

U.S. OFFICE OF PERSONNEL MANAGEMENT PRESIDENTIAL MANAGEMENT INTERN APPLICATION – OPM FORM 1300

INSTRUCTIONS:

The Presidential Management Intern (PMI) Application (OPM Form 1300) is a scan form to be used by applicants when applying for the PMI Program. This cover sheet provides the instructions for completing the OPM Form 1300, and information on the Privacy Act and Public Burden Statements. The instructions will be repeated in case this cover sheet becomes separated. This scan form is made up of 5 pages total. When submitting the completed OPM Form 1300, **do not** include this cover page. **NOTE:** It is highly recommended that applicants review the PMI application booklet and/or the "How to Apply" page at the PMI web site (<http://www.pmi.opm.gov>).

- For optimum accuracy, it is recommended that characters be written in block style.
 - Do not write on or outside the boxes. Do not staple this form.
 - Do not use special characters.
 - PRINT your responses in the boxes, lines, and/or blacken in the appropriate ovals.
 - Use black ink – fine felt tip recommended. Do not use pencil or colored ink.
 - You may obtain an electronic copy of this form on <http://www.opm.gov/forms>.
 - Items marked with "*" are required for final submission.
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PRIVACY ACT STATEMENT

Executive Order 12364, Presidential Management Intern Program, authorizes solicitation of this information, which will be used primarily to select Finalists for participation in the Program. The information may also be used to publicize your selection for and participation in the Program, and may also be furnished to the agency wherein employed in hard copy and electronic formats. Names and home addresses may be released in hard copy and electronic formats to other PMI Program participants such as Federal agencies and alumni to foster interaction and communications.

We must have your Social Security Number (SSN) to identify your records because other people may have the same name and birthdate. The OPM 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. We request your SSN under the authority of Public Law 104-134 (April 26, 1996). This law requires that any person doing business with the Federal government furnish an SSN or tax identification number. This is an amendment to title 31, Section 7701.

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. In addition, incomplete addresses and Zip Code(s) will slow processing.

We may confirm information from your records with 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.

PUBLIC BURDEN STATEMENT

We estimate the public reporting burden for this collection will be approximately 2 hours for completing this application, including time for reviewing instructions, gathering data, and completing and reviewing the application. Send comments regarding the burden statement or any other aspect of the collection of information, including suggestions for reducing this burden to: U.S. Office of Personnel Management, Forms Officer (3206-0082), Washington, DC 20415-7900. The OMB number, 3206-0082, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed. **Do not send completed application forms to this address.**



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Approved OMB No. 3206-0082

PRESIDENTIAL MANAGEMENT INTERN APPLICATION – OPM FORM 1300

Print your responses in the boxes and/or blacken in the appropriate ovals. Please use black ink - fine felt tip recommended. Do not use pencil or colored ink.

For optimum accuracy, it is recommended that characters be typed or written block style without touching the sides of the boxes. Do not use special characters. Use only the characters shown below.

Character reference grid with letters A-Z and numbers 0-9, and instructions for shading circles.

A. PERSONAL INFORMATION

1. LAST NAME

Grid for last name

2. FIRST NAME

Grid for first name

3. MIDDLE INITIAL

Grid for middle initial

4. ARE YOU A CITIZEN OF THE UNITED STATES? Yes No

5. IF NOT A UNITED STATES CITIZEN, ENTER COUNTRY OF CITIZENSHIP

Grid for country of citizenship

6. PLEASE PROVIDE AS MUCH OF THE FOLLOWING INFORMATION AS POSSIBLE:

Form for telephone numbers (Present, Permanent, Fax) with grid boxes.

d. Email Address

Grid for email address

7. MAILING ADDRESS - STREET NUMBER, NAME (DO NOT USE POST OFFICE BOX OR UNIVERSITY BOX.)

Grid for mailing address

APARTMENT NUMBER

Grid for apartment number

8. CITY

Grid for city

9. STATE

Grid for state

10a. ZIP CODE

Grid for zip code

+4 (OPTIONAL)

Grid for optional zip code

10b. COUNTRY

Grid for country

11. NOMINEE'S SIGNATURE & DATE

I certify that the information on this form is true and correct to the best of my knowledge. NOTE: A false statement on any part of your application may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by fine or imprisonment (section 1001 of title 18, United States Code).

X Nominee's Signature

Date Signed

* Enter your Social Security Number on all pages

Grid for social security number

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12. NOMINATION BY SCHOOL OFFICIAL (To be completed by the Dean, Chairperson, or Program Director of the school submitting the nomination.) Complete all information requested below. Applications missing this information will not be processed.

a. Title IV School Code	Enter your school's six-digit Title IV code. NOTE: Your school's Title IV code may be obtained from your school's Financial Aid Office, or by calling 1-800-4-FED-AID.																	
b. Name of School																		
c. Name of Department																		
d. First and Last Name of Nominating Official																		
e. School Mailing Address																		
f. City													h. Country					
g. State & Zip Code																		
i. Telephone Number ()																		

NOTICE TO NOMINATING OFFICIALS - THE PMI PROGRAM IS OPEN TO CURRENT GRADUATE-LEVEL STUDENTS COMPLETING MASTER'S AND DOCTORAL-LEVEL DEGREE REQUIREMENTS BETWEEN SEPTEMBER 1, 2002 AND AUGUST 31, 2003. PLEASE DO NOT NOMINATE ANY STUDENT WHO DOES NOT MEET THIS ELIGIBILITY REQUIREMENT.

j. Signature of Dean, Chairperson, or Program Director (Please review entire application package prior to signing.) I certify that our school has conducted a competitive screening process, and that this graduate student, as a finalist, is a nominee for the Presidential Management Intern Program.

