

ATTENTION APPLICANTS:

**OPTIONAL FORM 306
(DECLARATION FOR FEDERAL
EMPLOYMENT)**

IS NOW A REQUIRED FORM.

**FAILURE TO COMPLETE THIS
FORM WILL CAUSE YOUR
APPLICATION TO NOT BE
REVIEWED.**

OPTIONAL APPLICATION FOR FEDERAL EMPLOYMENT - OF 612

You may apply for most jobs with a resume, this form, or other written format. If your resume or application does not provide all the information requested on this form and in the job vacancy announcement, you may lose consideration for a job.

1 Job title in announcement	2 Grade(s) applying for	3 Announcement number
4 Last name	First and middle names	5 Social Security Number
6 Mailing address		7 Phone numbers (include area code) Daytime () Evening ()
City	State ZIP Code	

WORK EXPERIENCE

8 Describe your paid and nonpaid work experience related to the job for which you are applying. Do **not** attach job descriptions.

1) Job title (if Federal, include series and grade)

From (MM/YY)	To (MM/YY)	Salary \$	per	Hours per week
Employer's name and address				Supervisor's name and phone number ()
Describe your duties and accomplishments				

2) Job title (if Federal, include series and grade)

From (MM/YY)	To (MM/YY)	Salary \$	per	Hours per week
Employer's name and address				Supervisor's name and phone number ()
Describe your duties and accomplishments				

9 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.

EDUCATION

10 Mark highest level completed. Some HS [] HS/GED [] Associate [] Bachelor [] Master [] Doctoral []

11 Last high school (HS) or GED school. Give the school's name, city, State, ZIP Code (if known), and year diploma or GED received.

12 Colleges and universities attended. Do not attach a copy of your transcript unless requested.

Name	Total Credits Earned		Major(s)	Degree - (if any)	Year Received
	Semester	Quarter			
1) _____ City _____ State _____ ZIP Code _____					
2) _____					
3) _____					

OTHER QUALIFICATIONS

13 Job-related training courses (give title and year). Job-related skills (other languages, computer software/hardware, tools, machinery, typing speed, etc. Job-related certificates and licenses (current only). Job-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.

GENERAL

14 Are you a U.S. citizen? YES [] NO [] ▶ Give the country of your citizenship. _____

15 Do you claim veterans' preference? NO [] YES [] ▶ Mark your claim of 5 or 10 points below.
5 points [] ▶ Attach your DD 214 or other proof. 10 points [] ▶ Attach an Application for 10-Point Veterans' Preference (SF 15) and proof required.

16 Were you ever a Federal civilian employee? NO [] YES [] ▶ For highest civilian grade give:
Series _____ Grade _____ From (MM/YY) _____ To (MM/YY) _____

17 Are you eligible for reinstatement based on career or career-conditional Federal status? NO [] YES [] ▶ If requested, attach SF 50 proof.

APPLICANT CERTIFICATION

18 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 firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated.

SIGNATURE

DATE SIGNED

GENERAL INFORMATION

You may apply for most Federal jobs with a resume, the attached Optional Application for Federal Employment or other written format. If your resume or application does not provide all the information requested on this form and in the job vacancy announcement, you may lose consideration for a job. Type or print clearly in dark ink. Help speed the selection process by keeping your application brief and sending only the requested information. If essential to attach additional pages, include your name and Social Security Number on each page.

- For information on Federal employment, including job lists, alternative formats for persons with disabilities, and veterans' preference, call the U.S. Office of Personnel Management at **912-757-3000**, TDD **912-744-2299**, by computer modem **912-757-3100**, or via the Internet at <http://www.usajobs.opm.gov>.
- If you served on active duty in the United States Military and were separated under honorable conditions, you may be eligible for veterans' preference. To receive preference if your service began after October 15, 1976, you must have a Campaign Badge, Expeditionary Medal, or a service-connected disability. Veterans' preference is not a factor for Senior Executive Service jobs or when competition is limited to status candidates (current or former career or career-conditional Federal employees).
- Most Federal jobs require United States citizenship and also that males over age 18 born after December 31, 1959, have registered with the Selective Service System or have an exemption.
- The law prohibits public officials from appointing, promoting, or recommending their relatives.
- Federal annuitants (military and civilian) may have their salaries or annuities reduced. All employees must pay any valid delinquent debts or the agency may garnish their salary.
- Send your application to the office announcing the vacancy. If you have questions, contact that office.

