Form Approved OMB No. 3206-0040

U.S. Office of Personnel Management Occupational Questionnaire – OPM Form 1203-FX

Instructions:

The Occupational Questionnaire OPM Form 1203-FX is a scan form to be used by applicants when applying for employment. This cover sheet provides the instructions for completing the OPM Form 1203-FX, and information on the Privacy Act and Public Burden Statements. The instructions will be repeated in case this cover sheet becomes separated. The scan form itself is made up of six pages total. When submitting the completed OPM Form 1203-FX, *do not* include this cover page.

Follow the instructions on the vacancy announcement to complete the attached form.

- For optimum accuracy, it is recommended that characters be written in block style.
- Do not write on or outside the boxes.
- Do not use special characters.
- PRINT your responses in the boxes, lines, and/or blacken in the appropriate ovals.
- Use black ink. Do not staple this form.
- You may obtain an electronic copy of this form on http://www.opm.gov/forms.

Privacy Act Statement

The U.S. Office of Personnel Management (OPM) 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. Section 1104 of title 5 allows the OPM to authorize other Federal agencies to rate applicants for Federal jobs. We need the information you put on this form to see how well your education and work skills qualify you for a Federal job. We also need information on matters such as citizenship and military service to see whether you are affected by laws we must follow in deciding who may be employed by the Federal government.

We must have your Social Security Number (SSN) to identify your records because other people may have the same name and birthdate. The OPM may also use your SSN to make requests for information about you from employers, schools, banks, and others who know you, but only as allowed by law or Presidential directive. We request your SSN under the authority of Public Law 104-134 (April 26, 1996). This law requires that any person doing business with the Federal government furnish an SSN or tax identification number. This is an amendment to title 31, Section 7701.

The information we collect by using your SSN will be used for employment purposes and also for studies and statistics that will not identify you. Information we have about you may also be given to Federal, State and local agencies for checking on law violations or for other lawful purposes. We may send your name and address to State and local Government agencies, Congressional and other public offices, and public international organizations, if they request names of people to consider for employment. We may also notify your school placement office if you are selected for a Federal job. Giving us your SSN or any of the other information is voluntary. However, we cannot process your application, which is the first step toward getting a job, if you do not give us the information we request. In addition, incomplete addresses and Zip Code(s) will slow processing.

We may confirm information from your records with 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.

Public Burden Statement

We estimate the public reporting burden for this collection will vary from 20 to 45 minutes with an average of 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering data, and completing and reviewing the information. Send comments regarding the burden statement or any other aspect of the collection of information, including suggestions for reducing this burden to: U.S. Office of Personnel Management (OPM), OPM Forms Officer (3206-0040), Washington, DC 20415-7900. The OMB number, 3206-0040, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed. **Do not send completed application forms to this address.** Follow directions provided in the vacancy announcement(s).



U.S. Office of Personnel Management OMB NO Occupational Questionnaire - OPM Form 1203-FX

Form Approved OMB No. 3206-0040

ıo	Social security number Vacance														ancy identification number														
																			Jati		T								
							<u> </u>																						
	- For - Do - Do - PR - Us	r optii not v not u INT y e blad	mum vrite c ise sp our r ck ink	accui on or pecial espoi Do	racy, outsid char nses not s	it is not the sacter in the staple	ecome box s. Use boxe this	men es. se or es an form	ded the day the door l		arac racte en in	ters ers sh the a	be w nown. appro	ritten opriat	blo e o	ock st	eme tyle fo		g the	e ex	amp	les t	oelov	W.					
	Α	В	\Box	۵	m	Ш	G	Н	I	<u>د</u>	K	L	M	N	\	0 8	م ا م	R	S	,	$ \tau $	u	V	W	X	Y	Z		
	0	١	2	3	4	5	6	7	8	9				ade o			e this	• ×	<u>ر</u>	<u> </u>				•	_			J	
1.	Print title of job applying for																												
2	2. Biographic data A. First name B. Middle initial															_													
A. Frist hame B. Wilde Hillar																													
C. Last name																													
_	C. Last name																	_	_										
	D. Street address (house number, street, apartment number, where you want to receive mail))													
Ì																													
ŀ																						+						\dashv	
L																													
_	E. City F.															. Sta	ate	(ab	brev	iatio	ns).	If ou		the l	Jnited	State	es of		
																		add	lress	s, pri	nt "C		stat		a milit d fill ir	ary ı Coui	ntry,		
	G. Zip code + 4 (optional)																		·	ntry		o biai	iiv.						
						_																							
-	I. Telephone number														•	•			J.	Cc	nta	ct tir	ne	·		_			
	Use numbers only - no punctuation or spaces. Include area code if within																	Эау			Nig		0	Eith	er				
_				-	-				-								hin th	e Un	ited	Sta	ates	of A	4me	rica.					
3		E-Ma A. No						our	cor	nple	ete	e-m	nail	add	lre	ss)													
		ΣYe	•		No		3																						





