STANDARD FORM 144 (Rev. 10/95) Page 2 Office of Personnel Management The Guide to Processing Personnel Actions

STATEMENT OF PRIOR FEDERAL SERVICE To be Completed by Employee

1. Name (Last, First, Middle Initial)		2. Social Sécurity Number				3. Date of Birth (Month, Day, Year)					
Does the application or resume that you submitted uniformed service, including beginning and ending date.	ites, as we	ell as the ty	ype of ap	pointmen	t and work	schedul	e for civilian se	al government civ	ilian and		
Yes - If "Yes", check this block and skip to Item							Items 5 - 9.	207	1		
5. List below your prior civilian service. Include serv	ice with th		ernment	on appoin		ade befor	re October 1, 19 T	987. 	/		
NAME AND LOCATION OF AGENCY	FROM			.,	TO	T	TYPE OF APPOINTMENT AND WORK SCHEDULE (Full Time Port Time or Intermittent)		ULE		
	Year	Month	Day	Year	Month	Day	(Full-Time, Part-Time, or Intermittent)				
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6. During periods of employment shown in Item 5, did you have a total of more than 6 months' absence without pay during any one calendar year?											
Yes - If "Yes", list the following information.											
TYPE OF ABSENCE, IF KNOWN (LWOP, Furlough, Suspension, AWOL, or Placement in Nonpay Status)	FROM			то			TOTAL				
	Year	Month	Day	Year	Month	Day	YEARS	MONTHS	DAYS		
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7. List all uniformed service below. List active service									rvist, and		
active service in the commissioned corps of the Publ	ic Health S	Service or	the Natio	onal Ocea	nic and Ati	mospher	ic Administratio	n.			
BRANCH OF SERVICE	FROM			ТО			DISCHARGE				
	Year	Month	Day	Year	Month	Day	(Hone	orable or Dishono	orable)		
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8. Do you claim any type of veterans' preference wh	ich has ec	t heen ver	ified?	1	1		l				
No Selection Specified which has not been verified? No Selection Specified which has not been verified? I laim preference as the:											
Spouse of a disabled veteran Mother of a deceased or disabled veteran Unmarried widow/widower of a veteran											
9. CERTIFICATION: The prior Federal civilian and uniformed service listed on my application/resume and listed above constitutes my entire record of Federal employment. I have no other Federal service for which I want to claim credit.											
Signature	e ioi willCi	I I WAIIL LO	Ciaitii Ci	euit.			Date				
SN 7540-00-634-4101 Previous Edition Usable							L	•••	144-114		