



U.S. Department of State  
**APPLICATION FOR EMPLOYMENT AS A  
LOCALLY EMPLOYED STAFF OR FAMILY MEMBER**

*(This application is for positions recruited by the U.S. Mission under the  
Office of Overseas Employment's Interagency Local Employment Recruitment Policy)*

OMB APPROVAL NO. 1405-0189  
EXPIRES: 5/31/2019  
ESTIMATED BURDEN: 1 Hour

POSITION		
1. Position Title		2. Grade
3. Vacancy Announcement Number		4. Date Available for Work (mm-dd-yyyy)
PERSONAL INFORMATION		
5. Last Name(s)/Surnames	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Other Names Used		
7. Current Address		8. Phone Numbers Day <input type="text"/> Evening <input type="text"/> Mobile <input type="text"/>
9. E-mail Address		
10. Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
11. Do you have permanent U.S. Resident status (green card)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide number. <input type="text"/>		
12a. U.S. Social Security Number (for U.S. Citizens/Permanent U.S. Residents) <input type="text"/>  and/or  12b. Country Identification Number <input type="text"/>		
13. Are you legally eligible to work in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Mission HR may require verification of eligibility. Please attach copies of all documentation that confirms your legal eligibility to work in this country (e.g., work permit, residency permit).		
14. If you are applying for a position that includes driving a U.S. Government vehicle, do you have a current and valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable  If yes, Class/Type of License <input type="text"/>  If yes, have you operated a vehicle without incident for the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No		

15. What days are you available to work as part of a regularly scheduled work week? (Check all that apply.)

☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

16. Do any of your relatives or members of your household work for the United States Government? ☐ Yes ☐ No

If yes, provide the details below. If you need more space, use an additional sheet of paper. (See Instructions for Completing the DS-174 for the definition of relatives and members of household.)

Name	Relationship	Agency, Position, and Location

**U.S. CITIZEN ELIGIBLE FAMILY MEMBER (USEFM) AND U.S. VETERANS HIRING PREFERENCE**

17. Are you claiming preference in hiring under U.S. law and policy based upon your status as either a U.S. Citizen Eligible Family Member (USEFM) or U.S. Veteran? See instructions for Completing the DS-174 for additional information about the USEFM and U.S. Veterans hiring preference. (Check only one.)

☐ U.S. Citizen EFM ☐ U.S. Veteran  
☐ U.S. Citizen EFM and also a U.S. Veteran ☐ Neither a U.S. Citizen EFM, nor a U.S. Veteran

Have you invoked this preference for a prior position at this post/Mission? ☐ Yes ☐ No

If yes, which agency? \_\_\_\_\_ Date (mm-dd-yyyy) \_\_\_\_\_

If claiming eligibility for U.S. Veteran preference, you must attach a copy of your most recent DD-214, Certificate of Release or Discharge from Active Duty. If claiming conditional eligibility for U.S. Veterans preference, you must submit proof of conditional eligibility.

**EDUCATION**

18. Graduate School Name of School, City, State or Country	Dates Attended (mm-yyyy)  From _____ To _____	Did you graduate?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree/Diploma	Major Subject
Undergraduate College/University Name of School, City, State or Country	Dates Attended (mm-yyyy)  From _____ To _____	Did you graduate?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree/Diploma	Major Subject
High School/GED or Country Equivalent Name of School, City, State or Country	Dates Attended (mm-yyyy)  From _____ To _____	Did you graduate?  <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, highest grade level completed.	
Other, e.g. Technical/Vocational School Name of School, City, State or Country	Dates Attended (mm-yyyy)  From _____ To _____	Did you graduate?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate/Diploma	Major Subject

## LANGUAGES

19. List your languages, the appropriate competency levels, and your primary/first spoken/native language using the language standards below. You may only identify one primary/first spoken/native language.

