## Application for Federal Employment--SF 171 Read the instructions before you complete this application. Type or print clearly in dark ink.

GE	NERAL	INFORMAT	ION						DO N	OT WRI	TE IN	THIS	AREA	
1	What kind	d of job are you a	applying for? Give tita	le and announcement	no. (if a	any)		FOR	USE OF	FXΔM	INING	OFFI	CE ONLY	
								Date entered		Form revi		1	OL ONE!	٦
_	sdfs	it Ni		2						Form app				
2	Social Sec	curity Number	3	Sex Male Fer	male		-	01	0 1	Earned		teran	Augmented	1
4	Birth date	(Month, Day, Ye	ear) <b>5</b> Birthpla	ce (City and State	or Co	untry)	_	Option	Grade	Rating		erence	Řating	
_			3									ference		
							-					imed oints		7
6	Name (La	st, first middle)					-				(Te	ntative)		4
	Mailian			£							(30	Points 9% <i>Or Moi</i>	·e	
	Mailing A	ddress ( <i>include a</i>	partment number, i	r any)								<i>mp Dis.)</i> Points		1
	City			State	ZIP Co	de	-				LLe (Le	ss Than % Comp		4
											Dis	.)		
								nitials and D	ate		Oth 10	points		
7	Other Nar	mes ever used <i>(e</i>	.g., maiden name, r	nickname, etc.)								allowed	Being Investigate	ed
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8	Home Pho Area Code		9 Work Pho	1	Ex	ctension							at the separat roof as require	
			Alca odac	Number		CCCTISIOTI	Г	<b>–</b> –					ss Than 30% e Disability	10 Point-Other
10	Were you	ever employed a	as a civilian by the I	ederal Governmer	nt? If "	NO",	·   -	5-Point Signature an		ble Disability	Co	mpensabl	e Disability	10 Point-Other
			mark each type of jo		_		•	Digitature an	u Title					
	— ·	· —	reer-Conditional	Career	Ex	cepted								
	What is y	our <b>highest</b> grade	e, classification seri	es and job title?			7	Agency					Dat	te
	Dates at I	highest grade:	FROM	TO										
۸۱	/AILABI	LITV					MIII	TARV SE	RVICE A	ND VETE	RΔN	PREFE	RENCE (Ca	nt)
	\//l		1 <b>1</b> What is th	e lowest pay you ot be considered fo	will a	ccept?							under honora	
1 1	(Month ar	nd Year)	You will no pay less that	ot be considéred fo an you indicate.)	or jobs	which	0	conditions?	(If your dis	scharge w	as cha	nged to	"honorable" r "YES". If y	or
							r	eceived a cl	emency disc	charge, ans	swer "N	<i>'0".</i>		
		1: /	Pay \$	per OR G	irade			t " <b>NO</b> ", pr eceived.	ovide belov	v the dat	e and	type of	discharge y	/ou
13 In what geographic area(s) are you willing to work?					Discharge Date (Month, Day, Year)			Type of Discharge						
							_	INIOIIII, Da	iy, rear)					
1/	Are you w	villing to work:			YES	NO	20	ist the dat	es (Month.	Dav. Yea	r/. and	branch	for all activ	e duty military
14		•	ek <i>(full-time)</i> ?_			110	20	service.	i.			1		
		•	week <i>(part-time)</i> ?		-		-	Fror	n		Го		Branch of	Service
		•	week (part-time)?_		-		_							
			s per week <i>(part-tin</i>				04	£ -11	*i:!!*			2-4-5	14 1076 1:	4 4b - £ll
			(on-call/seasonal)?				<b>~</b> ! a	and dates of	all campaid	n badges o	or exped	ditionary	medals you r	t the full names eceived or were
		-	, or rotating shifts?				E	entitled to re	ceive.					
15			emporary job lasting											
			sometimes longer)?											
					-		22	Read the ins	structions t	nat came	with th	is form	before compl	eting this item. rence from the ence claim.
			th?				—— <u>i</u>	nstructions,	place an "X	" in the bo	x next	to your v	eteran prefer	ence claim.
16			way from home for:											
			h month?					NO PREF	ERENCE					
		_	ch month?				L					•	when you ar	
		•	s each month?				L							, place an "X" in receive 10-point
М			ND VETERAN		`E			preferen	ce you mu	st also co	mplete	a Standa	ard Form 15,	Application for
	-					NO		Informat	ion Center.	ATTACH	THE C			ny Federal Job ND REQUESTED
1/			ited States Military ing in the Reserves		YES	NO	Г		TO THIS AP					
			NO", go to item 22				ŀ		npensably d				pient.	
18	Did you o	r will you retire a	at or above the rank	of major or					sably disabl widow(er),				r disabled vet	eran.
_	lieutenant	commander?		<u></u>			ŀ		sably disabl				. a.cabica vet	
THE	FEDERAL	GOVERNMENT	IS AN EQUAL OPPO	ORTUNITY EMPLO	YER		NSI	N 7540-00-9		171-11			andard Form	171 (Rev. 6-88)