			Social security number												Vacancy identification number													
							•																					
4	. ۷	Vorl	c info	orma	atior	ı (if a	appli	icab	le)		4. P	lace	e of	emp	oloyı	men	t											•
ſ																												
L											E	L 3. W	l /ork	Ladd	l dres	L S												
Γ																												
ł																												
ŀ																												
																								_				
_	C. Work city													D.	Wo	rk s	tate	(abb		tions)). If c	utsid	e the	Unite		ates of		
																				addı		orint '	"OV"	in Sta				untry,
E	E. Work zip code + 4 (optional)													leaving Zip Code blank. F. Work country														
						-																						
L	G. Work telephone number															Exte	ensi	on (if ap	plic	able	=)						
ſ																												
L	Use	nur	nbers	s only	y - no	pun	ctuat	ion c	r spa	aces	Inc	lude	area	cod	e if w) vithin	the l	 Jnite	d Sta	ites o	of Am	J nerica	a.					
		-	-			ilabil	-	Are	you	ava						Citiz		•		.		., ,	01				. ,	
P	\. F	uII-t	ıme	emp	•	ment 40 ł		s pe	er w	eek		N Y			Are you a citizen of the United States of America? O Yes O No												•	
Е	3. P	art-	time	em	ploy	men	t of	-						ŀ														•
					-	17 t	o 24	1 hrs	s/we	ek?	(\circ							infor / anr			nent	ins	truct	ions	3)		
C). T	emi	oora	rv e		25 t syme				eek?	(00			,			·	Y	N					Υ	N		
		ľ			· -	less 1 to	tha	n 1	mo	nth?	() () () ()				ues ues				0			tion			0		
						5 to						00				ues			_	0			tion tion			0		
). J	obs	requ	uirin	-	avel a 1 to		-							Ω (Othe	r inf	orma	atior	1	Δ.			.	Ŭ	Ŭ		
					-	6 to	10	nigh	nts/n	nont	:h? (\circ							anr		ncen	nent	ins	truct	ions	s)		
- 11 plus nights/month? ○ ○ E. Other employment questions (see instructions)														A.	Ger	nder	. С) Ma	ale		0	Fer	nale	!				
					•	ΥŃ			•		`	ΥN	•			В.	B. Date of birth (mm/dd/yyyy)											
		Qu	estic estic	on 2	. (000000000000000000000000000000000000000		Qi	uest	ion 4 ion 8 ion 6	5. (/									



Social security number	Vacancy identification number
9. Languages (see vacancy announcement instructions) 11. Miscellaneous information	10. Lowest grade
T Miscellarieous information	
12. Special knowledge	13.Test location
 14. Veterans' preference No Preference Claimed 5 Points Preference Claimed 10 Point Preference - You must submit a completed Standard Form 15, Application for 10-Point Veterans' Preference. 10 Points Preference Claimed (award of a Purple Heart or service-connected disability of less than 10%) 10 Points Compensable Disability Preference Claimed (disability rating of at least 10% and less than 30%) 10 Points Other (spouse, widow, widower, mother preference claimed) 10 Points Compensable Disability Preference Claimed (disability rating of 30% or more) 	When entering dates in the following fields, please use the format: mm/dd/yyyy 15. Dates of active duty - military service (skip if no veterans' preference is claimed in block 14) From: / / / / / / / / / / / / / / / / / / /
19. Job preference (see vacancy announcement instruction 1	ons) 41