THE FEDERAL GOVERNMENT IS AN EQUAL OPPORTUNITY EMPLOYER

Designed using Adobe Acrobat, USOPM, April 1998

PRIVACY ACT AND PUBLIC BURDEN STATEMENTS

The Office of Personnel Management and other Federal agencies rate applicants for Federal jobs under the authority of sections 1104, 1302, 3301, 3304, 3320, 3361, 3393, and 3394 of title 5 of the United States Code. We need the information requested in this form and in the associated vacancy announcements to evaluate your qualifications. Other laws require us to ask about citizenship, military service, etc.

We request your Social Security Number (SSN) under the authority of Executive Order 9397 in order to keep your records straight; other people may have the same name. As allowed by law or Presidential directive, we use your SSN to seek information about you from employers, schools, banks, and others who know you. Your SSN may also be used in studies and computer matching with other Government files, for example, files on unpaid student loans.

If you do not give us your SSN or any other information requested, we cannot process your application, which is the first step in getting a job. Also, incomplete addresses and ZIP Codes will slow processing.

We may give information from your records to: training facilities, organizations deciding claims for retirement, insurance, unemployment or health benefits; officials in litigation or administrative proceedings where the Government is a party; law enforcement agencies concerning violations of law or regulation; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representing employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearances, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public and private organizations including news media that grant or publicize employee recognition

and awards; and the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives, the Federal Acquisition Institute, and congressional offices in connection with their official functions.

We may also give information from your records to: prospective nonfederal employers concerning tenure of employment, civil service status, length of service, and date and nature of action for separation as shown on personnel action forms of specifically identified individuals; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and nonfederal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from self-and-family to self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement or job for the Federal Government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employee about fitness-for-duty or agency-filed disability retirement procedures.

We estimate the public reporting burden for this collection will vary from 20 to 240 minutes with an average of 40 minutes per response, including time for reviewing instructions, searching existing data sources, gathering data, and completing and reviewing the information. You may send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to U.S. Office of Personnel Management, Reports and Forms Management Officer, Washington, DC 20415-0001.

Send your application to the agency announcing the vacancy.

VETERANS' PREFERENCE IN HIRING

- If you served on active duty in the United States Military and were separated under honorable conditions, you may be eligible for veterans' preference. To receive preference if your service began after October 15, 1976, you must have a Campaign Badge, Expeditionary Medal, or a service-connected disability. For further details, call OPM at **912-757-3000**. Select "Federal Employment Topics" and then "Veterans." Or, dial our electronic bulletin board at **912-757-3100**.
- Veterans' preference is not a factor for Senior Executive Service jobs or when competition is limited to status candidates (current or former Federal career or career-conditional employees).
- To claim 5-point veterans' preference, attach a copy of your DD-214, *Certificate of Release or Discharge from Active Duty*, or other proof of eligibility.

To claim 10-point veterans' preference, attach an SF 15, *Application for 10-Point Veterans' Preference*, plus the proof required by that form.

OTHER IMPORTANT INFORMATION

- Before hiring, an agency will ask you to complete a *Declaration for Federal Employment* to determine your suitability for Federal employment and to authorize a background investigation. The agency will also ask you to sign and certify the accuracy of all information in your application. **If you make a false statement in any part of your application, you may not be hired; you may be fired after you begin work; or you may be fined or jailed.**
- If you are a male over age 18 who was born after December 31, 1959, you must have registered with the Selective Service System (or have an exemption) to be eligible for a Federal job.
- The law prohibits public officials from appointing, promoting, or recommending their relatives.
- Federal annuitants (military and civilian) may have their salaries or annuities reduced. All employees must pay any valid delinquent debts or the agency may garnish their salary.

