



APPLICATION FOR EMPLOYMENT AS A LOCALLY EMPLOYED STAFF MEMBER

INSTRUCTIONS: The questions on this application should be answered fully and completely. Do not use the abbreviation "N/A" to respond to any question: all questions are applicable and should be given an appropriate response. Making a false statement on this form will result in rejection of your application: if discovered subsequent to your appointment, a false statement is cause for dismissal.

Indicate Title, Position or Program you are applying for.	Job Announcement Number	Lowest Acceptable Annual Salary
---	-------------------------	---------------------------------

How did you learn about the job for which you are applying?

<input type="radio"/> Newspaper / magazine which one:	<input type="radio"/> Friend or Relative Working for the Embassy	<input type="radio"/> Embassy website
	<input type="radio"/> Friend or Relative not Working for the Embassy	<input type="radio"/> Other (please specify):

1. NAME IN FULL (Enter regularly used surname with other names used following in parenthesis - i.e., Spanish or other double names)

<input type="radio"/> Mr. _____ (Last)	<input type="radio"/> _____ (First)	<input type="radio"/> _____ (Middle)
<input type="radio"/> Mrs.		
<input type="radio"/> Ms.		

2. NAME AT BIRTH, IF DIFFERENT FROM ABOVE

3. HAVE YOU EVER BEEN KNOWN BY ANY OTHER NAMES? • YES • NO

If yes, give name and explain circumstances under item 19.

4. PRESENT ADDRESS AND TELEPHONE NUMBER (please indicate mobile phone number and e-mail address if you have one)	5. DATE OF BIRTH (Month, Day, Year)
	6. PLACE OF BIRTH (City, Country)

7 A. ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	B. DO YOU HAVE PERMANENT U.S. RESIDENT STATUS? <input type="checkbox"/> YES <input type="checkbox"/> NO
--	--

C. ARE YOU HUNGARIAN CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	D. DO YOU HAVE PERMANENT RESIDENT STATUS IN HUNGARY? <input type="checkbox"/> YES <input type="checkbox"/> NO
---	--

E. IF YOUR ANSWER TO QUESTIONS A OR B WAS YES, PLEASE ENTER YOUR U.S. SOCIAL SECURITY NUMBER:

8. LIST ANY OTHER COUNTRY OF WHICH YOU HAVE BEEN A CITIZEN

DATES	COUNTRY	HOW CITIZENSHIP WAS ACQUIRED

9. A. MOTHER'S NAME	B. DATE OF BIRTH	C. PLACE OF BIRTH (City, Country)
----------------------------	-------------------------	--

10. DO YOU HAVE A RELATIVE/S WORKING FOR THE EMBASSY? If yes, please enter name, position and section:

11. ARE ANY OF YOUR RELATIVES OR FAMILY MEMBERS EMPLOYED BY AN AGENCY OR REPRESENTATIVE OF A NATIONAL OR LOCAL GOVERNMENT IN HUNGARY? If so, list name, relationship, agency and agency address. YES NO

12. EDUCATION

NAMES AND LOCATIONS OF EDUCATIONAL INSTITUTIONS ATTENDED	DATES (month, year)		DEGREES (BA, MA, etc.)	MAJOR SUBJECTS	Number of credit hours (if applicable)	
	FROM	TO			semester	quarter

13. ANY OTHER COURSES OR TRAINING COMPLETED:

NAMES AND LOCATIONS OF EDUCATIONAL INSTITUTIONS ATTENDED	DATES (month, year)		MAJOR SUBJECTS	TRAINING COMPLETED	
	FROM	TO		YES	NO

14. SPECIAL QUALIFICATIONS AND SKILLS. List any special skills you possess such as:
 computer skills:
 driving license:
 other office machine and equipment:

Approximate number of words per minute in:
 KEYBOARDING- _____

15. LANGUAGE SKILLS

LANGUAGE	SPEAK			READ			WRITE			UNDERSTAND		
	EXCELLENT	GOOD	FAIR	EXCELLENT	GOOD	FAIR	EXCELLENT	GOOD	FAIR	EXCELLENT	GOOD	FAIR

16. EMPLOYMENT. (In the space provided below describe every position which you have held since you first began to work. **Start with Present Position and work back to the first position which you held.** Account for all periods of unemployment and state reasons for any unemployment indicated. If not enough space use Continuation Sheet.)

May we ask your present employer about your character, qualifications, and work record? A "NO" will not affect our review of your qualifications. If you answer "NO" and we need to contact your present employer before we can offer you a job, we will contact you first. • YES • NO

WHEN CAN YOU START WORK? (Month and Year):

HOW MUCH NOTICE ARE YOU REQUIRED TO GIVE YOUR CURRENT EMPLOYER?