X _____ Nominating Official's Signature
 _____ Nominating Official's Title

 (Print First and Last Name) _____ Date Signed

13. GRADUATE DEGREE DATE: Provide the completion date of your current graduate degree (mm/yyyy). Students who complete graduate degree requirements (master's or doctoral-level degree) between September 1, 2002 and August 31, 2003, are eligible to be nominated for the PMI Program. Applicants are permitted to submit a PMI application and participate in the PMI nomination and selection process only once. Applicants are advised to submit an application during the year they will complete and satisfy graduate degree requirements.

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14a. VETERANS' PREFERENCE CLAIM:

Enter your claim for veterans' preference below. Refer to the Veterans' Preference section for additional information.

- No Preference Claimed
- 5 Points Preference Claimed
- 10 Points Preference Claimed (award of a Purple Heart or service-connected disability of less than 10%)
- 10 Points Compensable Disability Preference Claimed (disability rating of at least 10% and less than 30%)
- 10 Points Other (spouse, widow, widower, mother preference claimed)
- 10 Points Compensable Disability Preference Claimed (disability rating of 30% or more)

14b. ACTIVE SERVICE DATES From: mm / yyyy To: mm / yyyy

From:

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 To:

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NOTE: DD-214 is required for veterans' preference claims. In addition, a completed SF 15 application is required for 10 point preference claims.

* Enter your Social Security Number on all pages

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15. HOW DID YOU HEAR ABOUT THE PMI PROGRAM?

- Placement Officer
- Faculty Member
- Public Media
- OPM's Web Site/Internet
- Other OPM Information
- Other Government Agency
- Current/Former PMI Finalist
- Other Source

16. WHERE ARE YOU WILLING TO WORK? (You may select more than one geographic area.)

- Northeastern States**
Connecticut New Jersey
Delaware New York
Maine Pennsylvania
Maryland Rhode Island
Massachusetts Vermont
New Hampshire
- Southern States**
Alabama Mississippi
Arkansas North Carolina
Florida South Carolina
Georgia Tennessee
Kentucky Virginia
Louisiana West Virginia
- Western States**
Alaska Montana
California Nevada
Colorado Utah
Hawaii Washington
Idaho Wyoming
Oregon
- Puerto Rico**
- Midwestern States**
Illinois Missouri
Indiana Nebraska
Iowa North Dakota
Kansas Ohio
Michigan South Dakota
Minnesota Wisconsin
- Southwestern States**
Arizona
New Mexico
Oklahoma
Texas
- Washington, DC**
- Anywhere**

17. ASSESSMENT CENTER LOCATION:

Select ONE location only. Assessment center screening will be conducted in January and February 2003. This is not an employment preference location.

- Atlanta, GA
- Boston, MA
- Chicago, IL
- Dallas, TX
- Dayton, OH
- Denver, CO
- Honolulu, HI
- Jackson, MS
- Kansas City, MO
- Los Angeles, CA
- Miami, FL
- Norfolk, VA
- Philadelphia, PA
- Raleigh, NC
- San Antonio, TX
- San Francisco, CA
- San Juan, PR
- Seattle, WA
- Twin Cities, MN
- Washington, DC

B. KNOWLEDGE AND EXPERIENCE:

1. Occupational Preferences - Select your area of work interest. (You may select more than one area.)

- Accounting/Finance/
Budget/Economics
- Administrative
- Education
- Environmental Sciences/Natural
Resources
- Engineering/Architecture
- Human Resources/Labor Relations/
Employee Development
- Information Technology
- International Affairs
- Legal/Investigative/Law
Enforcement/Safety
- Medical and Health
- Physical and Biological
- Procurement/Contracts/Grants
- Social Science and Welfare
- Transportation

* Enter your Social Security Number on all pages

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2. PROVIDE FOR EACH OF THE FOLLOWING THE THREE-DIGIT CODE FROM THE LIST BELOW

a. Undergraduate Degree:.....			
Other Undergraduate Degree, if any:.....			
b. Graduate Degree:.....			
Other Graduate Degree, if any:.....			
c. Strongest area of expertise applied in a job or voluntary position:.....			