PRIVACY AND PUBLIC BURDEN STATEMENTS

The Office of Personnel Management and other Federal agencies rate applicants for Federal jobs under the authority of sections 1104, 1302, 3301, 3304, 3320, 3361, 3393, and 3394 of title 5 of the United States Code. We need the information requested in this brochure and in the associated vacancy announcements to evaluate your qualifications. Other laws require us to ask about citizenship, military service, etc.

- We request your Social Security Number (SSN) under the authority of Executive Order 9397 in order to keep your records straight; other people may have the same name. As allowed by law or Presidential directive, we use your SSN to seek information about you from employers, schools, banks, and others who know you. Your SSN may also be used in studies and computer matching with other Government files, for example, files on unpaid student loans.
- If you do not give us your SSN or any other information requested, we cannot process your application, which is the first step in getting a job. Also, incomplete addresses and ZIP Codes will slow processing.
- We may give information from your records to: training facilities; organizations deciding claims for retirement, insurance, unemployment or health benefits; officials in litigation or administrative proceedings where the Government is a party; law enforcement agencies concerning violations of law or regulation; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representing employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearances, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public or private organizations including news media that grant or publicize employee recognition and awards; and the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives, the Federal Acquisition Institute, and congressional offices in connection with their official functions.

We may also give information from your records to: prospective nonfederal employers concerning tenure of employment, civil service status, length of service, and date and nature of action for separation as shown on personnel action forms of specifically identified individuals; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and nonfederal agencies for use in computer matching; spouses or dependent children asking whether an employee has changed from self-and-family to self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement or job for the Federal Government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to an employee about fitness-duty or agency-filed disability retirement procedures.

We estimate the public burden for reporting the employment information will vary from 20 to 240 minutes with an average of 40 minutes per response, including time for reviewing instructions, searching existing data sources, gathering data, and completing and reviewing the information. You may send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to the U.S. Office of Personnel Management, Reports and Forms Management Officer, Washington, DC 20415-0001.

Send your application to the agency announcing the vacancy.

Form Approved: OMB 3206-0219

Applying for a Federal Job

United States
Office of
Personnel
Management

OF 510
(September 1994)

JOB OPENINGS

For job information 24 hours a day, 7 days a week, call **912-757-3000**, the U.S. Office of Personnel Management (OPM) automated telephone system. Or, with a computer modem dial **912-757-3100** for job information from an OPM electronic bulletin board. You can also reach the board through the Internet (Telnet only) at FJOB.MAIL.OPM.GOV.

APPLICANTS WITH DISABILITIES

You can find out about alternative formats by calling OPM or dialing the electronic bulletin board at the numbers above. Select "Federal Employment Topics" and then "People with Disabilities." If you have a hearing disability, call **TDD 912-744-2299**.

HOW TO APPLY

Review the list of openings, decide which jobs you are interested in, and follow the instructions given. **You may apply for most jobs with a resume, the *Optional Application for Federal Employment*, or any other written format you choose.** For jobs that are unique or filled through automated procedures, you will be given special forms to complete. (You can get an *Optional Application* by calling OPM or dialing our electronic bulletin board at the numbers above.)

WHAT TO INCLUDE

Although the Federal Government does not require a standard application form for most jobs, we do need certain information to evaluate your qualifications and determine if you meet legal requirements for Federal employment. If your resume or application does not provide all the information requested in the job vacancy announcement and in this brochure, you may lose consideration for a job. Help speed the selection process by keeping your resume or application brief and by sending only the requested material. Type or print clearly in dark ink.

Here's what your resume or application must contain

(in addition to specific information requested in the job vacancy announcement)

JOB INFORMATION

- Announcement number, and title and grade(s) of the job you are applying for.

PERSONAL INFORMATION

- Full name, mailing address (with ZIP Code) and day and evening phone numbers (with area code)
- Social Security Number
- Country of Citizenship (Most Federal jobs require United States citizenship.)
- Veterans' preference (See reverse.)
- Reinstatement eligibility (If requested, attach SF 50 proof of your career or career-conditional status.)
- Highest Federal civilian grade held (Also give job series and dates held.)