<p>A. DATES OF EMPLOYMENT (Month, Year)</p> <p>FROM TO</p>	<p>EXACT TITLE OF YOUR POSITION</p> <p><input type="checkbox"/> Full-time <input type="checkbox"/> Part-time</p>	<p>SALARY OR EARNINGS</p> <p>STARTING HUF / per year</p> <p>FINAL HUF / per year</p>
<p>NAME AND FULL ADDRESS OF EMPLOYER</p>		<p>DUTIES - Describe your duties and accomplishments (include any knowledge, skills, and abilities listed in the vacancy announcement that you have gained from this work experience)</p>
<p>REASON FOR LEAVING</p>		
<p>B. DATES OF EMPLOYMENT (Month, Year)</p> <p>FROM TO</p>	<p>EXACT TITLE OF YOUR POSITION</p> <p><input type="checkbox"/> Full-time <input type="checkbox"/> Part-time</p>	<p>SALARY OR EARNINGS</p> <p>STARTING HUF / per year</p> <p>FINAL HUF / per year</p>
<p>NAME AND FULL ADDRESS OF EMPLOYER</p>		<p>DUTIES - Describe your duties and accomplishments (include any knowledge, skills, and abilities listed in the vacancy announcement that you have gained from this work experience)</p>
<p>REASON FOR LEAVING</p>		
<p>C. DATES OF EMPLOYMENT (Month, Year)</p> <p>FROM TO</p>	<p>EXACT TITLE OF YOUR POSITION</p> <p><input type="checkbox"/> Full-time <input type="checkbox"/> Part-time</p>	<p>SALARY OR EARNINGS</p> <p>STARTING HUF / per year</p> <p>FINAL HUF / per year</p>
<p>NAME AND FULL ADDRESS OF EMPLOYER</p>		<p>DUTIES - Describe your duties and accomplishments (include any knowledge, skills, and abilities listed in the vacancy announcement that you have gained from this work experience)</p>
<p>REASON FOR LEAVING</p>		

CONTINUATION SHEET

D. DATES OF EMPLOYMENT (Month, Year) FROM TO	EXACT TITLE OF YOUR POSITION <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	SALARY OR EARNINGS STARTING HUF / per year FINAL HUF / per year
NAME AND FULL ADDRESS OF EMPLOYER 	DUTIES - Describe your duties and accomplishments (include any knowledge, skills, and abilities listed in the vacancy announcement that you have gained from this work experience) 	
REASON FOR LEAVING 		
E. DATES OF EMPLOYMENT (Month, Year) FROM TO	EXACT TITLE OF YOUR POSITION <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	SALARY OR EARNINGS STARTING HUF / per year FINAL HUF / per year
NAME AND FULL ADDRESS OF EMPLOYER 	DUTIES - Describe your duties and accomplishments (include any knowledge, skills, and abilities listed in the vacancy announcement that you have gained from this work experience) 	
REASON FOR LEAVING 		
F. DATES OF EMPLOYMENT (Month, Year) FROM TO	EXACT TITLE OF YOUR POSITION <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	SALARY OR EARNINGS STARTING HUF / per year FINAL HUF / per year
NAME AND FULL ADDRESS OF EMPLOYER 	DUTIES - Describe your duties and accomplishments (include any knowledge, skills, and abilities listed in the vacancy announcement that you have gained from this work experience) 	
REASON FOR LEAVING 		
G. DATES OF EMPLOYMENT (Month, Year) FROM TO	EXACT TITLE OF YOUR POSITION <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	SALARY OR EARNINGS STARTING HUF / per year FINAL HUF / per year
NAME AND FULL ADDRESS OF EMPLOYER 	DUTIES 	
REASON FOR LEAVING 		

