

U.S. Department of State

OMB APPROVAL NO. 1405-0189 EXPIRES: 5/31/2019 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 Office of Overseas Employment's Interagency Local Employment Recruitment Policy)

	POSITION							
1. Position Title			2. Grade					
3. Vacancy Announcement Number			4. Date Available for Work (mm-dd-yyyy)					
	PERSONAL II	NFORMATION						
5. Last Name(s)/Surnames	First Name		Middle Name					
6. Other Names Used								
		Г						
7. Current Address		8. Phone Numbers						
		Day Evening						
		Mobile						
9. E-mail Address								
10. Are you a U.S. Citizen?	No							
11. Do you have permanent U.S. Resident status (green	en card)?	es No						
If yes, provide number.								
12a. U.S. Social Security Number (for U.S. Citizens/Pe	ermanent U.S. Resid	ents)						
and/or 12b. Country Identification Number								
13. Are you legally eligible to work in this country?	Ye	es No						
If yes, Mission HR may require verification of eligibility country (e.g., work permit, residency permit).	. Please attach copi	es of all documentation	n that confirms your legal eligibility to work in this					
14. If you are applying for a position that includes driv	ing a U.S. Governme	nt vehicle, do you have	e a current and valid driver's license?					
	Ye	es No [Not Applicable					
If yes, Class/Type of License								
If yes, have you operated a vehicle without incident fo	_	_						
	L Ye	es No						

15. What days are you available to work as part of a re Sunday Monday Tuesday	<u> </u>	eek? (Check all Thursday	that apply.)	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	Relat	ionship	Agency, Pos	sition, and Location					
II C CITIZEN EL ICIDI E EAMII V	MEMBER (USEEM)	AND H.C. VE	TEDANS HIDING DI	DEFEDENCE					
U.S. CITIZEN ELIGIBLE FAMILY	• • •								
17. Are you claiming preference in hiring under U.S. la or U. S. Veteran? See Instructions for Completing the (Check only one.) U.S. Citizen EFM.	DS-174 for additional info	rmation about the	e USEFM and U.S. Vetera	ns hiring preference.					
U.S. Citizen EFM and also a U.S. Veteran.	_	Neither a U.S. C	itizen EFM, nor a U.S. Vet	eran.					
Have you invoked this preference for a prior position a	•	Yes	No						
If yes, which agency?	Date (mm-d		Odd Conffeet of Balance						
If claiming eligibility for U.S. Veteran preference, you Duty. If claiming conditional eligibility for U.S. Veteral				e or Discharge from Active					
	EDUCATION	ON							
18. Graduate School Name of School, City, State or Country	Dates Attended (mm-yyyy)	Did you graduate?	Degree/Diploma	Major Subject					
	From	Yes							
	To	☐ No							
Undergraduate College/University Name of School, City, State or Country	Dates Attended (mm-yyyy)	Did you graduate?	Degree/Diploma	Major Subject					
	From	Yes							
	То	No No							
High School/GED or Country Equivalent Name of School, City, State or Country	Dates Attended (mm-yyyy)	Did you graduate?	If no, highest gra	If no, highest grade level completed.					
	From	Yes							
	To	☐ No							
Other, e.g Technical/Vocational School Name of School, City, State or Country	Dates Attended (mm-yyyy)	Did you graduate?	Certificate/Diploma	Major Subject					
	From	Yes							
	То	☐ No							

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 Indicato	<u>rs</u>							
Level I Basic Kno	owledge							
Level II Limited K								
Level III Good Wo	rking Knowledge							
Level IV Fluent Level V Professio	nal Translator/Interpreter							
Language Level To:	Tariblatol/interpreter			Speak	Read	Write		
Primary -								
,								
		WORK EX	PERIENCE					
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 (mm-yyyy)	rom (mm-yyyy) To (mm-yyyy) Salary per Year in U.S. Dollars or Local Currency Hours per Week							
Employer's Name and A	Address		Supervisor's N	lame and Contact In	formation			
			Name					
Phone Nu			Phone Nu	mber				
			E-mail Add	drace				
Were you a supervisor in this position? Yes No May HR of If yes, how many people did you supervise?			ontact your supervis	or? Yes	☐ No			
	<u> </u>							
Describe your major dut	ies/responsibilities and ac	complishments.						
Reason(s) for Leaving (Do not write "N/A" or "not	applicable".)						

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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 A	ddress	!	Supervisor's Name and Cont	act Information	n		
			Name				
			Phone Number				
			E-mail Address				
Were you a supervi	Ц	Yes No	May HR contact your sup	pervisor?	Yes		No
ir yes, now many pe	ople did you supervise?						
Describe your major dut	ies/responsibilities and ac	complishments.					
Reason(s) for Leaving (Do not write "N/A" or "not	applicable".)					
		20c. WORK I	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. I	Dollars or Local Currency	Hours per W	Veek		
Employer's Name and A	ddress		Supervisor's Name and Cont	act Information	n		
			Name				
			Phone Number				
			E-mail Address				
Were you a supervi	sor in this position?	Yes No	May HR contact your sup	ervisor?	Yes		No
-							
Describe your major du	ies/responsibilities and ac	complishments.					
Reason(s) for Leaving (Do not write "N/A" or "not	applicable".)					

	20d. WORK EXPERIENCE								
21d. Job Title (If U.S. G	Government, inclu	ude the se	eries 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 A	Address		l	Supervisor's N	Name and	Contact Information	n		
				Name					
				Phone Nu	ımber				
				E-mail Ad	dress				
Were you a supervi	sor in this positio	n? \square		May HR c	ontact you	ır supervisor?			
If yes, how many pe	•	Ш	Yes No		•	·	Yes	No	
Describe your major dut	ties/responsibiliti	es and ac	ecomplishments.						
Reason(s) for Leaving ((Do not write "N/A	A" or "not	applicable".)						
	LICEN	SE, SKI	ILLS, TRAINING, MI	EMBERSHIF	P, AND F	RECOGNITION	ı		
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.									
			REFER	RENCES					
23. List three personal r	eferences who a	re not rela	atives or former superviso	ors who can spe	ak knowle	dgeably of your wo	ork performanc	e	
Name		Address	ress Telephone		Occupation				
			SIGNATURE AND	CERTIFIC	ATION				
								1	
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-yy)	vy)		

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. I	Hours per W	/eek				
Employer's Name and Address			Supervisor's Name and Cont	act Information	n			
			Name					
			Phone Number					
			E-mail Address					
Were you a supervi		Yes No	May HR contact your sup	pervisor?	Yes		No	
ir yes, now many pe	ople did you supervise?							
Describe your major dut	ies/responsibilities and ac	complishments.						
Reason(s) for Leaving (Do not write "N/A" or "not	applicable".)						
		CONTINUATION - V	VORK 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. I	Dollars or Local Currency	Hours per W	/eek			
Employer's Name and A	Address		Supervisor's Name and Cont	act Information	n			
			Name					
			Phone Number					
			E-mail Address					
Were you a supervi	sor in this position?	Yes No	May HR contact your sup	ervisor?	Yes		No	
December of the second of the second of		Pale						
Describe your major dur	ies/responsibilities and ac	compisaments.						
Reason(s) for Leaving (Do not write "N/A" or "not	applicable".)						