EDUCATION

- High School
Name, city, and State (ZIP Code if known)
Date of diploma or GED
- Colleges or universities
Name, city, and State (ZIP Code if known)
Majors
Type and year of any degrees received
(If no degree, show total credits earned and indicate whether semester or quarter hours.)
- Send a copy of your college transcript only if the job vacancy announcement requests it.

WORK EXPERIENCE

- Give the following information for your paid and nonpaid work experience related to the job you are applying for.

(Do not send job descriptions.)

Job title (include series and grade if Federal job)

Duties and accomplishments

Employer's name and address

Supervisor's name and phone number

Starting and ending dates (month and year)

Hours per week

Salary

- Indicate if we may contact your current supervisor.

OTHER QUALIFICATIONS

- Job-related** training courses (title and year)
- Job-related** skills, for example, other languages, computer software/hardware, tools, machinery, typing speed
- Job-related** certificates and licenses (current only)
- Job-related** honors, awards and special accomplishments, for example, publications, memberships in professional or honor societies, leadership activities, public speaking, and performance awards (Give dates but do not send documents unless requested.)

THE FEDERAL GOVERNMENT IS
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Declaration for Federal Employment

GENERAL INFORMATION

1 FULL NAME

▶

2 SOCIAL SECURITY NUMBER

▶

3 PLACE OF BIRTH (Include City and State or Country)

▶

4 DATE OF BIRTH (MM/DD/YY)

▶

5 OTHER NAMES EVER USED (For example, maiden name, nickname, etc.)

▶

▶

6 PHONE NUMBERS (Include Area Codes)

DAY ▶

NIGHT ▶

MILITARY SERVICE

7 Have you served in the United States Military Service? *If your only active duty was training in the Reserves or National Guard, answer "NO".*

Yes	No

If you answered "YES", list the branch, dates (MM/DD/YY), and type of discharge for all active duty military service.

BRANCH	FROM	TO	TYPE OF DISCHARGE

BACKGROUND INFORMATION

For all questions, provide all additional requested information under item 15 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 8, 9, and 10, your answers should include convictions resulting from a plea of nolo contendere (*no contest*), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar State law, and (5) any conviction whose record was expunged under Federal or State law.

8 During the last 10 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) *If "Yes", use item 15 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.*

9 Have you been convicted by a military court-martial in the past 10 years? (If no military service, answer "NO".) *If "Yes", use item 15 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.*

10 Are you now under charges for any violation of law? *If "Yes", use item 15 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.*

11 During the last 5 years, were you fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management? *If "Yes", use item 15 to provide the date, an explanation of the problem and reason for leaving, and the employer's name and address.*

12 Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) *If "Yes", use item 15 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.*

Yes	No

ADDITIONAL QUESTIONS

13 Do any of your relatives work for the agency or organization to which you are submitting this form? (Includes father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) *If "Yes", use item 15 to provide the name, relationship, and the Department, Agency, or Branch of the Armed Forces for which your relative works.*

14 Do you receive, or have you ever applied for, retirement pay, pension, or other pay based on military, Federal civilian, or District of Columbia Government service?

Yes	No

CONTINUATION SPACE/AGENCY OPTIONAL QUESTIONS

15 Provide details requested in items 8 through 13 and 17c in the continuation space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position, and your agency is authorized to ask them).

CERTIFICATIONS/ADDITIONAL QUESTION

APPLICANT: If you are applying for a position and have not yet been selected. Carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, complete item 16/16a.

APPOINTEE: If you are being appointed. Carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, complete item 16/16b and answer item 17.

16 I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

16a Applicant's Signature ▶
(Sign in ink)

Date ▶

16b Appointee's Signature ▶
(Sign in ink)

Date ▶

APPOINTING OFFICER: Enter Date of Appointment or Conversion
▶

17 Appointee Only (Respond only if you have been employed by the Federal Government before): Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

17a When did you leave your last Federal job?

17b When you worked for the Federal Government last time, did you waive Basic Life Insurance or any type of optional life insurance?

17c If you answered "Yes" to item 17b, did you later cancel the waiver(s)? If your answer to item 17c is "No," use item 15 to identify the type(s) of insurance for which waivers were not cancelled.