to the	Social security number Vacan													n. Yo	u mus	t ret	urn p	pages 1 thro	ough 6.	
	S	ocial		Va	acan	cy ic														
				_		_														
										L										_
20.	Occupa	ationa	al spec	ialties	(see v	vacan	cy an	noun	ceme	ent in	stru	ction	s)							
	1			2			3			4			5							
				<u> </u>																
	6			7			8	_		9	_		10)	7					
																				_
21.	Geogra	phic a	availab	ility (se	ee vad	cancy	anno	unce	ment	instr	uctio	ns)								
			1							_		6				_				
l			2									7								
ı			_ <u>-</u>									<u>,</u>	$\overline{}$		\top	7				
			3									8								
												9								
ı			4									<u>9</u>	$\overline{}$		$\overline{}$	\neg				
			5									10								
													70	I	ha -!			d m f =	tion.	_
∠∠ .	Indicate	if you	ı are re	equest	ing co	onside	ration	1 for 6	either	r the								d informa cement		ons)
\circ	Career T	ransit	tion As	ssistar	nce Pl	an (C	TAP))				•		1 C	-			1 ()		,
O li	nterager	icv C	areer '	Transi	ition A	ssista	ance	Plan	(ICT	AP)				20)		12	2 🔾		
O	no ago.	.0, 0	u. 00.			.00.010			(, ,				30				3 ()		
23	Job rela	ted ex	xperier	nce										4 C 5 C				4 () 5 ()		
	(see vac				ent ins	structi	ons)							6 C				6 O		
						г		_						70				70		
	Years:			N	/lonths	s:								80				B \bigcirc		
		<u> </u>				L	I							90				90		
													,	10 🔾)		20	00		





25. Occupational questions (see vacancy announcement instructions)

Social security number	Vacancy identification number													
A B C D E F G H I 1. 0 0 0 0 0 0 0 0 0 0 2. 0 0 0 0 0 0 0 0 0 4. 0 0 0 0 0 0 0 0 0 5. 0 0 0 0 0 0 0 0 0 6. 0 0 0 0 0 0 0 0 0 8. 0 0 0 0 0 0 0 0 0 9. 0 0 0 0 0 0 0 0 0	A B C D E F G H I 31.	A B C D E F G H I 61. ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ 62. ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ 63. ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ 64. ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ 65. ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ 66. ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○												
A B C D E F G H I 11.	A B C D E F G H I 41.	A B C D E F G H I 71. 0												
A B C D E F G H I 21.	A B C D E F G H I 51.	A B C D E F G H I 81.												





25. Occupational questions (continued)

Please fill in the following items on each page of this application form. To review the Privacy Act and Public Burden Statements, please refer to the cover page of this form. If this information is not included, we cannot process your application. You must return pages 1 through 6.

				Social security number Vacancy ide														, ider	ntification number										
							_] - [
92 93 94 95 96 97 98	A · · · · · · · · · · · · · · · · · · ·	000000000	000000	000000000	000000000	00000000	00000000	H 0000000000	I 0000000000	122 123 124 125 126 127 128 129	A	B 00000000000	000000	0000000000	000000000	F 0000000000	G 00000000000	00000000	I 00000000000	15 15 15 15 15 15 15	1. C 2. C 3. C 4. C 5. C 6. C 7. C 8. C	00000	00000000	000000000	000000000	000000000	_	00000	00000000
102 104 105 106 107 108	A 00000000000	000000000	00000000	00000000	00000000	0 0 0 0	0000000000	H 00000000000	-0000000000	132 133 134 135 136 137 138 139	A	0000	00000	0000000000	000000000	F 00000000000	G 000000000000	0000000000	- 00000000000	16 16 16 16 16 16	1. C 2. C 3. C 4. C 5. C	0000000	000000000		000000000	000000	000000000	H 00000000000	0000000000
12 13 14 15 16 17 18	A	000000000	00000000	000000000	00000000	000000000	000000000	0000000	00000000	142 143 144 145 146 147 148 149	A	00000000	000000000	0000000000	00000000	000000000	00000000	000000000	0000000	17: 17: 17: 17: 17: 17: 17:	1. C 2. C 3. C 4. C 5. C 6. C 7. C 8. C	B 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	000000000	000000000	00000000	000000000	000000000	000000000	00000000

You have now completed the OPM Form 1203-FX. When submitting, do not include the cover page. Only submit pages numbered 1 through 6.

