Form App OMB No. 3206

GENERAL INFORMATION	(*This form may also be used to assess fitness for feder	mployment*
1. FULL NAME (Provide your full pointing to The control of the the	(*This form may also be used to assess fitness for feder	al contract employment)

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7c. If "NO "	after December 31, 1959?  with the Selective Service Sy  reason(s) in item 45	. 4	YES	აა28) requires th
7c. If "NO," describe your Military Service	reason(s) in item 16	stem?		
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## Declaration for Federal Employment\* (\*This form may also be used to assess fitness for federal contract employment)

Form Approved: OMB No. 3206-0182

Additional Questions	1078177	8837812131	AL POSTER COMMUNICATION
14. Do any of your relatives work for the agency or government organization to which you are sul (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousir father-in-law,mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfath stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) If "YES," use iter relative's name, relationship, and the department, agency, or branch of the Armed Forces for works.	n, nephew, niece, ner, stepmother, m 16 to provide the	YES	I NO
15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay ba Federal civilian, or District of Columbia Government service?	sed on military,	YES	T NO
Continuation Space / Agency Optional Questions	ono ymao o obreciej ,		
16. Provide details requested in items 7 through 15 and 18c in the space below or on attached s your name, Social Security Number, and item number, and to include ZIP Codes in all address answer as instructed (these questions are specific to your position and your agency is author).	sses. If any questions	ntify attached are printed b	sheets with elow, please
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Certifications / Additional Questions	asso aboard entired		
APPLICANT: If you are applying for a position and have not yet been selected, carefully revattached sheets. When this form and all attached materials are accurate, read item 17, and complete the second sheets.	iew your answers on lete 17a.	this form and	any
APPOINTEE: If you are being appointed, carefully review your answers on this form and any at materials that your agency has attached to this form. If any information requires correction to be a changes on this form or the attachments and/or provide updated information on additional sheets, When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and	ccurate as of the date	e you are sigr all changes a	ning, make
17. I certify that, to the best of my knowledge and belief, all of the information on and attached to including any attached application materials, is true, correct, complete, and made in good fait answer to any question or item on any part of this declaration or its attachments may be me after I begin work, and may be punishable by fine or imprisonment. I understand the for purposes of determining eligibility for Federal employment as allowed by law or Presidentic information about my ability and fitness for Federal employment by employers, schools, law each organizations to investigators, personnel specialists, and other authorized employees or understand that for financial or lending institutions, medical institutions, hospitals, health can information, a separate specific release may be needed, and I may be contacted for such a result of the contacted for such a result of	h. I understand that be grounds for not he hat any information I g hal order. I consent enforcement agencies representatives of the re professionals, and	t a false or friiring me, or prive may be into the release and other into Federal Government of the some other significant control of the some other significant control of the signifi	audulent for firing livestigated of dividuals rernment.
17a. Applicant's Signature: (Sign in ink)	1 . 1	Appointing C Date of Appointmen MM / DD / Y	t or Conversion
17b. Appointee's Signature: Q  Date 3/16	0/2020	er ja la kog	The second secon
(Sign in ink)	to yearlies a sure.		oyonan A
18. Appointee (Only respond if you have been employed by the Federal Government before previous Federal employment may affect your eligibility for life insurance during your new appropriate your personnel office make a correct determination.	e): Your elections of pointment. These que	life insurance stions are asl	during ced to help
18a. When did you leave your last Federal job?	MM/DD/YYYY		i charach
18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance?	YES NO	DO N	NOT KNOW
18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item	YES NO	☐ DO N	OT KNOW