### Language Indicators

**Level I** Basic Knowledge

**Level II** Limited Knowledge

**Level III** Good Working Knowledge

**IV** Fluent

**Level V** Professional Translator/Interpreter

Language Level To:	Speak	Read	Write
<b>Primary -</b>			

## WORK EXPERIENCE

20. Include all work experience, paid and voluntary. Start with your present or most recent work experience. When describing work, list specific duties/responsibilities and accomplishments. Include supervisory responsibilities and the number of employees supervised. Go into as much detail as possible for work experience that directly relates to the advertised position. Include all periods of unemployment and the reason. *(Use additional pages, as needed.)*

### 20a. WORK EXPERIENCE

20a. Job Title *(If U.S. Government, include the series and grade)*

From (mm-yyyy)	To (mm-yyyy)	Salary per Year in U.S. Dollars or Local Currency	Hours per Week
Employer's Name and Address		Supervisor's Name and Contact Information	
		Name	
		Phone Number	
		E-mail Address	
Were you a supervisor in this position? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, how many people did you supervise? _____		May HR contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Describe your major duties/responsibilities and accomplishments.

Reason(s) for Leaving *(Do not write "N/A" or "not applicable".)*

20b. WORK EXPERIENCE			
20b. Job Title <i>(If U.S. Government, include the series and grade)</i>			
From <i>(mm-yyyy)</i>	To <i>(mm-yyyy)</i>	Salary per Year in U.S. Dollars or Local Currency	Hours per Week
Employer's Name and Address		Supervisor's Name and Contact Information	
		Name	
		Phone Number	
		E-mail Address	
Were you a supervisor in this position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many people did you supervise? _____		May HR contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe your major duties/responsibilities and accomplishments.			
Reason(s) for Leaving <i>(Do not write "N/A" or "not applicable".)</i>			
20c. WORK EXPERIENCE			
20c. Job Title <i>(If U.S. Government, include the series and grade)</i>			
From <i>(mm-yyyy)</i>	To <i>(mm-yyyy)</i>	Salary per Year in U.S. Dollars or Local Currency	Hours per Week
Employer's Name and Address		Supervisor's Name and Contact Information	
		Name	
		Phone Number	
		E-mail Address	
Were you a supervisor in this position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many people did you supervise? _____		May HR contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe your major duties/responsibilities and accomplishments.			
Reason(s) for Leaving <i>(Do not write "N/A" or "not applicable".)</i>			

20d. WORK EXPERIENCE			
20d. Job Title (If U.S. Government, include the series and grade)			
From (mm-yyyy)	To (mm-yyyy)	Salary per Year in U.S. Dollars or Local Currency	Hours per Week
Employer's Name and Address		Supervisor's Name and Contact Information	
		Name	
		Phone Number	
		E-mail Address	
Were you a supervisor in this position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many people did you supervise?		May HR contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe your major duties/responsibilities and accomplishments.			
Reason(s) for Leaving (Do not write "N/A" or "not applicable".)			
LICENSE, SKILLS, TRAINING, MEMBERSHIP, AND RECOGNITION			
21. List professional licenses, certifications, typing/keyboard skills, computer skills, formal and online training, and other skills and abilities you consider relevant to the position. Include the license or certification number and attach a copy if the license or certification is a requirement of the position. If licensed in the U.S., please list the state of issuance. If licensed in another country, please list the province/state/region and country of issuance. (Use additional pages, as necessary.)			
22. List professional organizations, associations, awards, honors, fellowships, and publications you consider significant.			
REFERENCES			
23. List three personal references who are not relatives or former supervisors who can speak knowledgeably of your work performance.			
Name	Address	Telephone	Occupation
SIGNATURE AND CERTIFICATION			
24. 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 termination/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.			
Signature		Date (mm-dd-yyyy)	

CONTINUATION – WORK EXPERIENCE			
20____. Job Title (If U.S. Government, include the series and grade)			
From (mm-yyyy)	To (mm-yyyy)	Salary per Year in U.S. Dollars or Local Currency	Hours per Week
Employer's Name and Address		Supervisor's Name and Contact Information	
		Name	
		Phone Number	
		E-mail Address	
Were you a supervisor in this position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many people did you supervise?		May HR contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe your major duties/responsibilities and accomplishments.			
Reason(s) for Leaving (Do not write "N/A" or "not applicable".)			
CONTINUATION – WORK EXPERIENCE			
20____. Job Title (If U.S. Government, include the series and grade)			
From (mm-yyyy)	To (mm-yyyy)	Salary per Year in U.S. Dollars or Local Currency	Hours per Week
Employer's Name and Address		Supervisor's Name and Contact Information	
		Name	
		Phone Number	
		E-mail Address	
Were you a supervisor in this position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many people did you supervise?		May HR contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe your major duties/responsibilities and accomplishments.			
Reason(s) for Leaving (Do not write "N/A" or "not applicable".)			