

**United States Secret Service**



**Preliminary Application Package**  
**for**  
**Professional, Technical, Administrative,**  
**and Clerical Positions**

**Completed applications may be transmitted via facsimile.  
(FAX numbers are included on the last page of this package.)**

**If you are unable to submit your application via FAX, contact the Personnel Division at (202) 406-6090, or, for hearing impaired applicants, TTY (202) 406-5390, for assistance.**

# Declaration for Federal Employment

Form Approved  
OMB No. 3206-0182

## Instructions

The information collected on this form is used to determine your acceptability for Federal and Federal contract 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, before you are appointed 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.

All your answers must be truthful and complete. **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 a fine or imprisonment (U.S. Code, title 18, section 1001).**

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

## Privacy Act Statement

The Office of Personnel Management is authorized to request this information under sections 1302, 3301, 3304, 3328, and 8716 of title 5, 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.

Your Social Security Number (SSN) is needed to keep our records accurate, because other people may have the same name and birth date. Public Law 104-134 (April 26, 1996) asks Federal agencies to use this number to help identify individuals in agency records. Giving us your SSN or any 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.

**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 proceedings 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 representation of 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 recognitions 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 and Records Administration, 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 employees about fitness-for-duty or agency-filed disability retirement procedures.

## Public Burden Statement

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 the U.S. Office of Personnel Management, Reports and Forms Manager (3206-0182), Washington, DC 20415-7900. The OMB number, 3206-0182, is valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

# Declaration for Federal Employment

## GENERAL INFORMATION

1. FULL NAME (First, middle, last)	2. SOCIAL SECURITY NUMBER
3. PLACE OF BIRTH (Include city and state or country)	4. DATE OF BIRTH (MM/DD/YYYY)
5. OTHER NAMES EVER USED (For example, maiden name, nickname, etc.)	6. PHONE NUMBERS (Include area codes) Day
	Night

## Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

- 7a. Are you a male born after December 31, 1959?       YES       NO *If "NO" skip 7b and 7c. If "YES" go to 7b.*
- 7b. Have you registered with the Selective Service System?       YES       NO *If "NO" go to 7c.*
- 7c. If "NO," describe your reason(s) in item #16.

## Military Service

8. Have you ever served in the United States military?       YES *Provide information below.*       NO
- If you answered "YES," list the branch, dates, and type of discharge for all active duty.  
If your only active duty was training in the Reserves or National Guard, answer "NO."*

Branch	From MM/DD/YYYY	To MM/DD/YYYY	Type of Discharge

## Background Information

**For all questions, provide all additional requested information under item 16 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 9,10, and 11, 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 for which the record was expunged under Federal or state law.

- |  |                                 |                                |
|--|---------------------------------|--------------------------------|
| 9. 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.) <i>If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.</i>   | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| 10. Have you been convicted by a military court-martial in the past 10 years? (If no military service, answer "NO.") <i>If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.</i>  | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| 11. Are you now under charges for any violation of law? <i>If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.</i>  | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| 12. During the last 5 years, have you been 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 or any other Federal agency? <i>If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.</i> | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| 13. 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.) <i>If "YES," use item 16 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.</i>                     | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |

# Declaration for Federal Employment

Form Approved  
OMB No. 3206-0182

## Additional Questions

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: 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 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative works.
- YES  NO
15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service?
- YES  NO

## Continuation Space / Agency Optional Questions

16. Provide details requested in items 7 through 15 and 18c in the 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 Questions

**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, read item 17, and complete 17a.

**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, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. 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 or item 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 or representatives 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.

17a. Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Sign in ink)

IF SUBMITTING ELECTRONICALLY, AN "/S/" FOLLOWED BY YOUR TYPED NAME WILL SERVE IN LIEU OF AN ACTUAL SIGNATURE.

17b. Appointee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Sign in ink)

<b>Appointing Officer:</b> Enter Date of Appointment or Conversion MM / DD / YYYY
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18. **Appointee (Only respond 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.

18a. When did you leave your last Federal job? DATE: \_\_\_\_\_  
MM / DD / YYYY

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 Not Know

18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled.

YES  NO  Do Not Know

# OPTIONAL APPLICATION FOR FEDERAL EMPLOYMENT - OF 612

## 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 11 04, 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.

## 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 (Telnet only) at [FJOB.MAIL.OPM.GOV](mailto:FJOB.MAIL.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**

# 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.

<b>1</b> Job title in announcement		<b>2</b> Grade(s) applying for	<b>3</b> Announcement number
<b>4</b> Last name	First and middle names		<b>5</b> Social Security Number
<b>6</b> Mailing address			<b>7</b> Phone number (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

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

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

4) 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

5)

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
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Describe your duties and accomplishments

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

From (MM/YY)	To (MM/YY)	Salary per	Hours per week
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Employer's name and address	Supervisor's name and phone number
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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 DD 214 or other proof.      **10 points**  ➤ Attach *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**

\_\_\_\_\_

# Supplemental Qualifications Statement

## Professional, Technical, Administrative, and Clerical Positions

The knowledge, skills, and abilities (KSAs) identified in your specific vacancy announcement are important to successful performance of the position you are applying for. The extent to which you possess these factors will be evaluated by a review of your experience and training. To ensure that you are given every opportunity to provide the information needed to assess your qualifications, please enter each KSA (exactly as it appears in your specific vacancy announcement) in the numbered blocks below. Then, in the larger blocks that correspond to each KSA (separated by a dashed line), provide a narrative statement of how you meet each of these requirements. When complete, submit this form with your initial application package. If the space provided is not sufficient for your response, additional sheets of paper may be attached to this form.

KSA 1.

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**PRIVACY ACT STATEMENT:** Your Social Security Number (SSN) is solicited under the authority of Executive Order 9397. The information is needed to process an application for employment, and will be used to identify and separate individuals with similar or identical names or initials. Disclosure of your SSN is voluntary; however, failure to provide your SSN and other information requested may delay or prohibit processing of your application.

Name (please print)	SSN	Date
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**KSA 2.**

Name (*please print*)

SSN

Date

**KSA 3.**

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Name *(please print)*

SSN

Date

KSA 4.

Name *(please print)*

SSN

Date

**KSA 5.**

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Name *(please print)*

SSN

Date

**KSA 6.**

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Name *(please print)*

SSN

Date

**KSA 6.**

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Name *(please print)*

SSN

Date

**Thank you for completing this application package.**

**To submit copies of the these materials via facsimile,  
please FAX to any of the numbers below:**

**202-406-6574    202-406-6654    202-406-6844**