Date (MM/DD/YY)		
Yes	No	Don't Know

Declaration for Federal Employment

INSTRUCTIONS

The information collected on this form is used to determine your acceptability for Federal employment and your enrollment status in the Government's Life Insurance program. You may be asked to complete this form at any time during the hiring process. Follow instructions that the agency provides. If you are selected, you will be asked to update your responses on this form and on other materials submitted during the application process and then to recertify that your answers are true before you are appointed.

Your Social Security Number is needed to keep our records accurate, because people may have the same name and birthdate. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records. Giving us your SSN or other information is voluntary. However, if you do not give us your SSN or any other

information requested, we cannot process your application. Incomplete addresses and ZIP Codes may also slow processing.

You must answer all questions truthfully and completely. A false statement on any part of this declaration or attached forms or sheets may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by fine or imprisonment (U.S. Code, title 18, section 1001.)

Either type your responses to this form or print clearly in dark ink. If you need additional space, attach letter-size sheets (8.5" X 11"), including your name, Social Security Number, and item number on each sheet. It is recommended that you keep a photocopy of your completed form for your records.

PRIVACY ACT AND PUBLIC BURDEN STATEMENT

The Office of Personnel Management is authorized to request this information under sections 1302, 3301, 3304, and 8716 of title 5 of the U.S. Code. Section 1104 of title 5 allows the Office of Personnel Management to delegate personnel management functions to other Federal agencies. If necessary, and usually in conjunction with another form or forms, this form may be used in conducting an investigation to determine your suitability or your ability to hold a security clearance, and it may be disclosed to authorized officials making similar, subsequent determinations. Public burden reporting for this collection of information is estimated to vary from 5 to 30 minutes with an average of 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to Reports and Forms Management Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Washington, D.C. 20415.

ROUTINE USES: Any disclosure of this record or information in this record is in accordance with routine uses found in System Notice OPM/GOVT-1, General Personnel Records. This system allows disclosure of information to training facilities; organizations deciding claims for retirement, insurance, unemployment, or health benefits; officials in litigation or administrative proceeding where the Government is a party; law enforcement agencies concerning a violation of law or regulation; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representing employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearance, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public and private organizations, including news media, which grant or publicize employee recognition and awards; the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives, the

Federal Acquisitions Institute, and Congressional offices in connection with their official functions; prospective non-Federal employers concerning tenure of employment, civil service status, length of service, and the date and nature of action for separation as shown on the SF 50 (or authorized exception) of a specifically identified individual; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and non-Federal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from a self-and-family to a self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement, or job for the Federal government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employee about fitness-for-duty or agency-filed disability retirement procedures.

ARIZONA NATIONAL GUARD
 Supplement to Application for Employment
 Military Brief

For use of this form, see AZ ARNG 690-335-1/AZ ANGR 40-335-1; the proponent agency is HRO

POSITION TITLE: _____ ANNOUNCEMENT NUMBER: _____

1. ENTER ALL PERIODS OF MILITARY SERVICE, ACTIVE AND INACTIVE DUTY (National Guard, Reserves, Army, Air Force, Navy, Marine Corps, etc.)

a. ACTIVE MILITARY SERVICE (Including Active Duty for Training)

DATES		BRANCH (USA; USAF; USMC; USN; ETC)	RANK AND PAY GRADE	DUTY TITLE AND AFSC/MOS
FROM	TO			

b. RESERVE MILITARY SERVICE (Excluding Active Duty for Training) i.e. National Guard; Reserves.

DATES		BRANCH (USA; USAF; USMC; USN; ETC)	RANK AND PAY GRADE	DUTY TITLE AND AFSC/MOS
FROM	TO			

2. I AM PRESENTLY A MEMBER OF THE ARIZONA NATIONAL GUARD () YES () NO

If yes, I belong to _____.
(Unit) (Location)

ARIZONA NATIONAL GUARD
 Supplement to Application for Employment
 Applicable Knowledge, Skills and Abilities
 For use of this form, see AZ ARNG 690-335-1/AZ ANGR 40-335-1; the proponent agency is HRO

NAME:	DATE:	TITLE OF POSITION APPLIED FOR:	ANNOUNCEMENT #:
PRESENT POSITION TITLE/GRADE:		PRESENT SUPERVISOR AND TELEPHONE#	

This supplement is provided to allow applicants to highlight their Knowledge, Skills and Abilities (KSAs) which are applicable to the position for which they are applying. If it is necessary to limit the number of applicants for a position, these KSAs will be used to determine the "Best Qualified"

For each KSA shown on the from to the vacancy announcement, please identify below, in the space provided (or on additional paper if needed) how you have either demonstrated the KSA or have shown the potential to acquire them. Give specific examples describing related project, details, work assignments, outside activities, and the time frames involved in each.