- | | |
|--|---|
| 010 Accounting/Finance/Budget | 200 Individual/Group/Organizational Theory and Dynamics |
| 020 Administration and Management Processes | 210 Information Management Systems |
| 030 Architecture | 220 International Affairs/Administration |
| 040 Area Studies | 225 International Development |
| 050 Biological Sciences | 228 Languages |
| 060 Business Management/Administration | 230 Law (JD or other law degree) |
| 065 Communications/Public Affairs | 240 Liberal Arts |
| 070 Community, City, or Regional Planning/Development | 242 Management |
| 080 Comparative Politics | 243 Marketing |
| 090 Computer Science/Application | 245 Mathematics |
| 100 Criminal Justice | 250 Physical Sciences |
| 110 Economics (General) | 260 Policy Analysis |
| 120 Economics (International) | 262 Political Science |
| 125 Education | 264 Psychology |
| 130 Education Policy | 266 Public Administration |
| 140 Engineering | 270 Quantitative Methods (Statistics) |
| 150 Environmental Sciences/Natural Resources | 280 Research Methods |
| 160 Government Procurement/Contracts/Grants | 290 Social Work |
| 170 Health Administration or Public Health | 999 Other Subject Areas not listed above |
| 180 Human Resources/Labor Relations/
Employee Development | |
| 190 Humanities | |

d. SELECT THE ANSWER WHICH BEST REFLECTS THE LENGTH OF EXPERIENCE WHERE YOU APPLIED THE KNOWLEDGE INDICATED IN 2c. PRO-RATE YOUR TIME TO EQUATE TO FULL-TIME WORK.

- No experience
 5 months or less
 6 to 12 months
 1 to 3 years
 3 years or more

3. DID YOU COMPLETE A PUBLIC SECTOR INTERNSHIP? Yes No

* Enter your Social Security Number on all pages

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4. SELECT THE ANSWER(S) WHICH BEST REFLECT YOUR WORK EXPERIENCE:

- a. Federal No experience 5 months or less 6 to 12 months 1 to 3 years 3 years or more
- b. Private Sector No experience 5 months or less 6 to 12 months 1 to 3 years 3 years or more
- c. State or Local No experience 5 months or less 6 to 12 months 1 to 3 years 3 years or more
- d. Educational No experience 5 months or less 6 to 12 months 1 to 3 years 3 years or more
- e. Non-Profit No experience 5 months or less 6 to 12 months 1 to 3 years 3 years or more
- f. Military Service No experience 5 months or less 6 to 12 months 1 to 3 years 3 years or more
- g. Overseas No experience 5 months or less 6 to 12 months 1 to 3 years 3 years or more

5. LIST UP TO THREE FOREIGN LANGUAGES AND INDICATE YOUR DEGREE OF PROFICIENCY:

	Spoken:			Written:		
	Excellent	Good	Fair	Excellent	Good	Fair
a. <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. PLEASE PROVIDE YOUR PROFICIENCY WITH THE FOLLOWING TYPES OF COMPUTER SOFTWARE AND PROGRAMMING LANGUAGES:

	Excellent	Good	Fair	N/A
a. Desktop Application (Word Processing, Spreadsheets, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Operating Systems (DOS, Windows, Unix, MPE, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Local Area Network Administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Object Oriented Programming (Visual Basic, C++, Delphi, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. XBase Programming Languages (FoxPro, Clipper, dBase, Oracle, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Scripting or Web Development Languages (VBScript, JavaScript, HTML, CGI, ASP, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Other languages, systems, and environments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* Enter your Social Security Number on all pages

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
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PMI APPLICATION CHECKLIST

NOTE: This sheet is for your use only. Please do not submit this checklist with the application.

- _____ I am using an original application form or a downloaded computer print copy, **not a photocopy.**
- _____ I am currently enrolled in a Graduate Degree Program (leading to a master's or doctoral-level degree).
- _____ I will complete my master's or doctoral-level degree during the eligibility period of **September 1, 2002 to August 31, 2003.**
- _____ I have been recommended for this program by the dean, chairperson, or program director of my graduate program.
- _____ The dean chairperson, or program director of my graduate program has reviewed and signed my application form and listed his/her first and last name, school, title, department, mailing address and phone numbers.
- _____ I have selected only one Assessment Center Location. I acknowledge that if an insufficient number of candidates select a specific assessment center location and a full assessment center panel cannot be convened, candidates who selected that location may need to select another assessment center location. Travel to the alternative assessment center location will be at the candidate's expense.
- _____ I have enclosed my one to two page resume with my application. I have followed the required resume format outlined in the application. I have not stapled my resume to the application form.
- _____ (Veterans only) I have enclosed a DD-214 that specifically certifies my official dates of service, or SF 15 and official documentation from the Department of Veterans Affairs or branch of the Armed Forces to support my veterans' preference claim.
- _____ I have signed and dated the application form in black or blue ink.

Please review the above items before submitting your application. Incomplete or photocopied applications will not be considered or processed.

NOTICE TO ALL APPLICANTS: Applicants are permitted to submit a PMI application and participate in the PMI nomination and selection process *only once*. Applicants are advised to submit an application only during the year they will complete and satisfy graduate degree requirements (see Eligibility).