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11. FATHER'S NAME:

LAST(SURNAME) FIRST MIDDLE

DATE OF BIRTH (Month, Day, Year) _____

PLACE OF BIRTH (City, Country) _____

PRESENT ADDRESS IN FULL: _____

PRESENT OCCUPATION: _____

12. MOTHER'S NAME:

LAST(SURNAME) FIRST MIDDLE

DATE OF BIRTH (Month, Day, Year) _____

PLACE OF BIRTH (City, Country) _____

PRESENT ADDRESS IN FULL: _____

PRESENT OCCUPATION: _____

13. How did you learn about this position: Ad Employee Relative walk in Other

14. RELATIVES (Brothers and sisters)

NAME	RELATIONSHIP	NATIONALITY	OCCUPATION	PRESENT ADDRESS IN FULL

15. Do you have any relatives (For example: Spouse, parent, brother, sister, aunt, uncle or a spouse of a brother, sister, aunt or uncle, or a cousin, stepfather, stepmother) that work for the Embassy: If yes, please list name, department where they work and how long they have been employed?

16. If there is someone in the Embassy that you consider a relative but it's not in the example list above, please explain relationship, list name, department where they work and how long they have been employed?

17. CURRENT CITIZENSHIP: _____

18. U.S. CITIZENSHIP: Do you have any claim to U.S. Citizenship? YES _____ NO _____

19. TRAVEL: (IF you have ever traveled in any other countries give the dates, duration and purpose of such travel. If travel was in the United States, supply under item 28 additional data, including type of visa, place and date of issuance, date and port of arrival in the United States, places of residence in the United States and the date and port of departure from the United States.)

COUNTRY	DATES		PURPOSE
	FROM	TO	

20. EDUCATION (Elementary, High School, College and Others)

NAME OF EDUCATIONAL INSTITUTIONS	DATES ATTEND		TYPE OF DEGREE OR CERTIFICATE	DATED RECEIVED	MAJOR SUBJECT/FIELD OF STUDY
	FROM	TO			
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please provide the address of the institutions:

*Applications must be submitted with supporting documentation such as diplomas, certifications of completion, etc. verifying your educational and technical abilities.

21. LANGUAGE: Indicate the extent of your competence in English: 5-Fluent; 3-Good; 1-Fair; 0-Not at all

LANGUAGE	SPEAK	READ	WRITE	UNDERSTAND
English	_____	_____	_____	_____
_____	_____	_____	_____	_____

22. SPECIAL QUALIFICATIONS AND SKILLS:

List any special skills you possess and equipment you can use such as forklifts, office equipment, certifications etc..

Typing Speed: _____ words per minute

TRAINING RECEIVED:

List training received in areas applicable to the job in which you are applying

23. EMPLOYMENT: For each position you have held in the last ten (10) years, provide the following information in the space provided. Use continuation sheets as needed. Begin with your present position and work backwards.

A. NAME AND FULL ADDRESS OF EMPLOYER

DATES WORKED (MONTH/DAY/YEAR): FROM _____ TO _____

EXACT TITLE OF POSITION: _____

SALARY (Indicate if per week, month, year, etc..)

INITIAL SALARY: _____ per _____ FINAL: _____ per _____

NAME, TITLE AND TELEPHONE NUMBER OF IMMEDIATE SUPERVISOR:

DESCRIPTION OF WORK (Describe duties, responsibilities, and accomplishments):

NUMBER OF HOURS WORKED PER WEEK: _____ NUMBER OF EMPLOYEES YOU SUPERVISED _____

REASON FOR LEAVING: _____

B. NAME AND FULL ADDRESS OF EMPLOYER:

DATES WORKED (MONTH/DAY/YEAR): FROM _____ TO _____

EXACT TITLE OF POSITION: _____

SALARY (Indicate if per week, month, year, etc..)

INITIAL SALARY: _____ per _____ FINAL: _____ per _____

NAME, TITLE AND TELEPHONE NUMBER OF IMMEDIATE SUPERVISOR:

DESCRIPTION OF WORK (Describe duties, responsibilities, and accomplishments):

NUMBER OF HOURS WORKED PER WEEK: _____ NUMBER OF EMPLOYEES YOU SUPERVISED _____

REASON FOR LEAVING: _____

C. NAME AND FULL ADDRESS OF EMPLOYER:

DATES WORKED (MONTH/DAY/YEAR): FROM _____ TO _____

EXACT TITLE OF POSITION: _____

SALARY (Indicate if per week, month, year, etc..)

INITIAL SALARY: _____ per _____ FINAL: _____ per _____

NAME, TITLE AND TELEPHONE NUMBER OF IMMEDIATE SUPERVISOR:

DESCRIPTION OF WORK (Describe duties, responsibilities, and accomplishments):

NUMBER OF HOURS WORKED PER WEEK: _____ NUMBER OF EMPLOYEES YOU SUPERVISED _____

REASON FOR LEAVING: _____

D. NAME AND FULL ADDRESS OF EMPLOYER:

DATES WORKED (MONTH/DAY/YEAR): FROM _____ TO _____

EXACT TITLE OF POSITION: _____

SALARY (Indicate if per week, month, year, etc..)

INITIAL SALARY: _____ per _____ FINAL: _____ per _____

NAME, TITLE AND TELEPHONE NUMBER OF IMMEDIATE SUPERVISOR:

DESCRIPTION OF WORK (Describe duties, responsibilities, and accomplishments):

NUMBER OF HOURS WORKED PER WEEK: _____ NUMBER OF EMPLOYEES YOU SUPERVISED _____

REASON FOR LEAVING: _____

24. HAVE YOU EVER WORKED FOT THE U.S. GOVERNMENT? YES _____
HAVE YOU EVER BEEN DISMISSED OF FORCED TO RESIGN FROM A POSITION YES _____
PLEASE EXPLAIN: _____

25. WHEN WILL YOU BE AVAILABLE TO START WORK? _____

26. COMPUTER SKILLS:

How do you rate your computer skills (Please circle)

5=Excellent; 3=Good; 1=Fair; 0=None

List computer programs in which you have experience.

27. REFERENCE: List three persons not related to you by blood or marriage (do not list previous supervisor) who are qualified to supply definite information regarding your character and ability to perform job duties.

	NAME	MAILING ADDRESS	TELEPHONE NUMBER	OCCUPATION
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

28. Use this space for detailed answers. Add any information not covered above which might affect your employment. Use extra blank pages. If necessary.

29. IF CURRENTLY EMPLOYED, MAY WE CONTACT YOUR PRESENT EMPLOYER FOR A REFERENCE? _____

YOU MUST SIGN THIS APPLICATION. Read the following carefully before you sign.



- 1. I understand that any information I give may be investigated and that a false statement may be grounds for not hiring me or for dismissal if I am selected.
- 2. I understand that, if I am provisionally selected, Embassy-required security and full medical clearances are a prerequisite to continued employment.
- 3. I consent to the release of information about my ability and fitness for employment by employers, schools, law enforcement agencies and other individuals and organizations, to Embassy-authorized investigators and Human Resources staff.
- 4. I certify that, to the best of my knowledge, all of my statements are true, complete, and made in good faith.

Signature

Date of Application