

**U.S. Mission**OMB APPROVAL NO. 1405-0189  
EXPIRES: 12/31/2012  
ESTIMATED BURDEN: 1 Hour**APPLICATION FOR EMPLOYMENT AS A  
LOCALLY EMPLOYED STAFF OR FAMILY MEMBER**

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

POSITION		
1. Position Title Telephone Operator	2. Grades	
3. Vacancy Announcement Number (If known) 11-013	4. Date Available for Work (mm-dd-yyyy) One month notice	
PERSONAL INFORMATION		
5. Last Name(s) / Surnames Kumar	First Name Anil	Middle Name None
6. Other Names Used None		
7. Date of Birth (mm-dd-yyyy) 01 - 10 -1990	8. Place of Birth India, New Delhi	
9. Current Address 12/40 W.E.A Karol Bagh New Delhi -110005	10. Phone Numbers Day 2508-6162 Evening 9811687254 Cell same as evening	
11. E-mail Address kumar_a@yahoo.com		
12. Are you a U.S. Citizen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
13. Do you have permanent U.S. Resident status? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide Number _____		
14a. U.S. Social Security Number (for U.S. Citizens / Permanent U.S. Residents) and /or _____ - -		
14b. Country identification Number (91)011		
15. Are you eligible to work in this country? <input checked="" 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). If you are not sure if you need to submit proof of eligibility, contact the Mission's HR office.		
16. If hired, are there accommodations the Mission needs to provide so that you can perform all the essential functions and duties of the position? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain		
17. If you are applying for a position that includes driving a U.S. Government vehicle, do you have a valid driver's license? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, Class/Type of License light/heavy on commercial license If yes, have you operated a vehicle without incident for the past three years? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		