You will receive consideration if you do not complete this form; however, an accurate evaluation of your qualifications may bot be possible. This may result in your not being certified.

KSA FACTOR #1:

KSA FACTOR #2:

KSA FACTOR #3:

KSA FACTOR #4:

KSA FACTOR #5:

KSA FACTOR #6:

KSA FACTOR #7:

KSA FACTOR #8:

KSA FACTOR #9:

KSA FACTOR #10:

KSA FACTOR #11:

SIGNATURE:

DATE:

**ARIZONA NATIONAL GUARD
APPLICANT BACKGROUND SURVEY**

For use of this form, see AZ ARNG 690-335-1/AZ ANGR 40-335-1; the proponent agency is HRO

GENERAL INSTRUCTIONS: Your responses are voluntary. Upon submission, this survey is detached from the application and given to the Equal Employment Manager for inclusion in the statistics compiled for the Affirmative Action Plan. Please answer each of the questions to the best of our ability. Please print entries in pencil or pen. Use only capital letters. Read each item thoroughly before completing the appropriate code number in each box.

PRIVACY ACT INFORMATION

General: This information is provided pursuant to Public Law 935-579 (Privacy Act of 1974) December 31, 1974, for individuals completing Federal records and forms that solicit personal information.

Authority: Sections 1302, 3301, 3304, and 7201 of Title 5 of the U.S. Code

Purpose and Routine Uses: The information from this survey is used for research and for a Federal equal opportunity recruitment program to help insure that agency personnel practices meet the requirements of Federal law. Address questions concerning this form to the Human Resources Office.

Effects of Nondisclosure: Providing this information is voluntary, no individual personnel selections are made based on this information.

Information Regarding Disclosure of your Social Security Number Under Public Law 93-579, Section 7 (b):

Solicitation of the Social Security Number (SSN) is authorized under provisions of Executive Order 9397 dated November 22, 1943. It is used to relate this form with other records that you file with Federal agencies.

1. **Announcement No.:** _____ 2. **Date (Month, Day, Year):** _____

3. **Name (Last, First, MI):** _____ 4. **Title of Position Applying For:** _____

5. Social Security Number	6. Year of Birth	7. Do You Have Any Physical Disability <input type="checkbox"/> 1 = YES 2 = NO
----------------------------------	-------------------------	--

8. How did you learn about the particular position for which you are applying? (You may choose up to three choices).

- | | |
|--|------------------------------------|
| () 01 - Bulletin Board or Announcement | () 09 - ARNG Recruiting Office |
| () 02 - Office of Personnel Management | () 10 - ANG Recruiting Office |
| () 03 - Veterans Administration | () 11 - National Guard EEO Office |
| () 04 - Friend or Relative Working for Agency | () 12 - Private Employment Office |
| () 05 - Friend or Relative Not Working for Agency | () 13 - ARNG unit |
| () 06 - Telephoned the Technician Personnel Office | () 14 - ANG unit |
| () 07 - Walked into the Technician Personnel Office | () 15 - AZNG HRO Web Site |
| () 08 - Federal, State, or Local Job Information Center | () 16 - Other ~ Specify |

9. Please categorize yourself in terms of race and sex using the definitions below. In the box in block 10, place the RACE/ETHNIC Code which indicates the group with which you identify yourself. Check the appropriate box in block 11, to show your sex.

A - American Indian or Alaskan Native B - Asian or Pacific Islander C - Black, Not of Hispanic Origin	D - Hispanic E - White, Not of Hispanic Origin	10. RACE/ETHNIC CODE	
		11. SEX: M = Male F = Female	