

U.S. Office of Personnel Management Qualifications and Availability Form C

Form Approved OMB No. 3206-0040 OPM FORM 1203-FX June 1996



	Please fill in the following items on each page of this application form. If this information is not included, we cannot process your application. You must return all 6 pages. Social Security Number Vacancy Identification Number																												
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	Follow the Instructions on the Supplemental Qualifications Statement (SQS) - For optimum accuracy, it is recommended that characters be written block style following the examples below.																												
- Do not write on or outside the boxes.																													
	 Do not use special characters. Use only the characters shown. PRINT your responses in the boxes and/or blacken in the appropriate ovals. Use black ink. Do not staple this form. 																												
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2. Biographic Data																													
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5. Employment A. Full Time Emp		-	- Are	you		able Y N		-	6. Citizenship																				
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B. Part Time Em			f ver hr	.e/we	ok?	00		ŀ																					
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Question 1. Question 2. Question 3.																													



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Social Security Number	You must return all 6 pages. Vacancy Identification Number													
9. Languages	10. Lowest Grade													
11. Miscellaneous Information														
12. Special Knowledge	13.Test Location													
14. Veteran Preference Claim	When entering dates in the following fields, please use the format: MM/DD/YYYY													
O No Preference Claimed	15. Dates of Active Duty - Military Service													
○ 5 Points Preference Claimed	Skip if No Veteran Preference Claimed in Block 14													
10 Point Preference - You must submit a completed Standard Form 15.	From: / / / /													
10 Points Preference Claimed	То: / / / / / / / / / / / / / / / / / / /													
(award of a Purple Heart or noncompensable service-connected disability)														
○ 10 Points Compensable Disability Preference Claimed	16. Availability Date													
(disability rating of less than 30%)														
○ 10 Points Other	17. Service Computation Date													
(wife, widow, husband, widower, mother preference claimed)														
 10 Points Compensable Disability Preference Claimed 	18. Other Date													
(disability rating of 30% or more)														
19. Job Preference														
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25. Occupational Questions

Please fill in the following items on each page of this application form. If this information is not included, we cannot process your application. You must return all 6 pages. **Vacancy Identification Number Social Security Number** ABCDEFGHI FGHI ABCDE ABCDEFGHI 1. 0 0 0 0 0 0 0 0 0 31.00000000 0 61.000000 2. 0 0 0 0 0 0 0 0 **32.** O O O O O O O **62.** O O O O \circ \circ \circ 3. 0 0 0 0 0 0 0 0 0 **33.** O O O O O O O O **63.** O O O O O O O 34.000000000 4. 0 0 0 0 0 0 0 0 0 **64.** 0 0 0 0 0 0 0 0 **5**. 0 0 0 0 0 0 0 0 **35.** O O O O O 0 **65.** O O O O O O 6. 0 0 0 0 0 0 0 0 36.000000000 **66.** O O O O O O O 7. 0 0 0 0 0 0 0 0 0 37.000000 0 0 67.000000000 8. 0 0 0 0 0 0 0 0 38.000000000 **68.** O O O O O O O 9. 0 0 0 0 0 0 0 0 39.000000000 **69**. 0 0 0 0 0 0 0 10.000000000 40.00000000 70.000000000 ABCDEFGHI ABCDEFGHI ABCDEFGHI 11.000000000 41.000000000 71.0000000000 **12.** O O O O O O O **42.** 0 0 0 0 0 0 0 0 **72.** 0 0 0 0 0 0 0 0 13.0000000000 43.000000000 **73**. 0 0 0 0 0 0 0 0 14.000000000 44.000000000 74.000000000 **15**. 0 0 0 0 0 0 0 0 45.000000000 **75.** 0 0 0 0 0 0 0 0 16.000000000 46.000000000 **76.** 0 0 0 0 0 0 0 0 17.000000000 47.0000000 77.000000000 18.000000000 48.000000000 78.000000000 19.00000000 49.00000000 79.000000000 **20.** O O O O O O O **50.** O O O O O O O 80.00000000 ABCDEFGHI ABCDEFGHI ABCDEFGHI **21.** 0 0 0 0 0 0 0 0 **51.** 0 0 0 0 0 0 0 0 **81.** 0 0 0 0 0 0 0 0 **22.** O O O O O O O **52.** O O O O O O O **82.** O O O O O 000 23.000000000 **53.** O O O O O O O 83.00000000 **24.** 0 0 0 0 0 0 0 0 **54.** O O O O O O O **84**. 0 0 0 0 0 0 0 0 **25.** O O O O O O O **55.** O O O O O O O **85.** O O O O O O O **26.** O O O O O O O **56.** O O O O O O O 86.000000000 **27.** 0 0 0 0 0 0 0 0 **57.** O O O O O O O **87.** 0 0 0 0 0 0 0 0 28.000000000 **58.** O O O O O O O 88.00000000 29.00000000 **59.** O O O O O O O **89.** 0 0 0 0 0 0 0 30.000000000 60.00000000 90.000000000



