

## **U.S. Office of Personnel Management**

Form Approved OMB No. 3206-0040

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|    |  |       | Sc  | ocial | sec  | urity | / nui | mbe               | er_     |       |       |       |      |                   | ٧               | aca      | anc | y ic     | den  | tific | atio  | n n   | uml      | ber   | _          |       |       |                  |      |
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| -  | Follow the instructions on the vacancy announcement.  - For optimum accuracy, it is recommended that characters be written block style following the examples below.  - Do not write on or outside the boxes.  - Do not use special characters. Use only the characters shown.  - PRINT your responses in the boxes and/or blacken in the appropriate ovals.  - Use black ink. Do not staple this form.  - You may obtain an electronic copy of this form at http://www.opm.gov/forms. |       |     |       |      |       |       |                   |         |       |       |       |      |                   |                 |          |     |          |      |       |       |       |          |       |            |       |       |                  |      |
|    | Α  | В     | С   | D     | E    | F     | G     | H                 | Ι       | J     | K     | L     | M    | N                 | 0               | 2        | Q   | R        | S    | -     | 7     | 1     | <b>v</b> | W     | X          | Y     | Z     |                  |      |
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| 2. | 2. Biographic data   |       |     |       |      |       |       |                   |         |       |       |       |      |                   |                 | _        |     |          |      |       |       |       |          |       |            |       |       |                  |      |
| Γ  | A. First name  B. Middle initial   |       |     |       |      |       |       |                   |         |       |       |       |      |                   |                 |          |     |          |      |       |       |       |          |       |            |       |       |                  |      |
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|    |  |       |     |       |      |       |       |                   |         |       |       |       |      |                   |                 |          |     |          |      |       | ess,  | print | t "O\    | /" in | Stat       |       |       | Coun             | try, |
|    | G.   | Zip   | cod | le    |      |       | + 4   | ł (o <sub>l</sub> | otior   | nal)  | _     |       |      |                   |                 |          |     |          | Н    | . Cc  | unt   | ry    |          |       |            |       |       |                  |      |
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3. E-Mail address (print your complete e-mail address)

Use numbers only - no punctuation or spaces. Include area code if within the United States of America.

