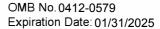


## USPSC Job Application Cover Form Form USAID/IN/HR 08/15-02

Position Title and Announcement No.						
Applicant's Name:						
1. Are you a U.S. Citi	zen? Yes	No 🗆				
If your answer to the	above question is "No"	, please answer the qu	estion below:			
1(a). Do you have pe	1(a). Do you have permanent U.S. Resident status? Yes No					
If yes, provide Number	er					
Question 2 is applicate announcement).	ole only if you have app	olied for a <b>resident-hi</b>	re USPSC position (ple	ease see vacancy		
	Family Member (Spoud on their travel orders)		J.S. Citizen employed	by the U.S.		
Yes N	0					
If your answer to the 2(b):	If your answer to the above question is "Yes", please answer 2(a) and if your answer is "No", please answer 2(b):					
2(a) Please provide the following details of the above member of your household who works for the United States Government:						
Full Name:						
Agency:	Posit	ion:	Location:			
2(b) Are you eligible to work in this country? Yes No						
If yes, please attach copies of all documentation that confirms your legal eligibility to work in this country (e.g. work permit, residency permit). If you are not sure if you need to submit proof of eligibility, contact the USAID/India EXO/HR office.						
3. U.S. Social Security Number (for U.S. Citizens / Permanent U.S. Residents) .[last four digits only]						
4. List three professional references (not relatives or former supervisors) who have thorough knowledge of your work performance and who can be contacted before making the final hiring decision if you are considered a finalist as part of the selection process						
Name	Address	Telephone	E-mail	Occupation		

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## OFFEROR INFORMATION FOR PERSONAL SERVICES CONTRACTS WITH INDIVIDUALS

## **PRIVACY ACT STATEMENT**

**Authority**: Foreign Assistance Act, Pub. L. 87-165, as amended; 48 CFR 37.104, Personal services contracts; 48 CFR Ch. 7, App. D, Direct USAID Contracts with a U.S. Citizen or a U.S. Resident Alien for Personal Services.

**Purpose**: This form collects personal information on offerors for USAID personal services contracts and is used to evaluate your qualifications for award of such a contract. This form is only valid with an OMB Number displayed in accordance with 44 USC 3506(c)(1)(B)(iii)(V).

**Routine Uses**: The personal information is used to examine and evaluate your qualifications for award of a specific personal services contract. The personal information is also used to determine the most appropriate offeror for such an award. The information may be shared outside of USAID to confirm your qualifications.

**Disclosure**: Providing personal information is voluntary. However, failure to provide any of the requested information may delay or prevent action on your offer for award of a personal services contract.

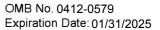
Section A – Offeror Information						
1. Title of Solicited Position			feror's Proposed I	3. Solicitation Number		
4a. Last Name			4b. First and Middle Names			
5a. Mailing Address				<ul><li>6. Phone Numbers (include area code if within the United States of America):</li><li>6a. Daytime</li><li>6b. Evening</li></ul>		
5b. City	5c. State		5d. Zip Code	5e. Country (If not within the United States of America)		
7. Email Address (if available)						

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Section B – Work Experience  Describe your paid and unpaid work experience related to this offer. Do not attach job descriptions. Base Salary definition – basic compensation for services rendered, excluding bonuses, profit-sharing arrangements, commissions, consultant fees, extra or overtime work payments, overseas differential or quarters, cost of living or dependent education allowances.						
1. Job Title (if Federal, include series and grade)						
2. From (mm/yyyy)	3. To (mm/yyyy)	4. Base Salary \$ pe	5. Hours per week			
6. Employer's Name and A	Employer's Name and Address			7a. Supervisor's Name		
			7b. Supervis	o. Supervisor's Phone		
	rrent supervisor? Yes □ N current supervisor before m		ntact you first			
9. Describe your duties, accomplishments and related skills (if you need to attach additional pages, include your name, address, and solicitation number)						
Section C – Additional Work Experience Continue on a separate page if required to list all employment relating to the duties of the position.						
1. Job Title (if Federal, please include series and grade)						
2. From (mm/yyyy)	3. To (mm/yyyy)	4.Base Salary \$ per		5. Hours per week		
6. Employer's Name and Address			7a. Supervisor's Name			
			7b. Supervisor's Phone			
8. May we contact your current supervisor? Yes □ No □						
If we need to contact your current supervisor before making an offer, we will contact you first.						
9. Describe your duties, accomplishments and related skills (if you need to attach additional pages, include your name, address, and solicitation number)						

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Section D - Education						
1. Last High School (HS)/GED school. Give the school's name, city, state, zip code (if known), and year of diploma or GED received:						
2. Mark highest level comple	eted: Some H	S □ HS/GED □	☐ Associate □	l Bachelor □	Master □ Doctora	10
Colleges and universities attended.     Do not attach a copy of your transcript unless requested.		Total Cred Semester	dits Earned Quarter	Major(s)	Degree (if any), Year Received	
3a. Name						
City	State	Zip Code				
3b. Name						
City	State	Zip Code				
3c. Name	-					
City	State	Zip Code				
Section E – Other Education Completed  Do not list degrees received solely on life experience or obtained from schools with little or no academic standards.						
Section F – Other Licenses or Certifications						
License or Certificate Date of Lates		t License or Certificate		State or Other Licensing Agency		
1.						
2.		Les.				
Section G – Other Qualifications  Offer-related training courses (give title and year). Offer-related skills (other languages, computer software/hardware, etc.).  Offer-related honors, awards, and special accomplishments (publications, memberships in professional/honor societies, leadership activities, public speaking, and performance awards). Give dates, but do not send documents unless requested.						

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Section H - General				
1a. Are you a U.S. citizen? Ye 1b. If no, give the country of you		1c. Are you a lawful permanent resident of the U.S. (aka Green Card Holder)? Yes □ No □		
2. Check this box if you are an adult male born on or after January 1 <sup>st</sup> 1960, and you registered for Selective Service between the ages of 18 through 25 or have an exemption □				
3. Were you ever a Federal civi	lian employee? Yes □ No □			
If yes, list highest civilian grade	for the following:			
3a. Series	3b. Grade	3c. From (mm/yyyy)	3d. To (mm/yyyy)	
	Section I – Offer	or Certification		
I certify that, to the best of my knowledge and belief, all of the information on and attached to this offer is true, correct, complete, and made in good faith. I understand that false or fraudulent information on or attached to this offer may be grounds for not awarding me the contract or for early contract termination after award, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated.				
1a. Signature	1b. Date (mm/dd/yyyy)			
PUBLIC BURDEN STATEMENT				
Public reporting burden for this collection of information is estimated to average thirty minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to:				
United States Agency for International Development Bureau for Management Office of Acquisition and Assistance Policy Division (M/OAA/P) Washington, DC 20523-7100; and				
Office of Management and Budget Paperwork Reduction Project (0412-0520) Washington, DC 20503				

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