## WORK EXPERIENCE If you have no work experience, write "NONE" in A below and go to 25 on page 3. May we ask your present employer about your character, qualifications, and work record? A "NO" will not affect our review of your qualifications. In you answer "NO" and we need to contact your present employer before we can offer you a job, we will contact you first. **24** READ **WORK EXPERIENCE** IN THE INSTRUCTIONS BEFORE YOU BEGIN. • INCLUDE MILITARY SERVICE--You should complete all parts of the experience block just as you would for a non-military job, including all supervisory experience. Describe each major change of duties or responsibilities in a Describe your current or most recent job in Block A and work backwards, describing each job you held during the past 10 years. If you were unemployed for longer than 3 months within the past 10 years, list the dates and your address(es) in an experience block. separate experience block. • IF YOU NEED MORE SPACE TO DESCRIBE A JOB--Use sheets of paper the same size as this page (be sure to include all information we ask for in A and You may sum up in one block work that you did more than 10 years ago. But if that work is related to the type of job you are applying for, describe each B below). On each sheet show your name, Social Security Number, and the announcement number or job title. related job in a separate block. IF YOU NEED MORE EXPERIENCE BLOCKS, use the SF-171-A or a sheet of INCLUDE VOLUNTEER WORK (non-paid work)--If the work (or part of the work paper. is like the job you are applying for, complete all parts of the experience block just as you would for a paying job. You may receive credit for work experience with religious, community, welfare, service, and other organizations. • IF YOU NEED TO UPDATE (ADD MORE RECENT JOBS), use the SF-172 or a sheet of paper as described above. A Name and address of employer's organization (include ZIP Code, if known) Number of employees Dates employed (give month, day and year) Average number of hours per week you supervised From: To: Salary or earnings Your reason for wanting to leave Starting \$ per Ending \$ per If Federal employment (civilian or military) list series, grade or rank, Your immediate supervisor Exact title of your job Area Code Telephone No. and if promoted in this job, the date of your last promotion Name Description of work: Describe your specific duties, responsibilities and accomplishments in this job, including the job title(s) of any employees you supervise. If you describe more than one type of work (for example, carpentry and painting, or personnel and budget), write the approximate percentage of time you spent doing each. For Agency use (skill codes, R Name and address of employer's organization (include ZIP Code, if known) Dates employed (give month, day and year, Average number o Number of employees hours per week you supervised Salary or earnings Your reason for wanting to leave Starting \$ per \$ Ending per If Federal employment (civilian or military) list series, grade or rank, Exact title of your job Your immediate supervisor and if promoted in this job, the date of your last promotion Area Code Telephone No.

Description of work: Describe your specific duties, responsibilities and accomplishments in this job, including the job title(s) of any employees you supervise. If you describe more than one type of work (for example, carpentry and painting, or personnel and budget), write the approximate percentage of time you spent doing each.

