|  |  |  |
| --- | --- | --- |
| U.S. Department of State |  | OMB APPROVAL NO. 1405-0189 |
| **APPLICATION FOR EMPLOYMENT AS A** |  | EXPIRES: 12/31/2012 |
| **LOCALLY EMPLOYED STAFF OR FAMILY MEMBER** |  | ESTIMATED BURDEN: 1 Hour |

****

(This application is for positions recruited by the U.S. Mission under the

Office of Overseas Employment’s Interagency Local Employment Recruitment Policy)

|  |
| --- |
| **POSITION** |
| 1. Position Title       | 2. Grade       |
| 3. Vacancy Announcement Number (If known)      | 4. Date Available for Work (mm-dd-yyyy)      |
| **PERSONAL INFORMATION** |
| 5. Last Name (s) / Surnames       |  First Name        | Middle Name        |
| 6. Other Names Used                |
| 7. Date of Birth (mm-dd-yyyy)      | 8. Place of Birth      |
| 9. Current address      | 10. Phone NumbersDay |       |       |
|       | Evening |       |       |
|       | Cell |       |       |
| 11. E-mail Address      |       |
| 12. Are you a U.S. Citizen? | [ ]  Yes | [ ]  No |
| 13. Do you have permanent U.S. Resident status?      | [ ]  Yes | [ ]  No If yes, provide number |
| 14a. U.S. Social Security Number (for U.S. Citizens/Permanent Residents)      And / Or14b. Country Identification Number       |
| 15. Are you legally eligible to work in this country? | [ ]  Yes | [ ]  No |
| If yes, Mission HR may require verification of eligibility. Please attach copies of all documentation that confirms your legal eligibility to work in this country (e.g., work permit, residency permit). If you are not sure if you need to submit proof of eligibility, contact the Mission’s HR office. |
| 16.If hired, are there accommodations the Mission needs to provide so that you can perform all the essential functions and duties of the position? [ ]  Yes [ ]  No If yes, please explain      |
| 17. If you are applying for a position that includes driving a U.S. Government vehicle, do you have a valid drivers licence?[ ]  Yes [ ]  No If yes, Class / Type of License      If yes, have you operated a vehicle without incident for the past three years? [ ]  Yes [ ]  No  |
| 18. What days are you available to work as part of a regularly scheduled work week? (Check all that apply) |
| [ ]  | Sunday | [ ]  | Monday | [ ]  | Tuesday | [ ]  | Wednesday | [ ]  | Thursday | [ ]  | Friday | [ ]  | Saturday |
| 19. Do any of your relatives or members of your household work for the United States Government? [ ]  Yes [ ]  No If yes, provide the details below. If you need more space, use an additional sheet of paper. (See instructions for Completing the DS-174 for the definition of relatives and members of household. |
|  | Name |  | Relationship |  | Agency, Position and Location |  |
|  |       |  |       |  |       |  |
|  |       |  |       |  |       |  |
|  |       |  |       |  |       |  |
|  |       |  |       |  |       |  |
|  |       |  |       |  |       |  |
|  |  |  |  |  |  |  |
| **U.S. CITIZEN ELIGIBLE FAMILY MEMBER (USEFM) AND U.S. VETERANS HIRING PREFERENCE** |
| 20. Are you claiming preference in hiring under U.S. law, including the Foreign Service Act of 1980, based upon your status as either a U.S. Citizen Eligible Family Member (USEFM) or U.S. Veteran? See Instructions for Completing the DS-174 for additional information about the USEFM and U.S. Veterans hiring preference. (Check only one) |
| [ ]  Yes, I am a U.S. Citizen EFM and also a U.S. Veteran  | [ ]  Yes, I am a U.S. Veteran |
| [ ]  Yes, I am a U.S. Citizen EFM  | [ ]  No, I am neither a U.S. Citizen, nor a U.S. Veteran  |
| If claiming eligibility for U.S. Veteran preference, you must attach a copy of your most recent DD-214, Certificate of Release or Discharge from Active Duty. If claiming conditional eligibility for U.S. Veterans preference, you must submit proof of conditional eligibility. |
| **EDUCATION** |
| 21. Graduate SchoolName of School, City, State, Country                     | Dates Attended(mm-dd-yyyy) | Graduate? | Degree / Diploma      | Major Subject      |
| From       | [ ]  Yes |
| To       | [ ]  No |
| Undergraduate College / UniversityName of School, City, State, Country                     | Dates Attended(mm-dd-yyyy) | Graduate? | Degree / Diploma      | Major Subject      |
| From       | [ ]  Yes |
| To       | [ ]  No |
| High School / GED or Country EquivalentName of School, City, State, Country                     | Dates Attended(mm-dd-yyyy) | Graduate? | If no, highest grade level completed      |
| From       | [ ]  Yes |
| To       | [ ]  No |
| Other, e.g Technical/Vocational SchoolName of School, City, State, Country                     | Dates Attended(mm-dd-yyyy) | Graduate? | Certificate / Diploma      | Major Subject      |
| From       | [ ]  Yes |
| To       | [ ]  No |
| **LICENSE, SKILLS, TRAINING, MEMBERSHIP, AND RECOGNITION** |
| 22. List professional licenses, certifications, typing/keyboard, computer skills, formal and on-line training, and other skills and abilities you consider relevant to the position. Please include the license or certification number. Attach a copy if the license or certification is a requirement of the position. If licensed in the U.S., please list the state of issuance. If licensed in another country, please list the province/state/region and country of issuance. (Use additional pages, as required). |
|  |       |
|  |       |
|  |       |
|  |       |
|  |       |
| 23. List professional organizations, associations, awards, honors, fellowships, and publications you consider significant |
|  |       |
|  |       |
|  |       |
| **LANGUAGES** |
| 24. List your languages, the appropriate competency levels, and your primary/ first spoken/native language using the language standards below. You may only identify one primary/first spoken/native language. |
|  | Languages Indicators |  |
|  | Level I = Basic Knowledge | Level IV = Fluent |
|  | Level II = Limited knowledge | Level V = Professional Translator / Interpreter |
|  | Level III = Good Working Knowledge |  |
|  | Language | Speak | Read | Write | Primary Language? |
|  |       |     |     |     | [ ]  Yes | [ ]  No |
|  |       |     |     |     | [ ]  Yes | [ ]  No |
|  |       |     |     |     | [ ]  Yes | [ ]  No |
|  |       |     |     |     | [ ]  Yes | [ ]  No |
|  |
| **WORK EXPERIENCE** |
| Include all work experience, paid and voluntary. Start with your present or most recent work experience. When describing work, list specific duties/responsibilities and accomplishments. Include supervisory responsibilities and the number of employees supervised. Go into as much detail as possible for work experience that directly relates to the advertised position. Include all periods of unemployment and the reason. (Use additional pages, as required) |
| 25a. Job Title (If U.S. Government, include the Series and Grade)      |
| From |      *(mm-dd-yyyy)* | To |    *(mm-dd-yyyy)* | Salary per year in U.S. Dollars or Local Currency      | Hours per Week      |
| Employer’s Name and Address                | Supervisor’s Name and Contact InformationName      Phone Number      E- mail Address       |
| May HR contact your current supervisor?[ ]  Yes [ ]  No |  |
| Describe your major duties/responsibilities and accomplishments.                     |
| Reason(s) for leaving. (Do not write “N/A” or Not applicable)           |
| 25b. Job Title (If U.S. Government, include the Series and Grade)      |
| From |      *(mm-dd-yyyy)* | To |      *(mm-dd-yyyy)* | Salary per year in U.S. Dollars or Local Currency      | Hours per Week      |
| Employer’s Name and Address                | Supervisor’s Name and Contact InformationName      Phone Number      E- mail Address       |
| May HR contact your current supervisor?[ ]  Yes [ ]  No |  |
| Describe your major duties/responsibilities and accomplishments.                     |
| Reason(s) for leaving. (Do not write “N/A” or Not applicable)           |
| 25c. Job Title (If U.S. Government, include the Series and Grade)      |
| From |      *(mm-dd-yyyy)* | To |      *(mm-dd-yyyy)* | Salary per year in U.S. Dollars or Local Currency      | Hours per Week      |
| Employer’s Name and Address                | Supervisor’s Name and Contact InformationName      Phone Number      E- mail Address       |
| May HR contact your current supervisor?[ ]  Yes [ ]  No |  |
| Describe your major duties/responsibilities and accomplishments.                     |
| Reason(s) for leaving. (Do not write “N/A” or Not applicable)           |
| 25d. Job Title (If U.S. Government, include the Series and Grade)      |
| From |      *(mm-dd-yyyy)* | To |      *(mm-dd-yyyy)* | Salary per year in U.S. Dollars or Local Currency      | Hours per Week      |
| Employer’s Name and Address                | Supervisor’s Name and Contact InformationName      Phone Number      E- mail Address       |
| May HR contact your current supervisor?[ ]  Yes [ ]  No |  |
| Describe your major duties/responsibilities and accomplishments.                     |
| Reason(s) for leaving. (Do not write “N/A” or Not applicable)           |
| **REFERENCES** |
| 26. List three personal references who are not relatives or former supervisors who have knowledge of your work performance. Mission HR will obtain your permission before contacting any references. |
|  | Name |  | Address or E-mail |  | Telephone |  | Occupation |  |
|  |       |  |       |  |       |  |       |  |
|  |       |  |       |  |       |  |       |  |
|  |       |  |       |  |       |  |       |  |
|  |  |  |  |  |  |  |  |  |
| **SIGNATURE AND CERTIFICATION** |
| 27. 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 terminations/dismissal after I begin work, and may be punishable by fine or imprisonment according to this country’s law or U.S. law. I understand that any information I voluntarily provide on or attached to this application may be investigated. |
| Signature |  | Date *(mm-dd-yyyy)* |       |
|  |

