



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<br><input type="text"/>   | First Name<br><input type="text"/> | Middle Name<br><input type="text"/>                            |
| 6. Other Names Used  |                                    |  |
| 7. Current Address   |                                    | 8. Phone Numbers<br>Day _____<br>Evening _____<br>Mobile _____ |
| 9. E-mail Address  |                                    |  |
| 10. Are you a U.S. Citizen?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |                                    |  |
| 11. Do you have permanent U.S. Resident status (green card)?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, provide number. _____  |                                    |  |
| 12a. U.S. Social Security Number (for U.S. Citizens/Permanent U.S. Residents) _____<br>and/or<br>12b. Country Identification Number _____  |                                    |  |
| 13. Are you legally eligible to work in this country?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable<br>If yes, Class/Type of License _____<br>If yes, have you operated a vehicle without incident for the past three years?<br><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<br>Name of School, City, State or Country                     | Dates Attended<br>(mm-yyyy)<br>From _____<br>To _____ | Did you graduate?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No | Degree/Diploma                        | Major Subject |
| Undergraduate College/University<br>Name of School, City, State or Country        | Dates Attended<br>(mm-yyyy)<br>From _____<br>To _____ | Did you graduate?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No | Degree/Diploma                        | Major Subject |
| High School/GED or Country Equivalent<br>Name of School, City, State or Country   | Dates Attended<br>(mm-yyyy)<br>From _____<br>To _____ | Did you graduate?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No | If no, highest grade level completed. |               |
| Other, e.g. Technical/Vocational School<br>Name of School, City, State or Country | Dates Attended<br>(mm-yyyy)<br>From _____<br>To _____ | Did you graduate?<br><input type="checkbox"/> Yes<br><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 <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 |                     | May HR contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No |                |
| If yes, how many people did you supervise? _____   |                     |  |                |

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 (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?  Yes  NoMay HR contact your supervisor?  Yes  No

If yes, how many people did you supervise? \_\_\_\_\_

Describe your major duties/responsibilities and accomplishments.

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

**20c. WORK EXPERIENCE**

20c. 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?  Yes  NoMay HR contact your supervisor?  Yes  No

If yes, how many people did you supervise? \_\_\_\_\_

Describe your major duties/responsibilities and accomplishments.

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

**20d. WORK EXPERIENCE**

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

|                       |                     |   |                |
|-----------------------|---------------------|---|----------------|
| 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?  Yes  No  
If yes, how many people did you supervise?

May HR contact your supervisor?  Yes  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?  Yes  NoMay HR contact your supervisor?  Yes  No

If yes, how many people did you supervise?

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?  Yes  NoMay HR contact your supervisor?  Yes  No

If yes, how many people did you supervise?

Describe your major duties/responsibilities and accomplishments.

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