For Agency use (skill codes, etc.

## ATTACH ANY ADDITIONAL FORMS AND SHEETS HERE

EDUCATION	ATTACITA	MI ADL	JITION	AL I	OIL	WIO AIN	J 311		13 IILN							
25 Did you graduate from high so or will graduate within the ne			equivale	ncy					location u obtained							ol you
or received GE	or received GED equivalency:					27 Have you ever							"YES", continue with 28			
28 NAME AND LOCATION (city,		-	UNIVER	SITY.	If yo	u expect	MON	NTH A	AND YEAR	NUMBE				PE OF	MC	NTH
to graduate within nine month	ns, give the month and ye	ar you expe	ct to rece	eive yo	our de	egree:			ENDED	HOURS	COMP	LETED	DE	GREE .A.,M.A.		YEAR EGREE
Nam	ne	•	City	St	tate	ZIP Code	Fre	om	То	Semest	er Qu	uarter	(e.g. D	.A.,IVI.A.	, 01 0	LOTILL
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2)																
3)																
29 CHIEF UNDERGRAD	CHIEF UNDERGRADUATE SUBJECTS			<u> 3</u>	0		CHIEF	GR	ADUATE :	SUBJEC	:TS			NUMBE		
Show major on		Semester	Quarte					CHIEF GRADUATE SUBJECTS Show major on the first line					HOURS Semeste			uarter
1)					1)											
2)	•				2)											
3)					3)											
If you have completed any oth	her courses or training rela	ated to the l	kind of jo	bs you	ı are	applying f	or (trade	, voc	cational, Arn	ned Forc	es, busii	ness) g	ive inf	ormatio	n belo	ν.
						AND YEAR	OLAGO									INING PLETED
NAME AND LOCATIO	N (City, State and ZIP Cod	de) OF SCH	OOL		ATTENDED From To		ROON HOUR			St	SUBJECT(S)				YES	
School Name	ne															
1)		T _ T														
City		State	ZIP Cod	е												
School Name						1										
2)																
City		State	ZIP Cod	е												
<b>32</b> Give the title and year of any job. <i>Some examples are: skil membership in professional or</i>	'ls with computers or oth	er machines	s; most i	mporta	ant p	ublication	s (do n	ot s	ubmit cop	ies); pu	ıblic sp	peaking	g and	writing	experi	iences
How many words per minute can you:  Agencies may test your	minute can you: LICENSE							istered nurse; lawyer; radio op DATE OF LATEST LICE OR CERTIFICATE			LICEN	ENSE S		TATE C	s; etc. R OTHER G AGENCY	
skills before hiring you.	2)															
35 Do you speak or read a language or language)? Applicants for iobs that	Do you speak or read a language other than English (include sign   YES   language)? Applicants for jobs that require a language other than   NO						langua	ge a	nd place a	n <b>"X"</b> i	n each	colum	nn that	applies	s to yo	u.
	January Control Control				If "NO", go to 36.  CAN SPEAK			AND CAN TRAN			NCLATE C/			AN READ ARTICLE		IEC
LANGAUA	LANGAUAGE(S)		REPARE AND LECTURES		UNDERS					CAN TRANSLA ARTICLES				FOR OWN		
		Fluently	With Di	fficulty	F	luently	Passa	bly	Into Eng	glish	rom En	glish	Eas	sily	With D	fficulty
1)																
2)																
REFERENCES																
36 List three people who are not are applying. At least one sho	related to you and are no ould know you well on a p	ot superviso ersonal basi	rs you lis s.	ted ur	nder 2	24 who kr	now you	ur qu	ualification	s and f	itness	for the	e kind	of job 1	for whi	ch yo
FULL NA			PHONE NUMBER(S)			PRESENT BUSINESS OR HOME ADDR (Number, street and city)				RESS	STATE	ZIP	Code			
1)																
2)																
2)																