A. Notify me by e-mail:

O Yes  $\bigcirc$  No J. Contact time ○ Night

O Day



Either



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                          | securi         |               | Vacancy identification number |       |       |      |               |               |        |   |             |          |  |            |        |         |             |       |       |      |        |            |  |  |  |
|--|---------------------------------|----------------|---------------|-------------------------------|-------|-------|------|---------------|---------------|--------|---|-------------|----------|--|------------|--------|---------|-------------|-------|-------|------|--------|------------|--|--|--|
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| 4. Work  | informa                         | tion (if       | appl          | icab                          | le)   |       | 4 P  | lace          | of e          | -mr    | lovr  | nen         | <u> </u> |  |            |        |         |             |       |       |      |        | _          |  |  |  |
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|  |                                 |                |               |                               |       |       |      |               |               |        |   |             |          |  |            |        |         |             |       |       |      |        |            |  |  |  |
|  |                                 |                | C. V          | Vork                          | city  | y     |      |               |               |        |   | D.          | Wo       | rk s   | tate       |        | Stand   |             |       |       |      |        | d States o |  |  |  |
|  |                                 |                |               |                               |       |       |      |               |               |        |   |             |          |  |            | Ame    | rica, a | and y       | ou d  | o not | have | a mili | tary       |  |  |  |
| [ ]  | E. Work zip code + 4 (optional) |                |               |                               |       |       |      |               |               |        |   |             |          | address, print "OV" in State and fill in Countilleaving Zip Code blank.  F. Work country |            |        |         |             |       |       |      |        |            |  |  |  |
| E. WOIK  |                                 | е<br>          | T 4           | (op                           | lion  | ai)   | l    |               | $\overline{}$ | $\top$ | $\overline{}$   |             |          | v\   | T          | T      | Пиу     |             |       |       |      |        | ٦          |  |  |  |
|  |                                 |                |               |                               |       |       |      |               |               |        |   |             |          |  |            |        |         |             |       |       |      |        |            |  |  |  |
| G. Work telephone number   |                                 |                |               |                               |       |       |      |               |               |        |   |             | Exte     | ensi   | on (       | if ap  | plica   | able        | e)    |       |      |        |            |  |  |  |
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| Use numb   | bers only                       | - no pu        | nctua         | tion o                        | r spa | aces. | Inc  | l<br>Iude     | l<br>area     | cod    | L<br>e if w   | ]<br>⁄ithin | the l    | ∟∟<br>Jnite  | ⊥<br>d Sta | ites o | of Am   | J<br>ierica | a.    |       |      |        |            |  |  |  |
| 5. Emplo   | yment a                         | availab        | ility -       | Are                           | you   | ı ava | ilab | le fo         | or            |        | 6. 0  | Citizo      | ensl     | hip  |            |        |         |             |       |       |      |        | _          |  |  |  |
| A. Full-tir  | -                               | loymeı         | nt            |                               | -     |       | ,    | ΥN            |               |        | 6. Citizenship Are you a citizen of the United States of America? |             |          |  |            |        |         |             |       |       |      |        |            |  |  |  |
| B. Part-ti   | me emp                          |                | houi<br>nt of | rs pe                         | er w  | еек   | ? (  | 00            |               | L      | ○ Yes ○ No  |             |          |  |            |        |         |             |       |       |      |        |            |  |  |  |
|  | '                               | - 16           | or fe         |                               |       |       |      |               |               |        | 7. E  | Back        | grou     | und  | infor      | mat    | ion     |             |       |       |      |        |            |  |  |  |
|  |                                 |                | to 24         |                               |       |       |      | ) ()<br>() () |               |        |   |             | -        |  | / anr      |        | cem     | ent         | inst  | truct |      |        |            |  |  |  |
| C. Tempo   | orary en                        |                |               |                               |       |       |      |               |               |        | Q   | ues         | tion     | 1.   | 0          |        | Οı      | ıest        | ion   | 4     | Y    | N<br>O |            |  |  |  |
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| - 1 to 4 months? OO<br>- 5 to 12 months? OO                                    |                                 |                |               |                               |       |       |      |               |               |        |   |             | tion     |  | 0          | 0      |         |             | ion   |       | _    | 0      |            |  |  |  |
| D. Jobs requiring travel away from home for - 1 to 5 nights/month? ○○          |                                 |                |               |                               |       |       |      |               |               |        |   |             | r info   | orm  | atior      | 1      |         |             |       |       |      |        |            |  |  |  |
|  |                                 | - 6 t          | o 10          | nigh                          |       |       |      |               |               | I.     |   |             |          |  |            |        | cem     | ent         | inst  | truct | ions | )      |            |  |  |  |
| - 6 to 10 nights/month? () () - 11 plus () () () () () () () () () () () () () |                                 |                |               |                               |       |       |      |               |               |        |   |             | Ger      | nder   | · C        | Ma     | le      |             | 0     | Fer   | nale |        |            |  |  |  |
| ⊏. Otner   | епрюу                           | ment d<br>Y N  |               | UIS                           | (SE   | e in  |      | ctior<br>Y N  |               |        |   | B.          |          | Dat  | e of       | birth  | ր (m    | m/d         | ld/v\ | /VV)  |      |        |            |  |  |  |
|  | estion 1.                       | 00             | )             |                               |       | ion 4 | _    | 00            |               |        | B. Date of birth (mm/dd/yyyy)                                     |             |          |  |            |        |         |             |       |       |      |        |            |  |  |  |
|  | estion 2.<br>estion 3.          | $\sim$         |               |                               |       | ion ( | _ `  | ) ()<br>() () |               |        |   |             |          | /  | Ĺ          |        | /       |             |       |       |      |        |            |  |  |  |



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| Social security number   | Vacancy identification number   |
|--|---|
| 9. Languages (see vacancy announcement instructions)   | 10. Lowest grade  |
| 11. Miscellaneous information  |   |
| 12. Special knowledge  | 13.Test location  |
| <ul> <li>14. Veterans' preference</li> <li>No Preference Claimed</li> <li>Sole Survivorship Preference Claimed</li> <li>5 Points Preference Claimed</li> <li>10 Point Preference - You must submit a completed Standard Form</li> <li>15, Application for 10-Point Veterans' Preference.</li> <li>10 Points Preference Claimed (award of a Purple Heart or service-connected disability of less than 10%)</li> <li>10 Points Compensable Disability Preference Claimed (disability rating of at least 10% and less than 30%)</li> <li>10 Points Other (spouse, widow, widower, mother preference claimed)</li> <li>10 Points Compensable Disability Preference Claimed (disability rating of 30% or more)</li> </ul>   | 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 of the control of the co | ons)  41  |



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| to the cover page of this form. If this information is not include  | ded, we cannot process y | your application. You must | return pages 1 through 6. |
|---|--------------------------|----------------------------|---------------------------|
| Social security number  | Vaca                     | ncy identification nu      | mber                      |
|   |                          |                            |                           |
|   |                          |                            |                           |
| 20. Occupational specialties (see vacancy a   | nnouncement instr        | uctions)                   |                           |
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| 24 . Comment of the state of the |                          | liana)                     |                           |
| 21. Geographic availability (see vacancy anno   | ouncement instruct       | (ions)<br><b>6</b>         |                           |
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| 22. Indicate if you are requesting consideration  | on for either the        | 24. Personal back          |                           |
| O Career Transition Assistance Plan (CTAP   | )\                       | •                          | nnouncement instructions) |
| ·   |                          | 1 ()<br>2 ()               | 11 ()<br>12 ()            |
| O Interagency Career Transition Assistance  | Plan (ICTAP)             | 3 🔾                        | 13 🔾                      |
|   |                          | 40                         | 14 🔾                      |
| 23. Job related experience  |                          | 5 🔾                        | 15 🔾                      |
| (see vacancy announcement instructions)   |                          | 6 🔾                        | <b>16</b> O               |
| Years: Months:  |                          | 70                         | 17 0                      |
| ivioritis.  |                          | 80                         | 18 🔾                      |
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## 25. Occupational questions (see vacancy announcement instructions)

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 ider           | tification number_  |
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| 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.   |
| 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.

|   |                                      |           | 5                     | Soci                 | al s                 | ecu      | rity       | nun                 | nber         |  |   |                       |           |           |          | ٧                    | aca                   | ancy      | / ider       | ntifica   | tior | nu       | mbe                   | er                   |          |          |                       |           |            |
|---|--------------------------------------|-----------|-----------------------|----------------------|----------------------|----------|------------|---------------------|--------------|--|---|-----------------------|-----------|-----------|----------|----------------------|-----------------------|-----------|--------------|---|------|----------|-----------------------|----------------------|----------|----------|-----------------------|-----------|------------|
|   |                                      |           |                       |                      |                      |          | _          |                     |              | ] - [  |   |                       |           |           |          |                      |                       |           |              |   |      |          |                       |                      |          |          |                       |           |            |
| 92<br>93<br>94<br>95<br>96<br>97<br>98<br>99  | <b>A</b>                             | 000000000 | 0000                  | 000000               | <b>E</b> 00000000000 | 000000   | 000000     | <b>H</b> 0000000000 | -00000000000 | 121<br>122<br>123<br>124<br>125<br>126<br>127<br>128<br>129        | 0000000000                                    | <b>B</b> 00000000000  | 000000    |           | 000000   | <b>F</b> 0000000000  | <b>G</b>              | 000000000 | -00000000000 | 151<br>152<br>153<br>154<br>155<br>156<br>157<br>158<br>159 |      | 00000000 | 00000                 |                      | 000000   | 000000   | <b>G</b> 00000000000  |           | 0000000000 |
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You have now completed the OPM Form 1203-FX. When submitting, do not include the cover page. Only submit pages numbered 1 through 6.