25. Occupational Questions (continued)

Please fill in the following items on each page of this application form. If this information is not included, we cannot process your application. You must return all 6 pages. **Social Security Number Vacancy Identification Number** ABCDEFGHI ABCDE FGHI ABCDEFGHI 91.00000000 121.00000000 151.000000 92.000000000 **122.** O O O O O O O **152.** O O O O \circ 000 93.000000000 123. 0 0 0 0 0 0 0 0 **153.** ○ ○ ○ ○ ○ ○ ○ ○ 94.00000000 124.000000000 **154.** ○ ○ ○ ○ ○ ○ ○ ○ 0 95.00000000 125.0000 0 00 **155.** O O O O 0 96.00000000 **126.** O O O O O O O **156.** O O O O O O O 97.00000000 127. 0 0 0 0 0 0 00 157.00000000 98.00000000 128. 0 0 0 0 0 0 0 0 158.000000000 99.00000000 129.00000000 159.0000000 100. 0 0 0 0 0 0 0 0 **130.** O O O O O O O 160.000000000 ABCDEFGHI ABCDEFGHI ABCDEFGHI 101.0000000000 131.000000000 161.000000000 102. 0 0 0 0 0 0 0 0 132.000000000 **162.** O O O O O O O 103. 0 0 0 0 0 0 0 0 133.000000000 **163.** O O O O O O O 104. 0 0 0 0 0 0 0 0 134.000000000 164.000000000 105.00000000 135. 0 0 0 0 0 0 0 0 **165.** O O O O O O O 106.000000000 **136.** O O O O O O O **166.** O O O O O O O 107.000000000 137. 0 0 0 0 0 0 0 0 167.00000000 108. 0 0 0 0 0 0 0 0 138.000000000 168.000000000 109. 0 0 0 0 0 0 0 139. 0 0 0 0 0 0 0 0 169.0000000 110.0000000000 140.0000000000 170.0000000000 ABCDEFGHI ABCDEFGHI ABCDEFGHI **111.** 0 0 0 0 0 0 0 0 0 141.000000000 171.0000000000 112.000000000 142.000000000 172.0 0 0 0 0 0 000 113.0000000000 143.000000000 173.000000000 114.0000000000 144.000000000 174.0 0 0 0 0 0 0 0 0 **115.** O O O O O O O 145.00000000 175.00000000 116.0000000000 146.000000000 176.000000000 117.000000000 147.00000000 177.000000000 118.000000000 148.00000000 178.000000000 119.00000000 149.00000000 179.00000000 120.0000000000 150.000000000 180.0000000000

The following Privacy Act and Public Reporting Burden statements are for informational purposes only. Please do not return this page with your application package.

Privacy Act

The Office of Personnel Management is authorized to rate applicants for Federal jobs under sections 1302, 3301, and 3304 of title 5 of the U.S. Code. Section 1104 of title 5 allows the Office of Personnel Management to authorize other Federal Agencies to rate applicants for Federal jobs. We need the information you put on this form to see how well your education and work skills qualify you for a Federal job. We also need information on matters such as citizenship and military service to see whether you are affected by laws we must follow in deciding who may be employed by the Federal Government.

We must have your Social Security Number (SSN) to identify your records because other people may have the same name and birthdate. The Office of Personnel Management may also use your SSN to make requests for information about you from employers, schools, banks, and others who know you, but only as allowed by law or Presidential directive. The information we collect by using your SSN will be used for employment purposes and also for studies and statistics that will not identify you.

Information we have about you may also be given to Federal, State and local agencies for checking on law violations or for other lawful purposes. We may send your name and address to State and local Government agencies, Congressional and other public offices, and public international organizations, if they request names of people to consider for employment. We may also notify your school placement office if you are selected for a Federal job.

Giving us your SSN or any of the other information is voluntary. However, we cannot process your application, which is the first step toward getting a job, if you do not give us the information we request.

Public Reporting Burden

The public reporting burden of information is estimated to vary from 20 minutes to 45 minutes to complete this form including time for reviewing instructions, gathering the data needed, and completing and reviewing entries. The average time to complete this form is 30 minutes. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: U.S. Office of Personnel Management, Office of the Chief Information Officer, 1900 E Street, NW, CHP 500, Washington, DC 20415; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project 3206-0040, Washington, DC 20503.