37	Are you	a citizen o		must be a U.S. citizen to be	hired. You wi	ore we can process your application Il be required to submit proof of identity and		NO					
expl any cour who you	lanation( violation rt or und ose recon can stil	s) in Item n of law o der a You rd was ex I be cons	n 45. Include convictions resulting frommitted before your 16th birthday; th Offender law; 4) any conviction sepanged under Federal or State law.	om a plea of nolo contend 3) any violation of law co et aside under the Federal We will consider the date, you fail to tell the truth of	lere (no cont mmitted bef Youth Corr facts, and cor fail to list	If you answer "YES" to any of them, p rest). Omit: 1) traffic fines of \$100.00 ore your 18th birthday, if finally decided ections Act or similar State law; 5) any ircumstances of each event you list. In all relevant events or circumstances, t C 1001).	or les I in juv convi most d	ss; 2) /enile iction cases					
				reason, <b>did you quit after bein</b>		would be fired, or did you leave by mutual	YES	NO					
	imprisonn or less.)	nent of lon 	ger than one year, except for violations ca	lled misdemeanors under State	e law which a 	lefined as any violation of law punishable by re punishable by imprisonment of two years							
41 Are you now under charges for any violation of law?													
42 During the last 10 years, have you forfeited collateral, been convicted, been imprisoned, been on probation, or been on parole? Do not include violations reported in 39, 40, or 41, above.													
43 Have you ever been convicted by a military court-martial? If no military service, answer "NO".  44 Are you delinquent on any Federal debt? (Include delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S.													
44	Are you d <i>Governme</i>	lelinquent ( <i>ent plus de</i>	on any Federal debt? (Include delinquencie: faults on Federally quaranteed or insured l	s arising from Federal taxes, lo oans such as student and hom	oans, overpayi ne mortgage lo	ment of benefits, and other debts to the U.S. vans.)							
45	45 If "YES" in: 38 - Explain for each job the problem(s) and your reason(s) for leaving. Give the employer's name and address.  39 through 43 - Explain each violation. Give place of occurrence and name/address of police or court involved.  44 - Explain the type, length and amount of the delinquency or default, and steps you are taking to correct errors or repay the debt. Give any identification number associated with the debt and the address of the Federal agency involved.  NOTE: If you need more space, use a sheet of paper, and include the item number.												
	Item No.	Date (Mo./Yr.)	Explanation			Mailing Address							
					Name of Emp	ame of Employer, Police, Court, or Federal Agency							
					City	City State							
					City	Stati	211	Code					
					Name of Employer, Police, Court, or Federal Ager								
					City	State	e ZIP	Code					
46	Do you r Governm	eceive, or nent service	have you ever applied for retirement pay,   e?				YES	NO					
47	7 Do any of your relatives work for the United States Government or the United States Armed Forces? 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												
_			Name	Relationship	De	epartment, Agency or Branch of Armed Forces	3						
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_													
SIG	NAURI	E. CERI	IFICATION, AND RELEASE O	FINFORMATION									
YO .	A false s imprison If you ar Federal e I underst I consen and orga	statement of ment (U.S. re a male be remployment tand that a t to the relations,	SIGN THIS APPLICAT on any part of your application may be gro Code, title 18, section 1001). orn after December 31, 1959 you must it. You will be required to certify as to you ny information I give may be investigated a	DON. Read the follo bunds for not hiring you, or for the registered with the Selection or status at the time of appoin as allowed by law or President itness for Federal employment ists, and other authorized emp	r firing you aft ve Service Sy tment. tial order. by employers loyees of the	ter you begin work. Also, you may be punish stem or have a valid exemption in order to b , schools, law enforcement agencies and oth Federal Government.	e eligib	ole for					
47	SIGNAT	URE (Sig	n each application in dark ink)			48 DATE SIGNED (Month, day, year)							