|  |
| --- |
| **DS-174 CONTINUATION SHEET – WORK EXPERIENCE** |
| 25\_\_. Job Title (If U.S. Government, include the Series and Grade)      |
| From |      *(mm-dd-yyyy)* | To |      *(mm-dd-yyyy)* | Salary per year in U.S. Dollars or Local Currency      | Hours per Week      |
| Employer’s Name and Address                | Supervisor’s Name and Contact InformationName      Phone Number      E- mail Address       |
| May HR contact your current supervisor?[ ]  Yes [ ]  No |  |
| Describe your major duties/responsibilities and accomplishments.                     |
| Reason(s) for leaving. (Do not write “N/A” or Not applicable)           |
| **DS-174 CONTINUATION SHEET – WORK EXPERIENCE** |
| 25\_\_. Job Title (If U.S. Government, include the Series and Grade)      |
| From |      *(mm-dd-yyyy)* | To |      *(mm-dd-yyyy)* | Salary per year in U.S. Dollars or Local Currency      | Hours per Week      |
| Employer’s Name and Address                | Supervisor’s Name and Contact InformationName      Phone Number      E- mail Address       |
| May HR contact your current supervisor?[ ]  Yes [ ]  No |  |
| Describe your major duties/responsibilities and accomplishments.                     |
| Reason(s) for leaving. (Do not write “N/A” or Not applicable)           |