17. ANSWER ALL QUESTIONS IN ITEM 17 BY PLACING AN "X" IN THE PROPER COLUMN	YES	NO
17. / A. HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM A POSITION? IF ANSWER IS "YES" GIVE DETAILS BELOW.		
/ B. HAVE YOU NOW OR HAVE YOU EVER HAD ANY PHYSICAL LIMITATIONS?		
/ C. ARE YOU NOW UNDER A PHYSICIAN'S CARE AND IF SO, FOR WHAT REASON?		
/ D. HAVE YOU EVER HAD A NERVOUS DISORDER?		
/ E. HAVE YOU EVER HAD TUBERCULOSIS?		
/ F. WITHIN THE PAST 12 MONTHS, HAVE YOU USED INTOXICATING BEVERAGES TO EXCESS?		
/ G. DO YOU HAVE A DRUG OR NARCOTIC ADDICTION?		
/ H. WERE YOU EVER MEDICALLY DISCHARGED FROM THE ARMED FORCES?		
<p>IF ANY OF YOUR ANSWERS TO ANY OF THE ABOVE IS "YES", GIVE PARTICULARS HERE</p>		
<p>18. HAVE YOU EVER BEEN ARRESTED, DETAINED OR SENTENCED BY ANY PLACE OR MILITARY AUTHORITY? (if so, name the authority, give time, place, reason and disposition of court action)</p>		
<p>19. USE THIS SPACE FOR DETAILED ANSWERS, NUMBER ANSWERS TO CORRESPOND WITH QUESTIONS, ADD ANY INFORMATION NOT COVERED ABOVE WHICH MIGHT AFFECT YOUR EMPLOYMENT, USE EXTRA BLANK PAGES, IF NECESSARY.</p>		

20. MILITARY SERVICE (Outline military service past or present, giving country of service, branch of service, unit or organization, specialist, highest rank held, dates of service, present rank, and date and type of discharge.)

A. **NON-U.S. Citizens only**

B. **U.S. Citizens only**

Veteran's Preference

- No Preference
- 5-Point Preference
- 10-Point Preference

The 10-Point Preference groups are:

Non-Compensably Disabled or Purple Heart Recipient.
 Compensably Disabled (less than 30%).
 Compensably Disabled (30% or more).
 Spouse, Widow(er) or Mother of a deceased or disabled veteran.
 To receive "10-Point Preference", you must send in a completed SF-15 with the proof requested in the SF-15.

SPECIFIC INSTRUCTIONS:

If you do not claim veteran's preference, mark the "No Preference" circle. You **cannot** receive veteran's preference if you are retired or plan to retire at or above the rank of major or lieutenant commander, **unless** you are disabled or retired from the active military Reserve. To receive veteran's preference, your separation from active duty must have been under honorable conditions. This includes honorable and general discharges. A clemency discharge does not meet the requirements of the Veteran's Preference Act. Active duty for training in the military Reserve and National Guard programs is not considered active duty for purposes of veteran's preference.

To qualify for preference, you must meet ONE of the following conditions:

1. Served on active duty anytime between December 7, 1941 and July 1, 1955; (If you were a Reservist called to active duty between February 1, 1955 and July 1, 1955, you must meet condition 2, below.) **or**
2. Served on active duty any part of which was between July 2, 1955 and October 14, 1976 or a Reservist called to active duty between February 1, 1955 and October 14, 1976 **and** who served more than 180 days; **or**
3. Entered on active duty between October 15, 1976 and September 7, 1980 or a Reservist who entered on active duty between October 15, 1976 and October 13, 1982 **and** received a Campaign Badge or Expeditionary Medal or are a disabled veteran; **or**
4. Enlisted in the Armed Forces after September 7, 1980 or entered active duty other than by enlistment on or after October 14, 1982 **and:**
 - a. Completed 24 months of continuous active duty, or the full period called, or ordered to active duty, or were discharged under 10 U.S.C. 1171, or for hardship under U.S.C. 1173, **and** received or were entitled to receive a Campaign Badge or Expeditionary Medal; **or**
 - b. Are a disabled veteran.

If you meet one of the previous four conditions, you qualify for 5-Point Preference. If you want to claim 5-Point Preference and do not meet the requirements for 10-Point Preference, mark the circle next to "5-Point Preference".

PRIVACY ACT STATEMENT
 (APPLICABLE ONLY TO APPLICANTS WHO ARE RESIDENT ALIENS OF THE U.S.)

The Foreign Service act of 1980, as amended, implies the authority to solicit personal information from individuals due to its relevance to the appointment, training, evaluation and assignment processes. This information is used by the Department of State to assist in evaluating your qualifications for employment in the Foreign Service. the information you furnish will be reviewed by authorized persons within the Department of States and other agencies at posts abroad as requested. Failure to answer all applicable questions on this form may delay consideration of your application and could result in you not receiving full consideration for a position in which this information is needed.

CERTIFICATION

BEFORE SIGNING THIS FORM MAKE SURE YOU HAVE ANSWERED ALL QUESTIONS FULLY AND COMPLETELY. A FALSE STATEMENT ON THIS APPLICATION IS CAUSE FOR DISMISSAL.

I DO SOLEMNLY AFFIRM THAT THE INFORMATION CONTAINED HEREIN IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

 (NAME AS USUALLY WRITTEN AND WHICH WILL BE USED AS OFFICIAL SIGNATURE)

 DATE