

EMPLOYMENT APPLICATION FOR LOCALLY EMPLOYED STAFF OR FAMILY MEMBER

POSITION									
/acancy Announcement Number			Position Title						
SECTION 1: PERSONAL INFORMATION TO BE COMPLETED BY ALL APPLICANTS									
Name (Last, First or Given Name)									
Other Names Used						<u> </u>			
Address									
Email			Telephone Number						
Does your relative work in this Embassy or Consu	ulate? If ye	s, tell us their na	ame and	the se	ection w	here they work.			
Are you able to legally work in this country? (U.S. Government does not sponsor work visas up	nless spec		No ancy An	nounce	ement.))			
If this job includes driving a U.S. Government veh	icle, do yo	u have a curren	t and va	id driv	er's lice	ense?	No		
SECTION 2: EDUCATION									
High School/Secondary Education (Name, City)	Dates Attende (mm-yyyy)			Did y gradua	ate?				
	Froi To	From To		Yes			1		
Trade/Technical (Name, City)		Dates Attended (mm-yyyy)		Did you graduate?		Certificate/Diploma	Major Subject		
	From To								
Undergraduate/Bachelor's Degree (Name, City)		Dates Attended (mm-yyyy) From		Did you graduate?		Degree/Diploma	Major Subject		
То					es 10				
Graduate Degree (Name, City)		Dates Attended (mm-yyyy)		Did you graduate?		Degree/Diploma	Major Subject		
	То	n			lo				
SECTION 3: LANGUAGES									
Languages 1 Basic - Examples: Basic greetings, phras 2 Limited - Examples: Directions, simple qu 3 Good working knowledge - Examples: 0 4 Fluent - Examples: Infer nuanced meanir	uestions Conversati ng from cor	ons about famili nplex document	ts	s, comp	olex do	cuments			
5 Translator - Examples: Certified professional translator in Language Spe			r in this language peaking (Provide level)		Reading (Provide level)		Writing (Provide level)		
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SECTION 4: W	SECTION 4: WORK EXPERIENCE						
Paid and Voluntar	∵y - Please begin by	listing you	r most current work experience and go back 10) years (or longer, if relevant for the job.)			
Job Title							
From (mm-yyyy)	То (тт-уууу)	Yearly S	alary (Local currency)	Hours per Week			
Employer Name, A	ddress and Phone N	umber					
Supervisory Responsibilities? Supervisor Name Yes No							
Main Duties and R	Main Duties and Responsibilities						
Reason for leaving							
Job Title							
From (mm-yyyy)	То (тт-уууу)	Yearly S	alary (Local currency)	Hours per Week			
Employer Name, A	Employer Name, Address and Phone Number						
Supervisory Respo	Supervisory Responsibilities? Supervisor Name						
Main Duties and R	Main Duties and Responsibilities						
Reason for leaving							
Job Title							
From (mm-yyyy)	То (тт-уууу)	Yearly S	alary (Local currency)	Hours per Week			
Employer Name, Address and Phone Number							
Supervisory Responsibilities? Supervisor Name Yes No							
Main Duties and Responsibilities							
Reason for leaving							

SECTION 4: W	ORK EXPERIE	NCE (Co	ontinued)				
Job Title							
From (mm-yyyy)	То (тт-уууу)	Yearly S	alary (Local currency)	Hours per Week			
Employer Name, A	Employer Name, Address and Phone Number						
Supervisory Respo	Supervisory Responsibilities? Supervisor Name						
Main Duties and R	Main Duties and Responsibilities						
Reason for leaving							
SECTION 5: C	ITIZENSHIP						
Are you a U.S. citizen listed on the travel orders or approved OF-126 (or other agency equivalent) of a direct hire FS, 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? If no, proceed to Section 6. If yes, select all that apply:							
I am a member of the Foreign Service Family Reserve Corps (FSFRC). (SF-50 required)							
I am a prefere	ence eligible U.S. Ve	teran. I ha v	ve not invoked my preference at this Post. (DI	D214 required)			
I am a prefere	I am a preference eligible U.S. Veteran. I have invoked my preference at this Post. I have worked in (enter Agency/job)						
I am Foreign	Service on Leave W	ithout Pay	(LWOP).				
I am Civil Service on LWOP with Bureau-specific reemployment rights.							
SECTION 6: D	ECLARATION						
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). Your social security number (SSN) maybe used to confirm the identity and employment eligibility of the individual, pursuant to Executive Order 9397, as amended.							
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, including your social security number, 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 one (1) hour 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.							
		E	QUAL OPPORTUNITY EMPLO	DYER			
			l equitable treatment in employment to all people with etic information, or sexual orientation.	nout regard to race, color, religion, sex, national origin, age,			
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.							

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			INSTRUCTIONS			
SECTION 1 - PE	RSONAL INFORM	ATION				
Address - Curren Email - Complete	d - All other names ut mailing address, ind	ORTANT: Most corre	ames Imber, building number, or mai espondence will be via email.)	iling code		
Relative is a husb	and, wife, domestic p n, daughter, daughte		ousehold, father, father-in-law er, brother, brother-in-law, half			
SECTION 2 - ED	UCATION					
	-	to provide a copy of	your diploma or certification a	t the interview phase, or if ask	ked by HR.	
SECTION 3 - LA	NGUAGES					
The Mission asses	sses the language pr	oficiency using the fo	ollowing standards:			
2 Limited - E 3 Good worl 4 Fluent - E>	xamples: I can give king knowledge - E kamples: Infer nuanc	basic directions, sim	ons about familiar topics, com nplex documents	-		
List language prof languages will or r		he level for Speaking	g, Reading and Writing for eac	h. The Vacancy Announceme	nt states whether these	
Language			Speaking (Provide level)	Reading (Provide level)	Writing (Provide level)	
	English		4 Fluent	4 Fluent	4 Fluent	
	Italian		2 Limited	1 Basic	1 Basic	
SECTION 4 - WO		E				
Please complete a	all required information		back 10 years or longer, if rele knowledge. You must provide plication.	•	mployment. If you need	
Job Title						
From (mm-yyyy)	То <i>(тт-уууу)</i>	Yearly Salary (Loca	al currency)	Hours per Week		
Employer Name, A	ddress and Phone N	umber				
Supervisory Responsibilities? Supervisor Name Yes No						
Main Duties and Re	esponsibilities					
Reason for leaving						
SECTION 5 - FO	R U.S. CITIZENS	ONLY				
Select all that app interview phase.	ly and include the real	quired documents (a	s stated) with the application.	Additional documents may be	requested by HR at the	
SECTION 6 - DE	CLARATION					

All applicants must read the declaration and mark their agreement to proceed with the application.