

**4. Job Announcement**  
\_\_\_\_\_

**5 (a).** Is this a Student Program position?

Yes  No

**(b).** If "YES", do you intend to enroll or continue to be enrolled in a college or university immediately after completing the program?

Yes  No

### 6. Sex

Male  Female

### 7. 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

### 8. 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 Phillipine 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.

### 9. 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.