

## APPLICATION FORM FOR EMPLOYMENT WITH THE U.S. MISSION, NEW DELHI, INDIA

<b>NAME IN FULL</b> (Last)                      (First)                      (Middle)			<b>JOB TITLE IN ANNOUNCEMENT</b>		
<b>SEX</b> Male : Female:			<b>ANNOUNCEMENT NO.</b>		
<b>PRESENT ADDRESS AND TELEPHONE NO.</b>			<b>DATE OF BIRTH</b> (Month, Day, Year)		
			<b>PLACE OF BIRTH</b> (City, Country)		
			<b>CITIZENSHIP</b>		
<b>NAMES AND LOCATION OF EDUCATIONAL INSTITUTIONS ATTENDED</b>		<b>DATES</b>		<b>DEGREE</b>	<b>MAJOR SUBJECTS</b>
		From	To		
<b>COMPUTER EXPERIENCE:</b>					
<b>SPECIAL QUALIFICATIONS AND SKILLS:</b> List any special skills you possess, i.e. machines, equipment.					
<b>TYPING SKILLS</b>  _____ WPM			<b>LICENSES/CERTIFICATION:</b>		
<b>LANGUAGE PROFICIENCY (Level of competence)</b> <b>Level I</b> : Rudimentary <b>Level III</b> : Good Working Knowledge <b>Level V</b> : Interpreter <b>Level II</b> : Limited Knowledge <b>Level IV</b> : Fluency					
<b>Language</b>		<b>Speak</b>		<b>Read</b>	<b>Write</b>

**EMPLOYMENT : Your previous 5 positions of employment.**  
**May we approach your present employer?**

Yes

No

<b>Dates of Employment</b> From:            To:		<b>Title of Position</b>	<b>Duties</b>
		<b>Salary (Per Year)</b>	
<b>Name and Address of Employer</b>			
<b>Name, Title and phone number of Immediate Supervisor</b>			
<b>Reason for Leaving</b>			
<b>Dates of Employment</b> From:            To:		<b>Title of Position</b>	<b>Duties</b>
		<b>Salary (Per Year)</b>	
<b>Name and Address of Employer</b>			
<b>Name, Title and phone number of Immediate Supervisor</b>			
<b>Reason for Leaving</b>			

<b>Dates of Employment</b> From:            To:	<b>Title of Position</b>	<b>Duties</b>
	<b>Salary (Per Year)</b>	
<b>Name and Address of Employer</b>		
<b>Name, Title and phone number of Immediate Supervisor</b>		
<b>Reason for Leaving</b>		
<b>Dates of Employment</b> From:            To:	<b>Title of Position</b>	<b>Duties</b>
	<b>Salary (Per Year)</b>	
<b>Name and Address of Employer</b>		
<b>Name, Title and phone number of Immediate Supervisor</b>		
<b>Reason for Leaving</b>		
<b>Dates of Employment</b> From:            To:	<b>Title of Position</b>	<b>Duties</b>
	<b>Salary (Per Year)</b>	
<b>Name and Address of Employer</b>		
<b>Name, Title and phone number of Immediate Supervisor</b>		
<b>Reason for Leaving</b>		

**REMARKS**

**LIST ANY RELATIVES OR FAMILY MEMBERS EMPLOYED BY THE U.S. MISSION**

Name	Section	Relationship

**CERTIFICATION**

**Before signing this form make sure you have answered all questions fully and completely. A false statement on this form is cause for disqualification/dismissal.**

I do solemnly affirm that the information contained herein is correct to the best of my knowledge and belief.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE