

**ID #:**  
**(To Be Completed By EOP)**

# PRESIDENTIAL PERSONNEL APPLICATION FORM

**Applicant's  
Name:**

(Prefix)

(First)

(Middle)

(Last)

(Suffix)

**Social Security Number:**

**Veteran:** Yes  No

**U.S. Citizen:** Yes  No

**Party:** Republican  Democrat  Other

**PHONE NUMBERS (Area Code First):**

**Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Ext.** \_\_\_\_\_

**Home Fax:** \_\_\_\_\_ **Work Fax:** \_\_\_\_\_

**Cellular:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

<b>Addresses</b>	<b>Home</b> <input type="checkbox"/>
	Street or P.O. Box
	City, State, Zip
	<b>Work</b> <input type="checkbox"/>
	Street or P.O. Box
	City, State, Zip
	<b>Voter Registration</b> <input type="checkbox"/>
	Street or P.O. Box
	City, State, Zip

Social Security Number:

**Professions:**

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Education	Institution	Degree Earned	Year Degree Earned
	<b>Most Recent:</b>	_____	_____
	<b>Next Most Recent:</b>	_____	_____
	<b>Next Most Recent:</b>	_____	_____

Employment History	<b>MOST RECENT:</b>
	<b>Employer:</b>
	<b>Last Title/Position:</b>
	<b>Years of Employment:</b>
	<b>NEXT MOST RECENT:</b>
	<b>Employer:</b>
	<b>Last Title/Position:</b>
	<b>Years of Employment:</b>
	<b>NEXT MOST RECENT:</b>
	<b>Employer:</b>
	<b>Last Title/Position:</b>
	<b>Years of Employment:</b>

Social Security Number:

Government Services

**MOST RECENT:**

Level: Federal  State  Local

Area/Department:

Paid  Volunteer

Last Title/Position:

Years:

**NEXT MOST RECENT:**

Level: Federal  State  Local

Area/Department:

Paid  Volunteer

Last Title/Position:

Years:

**NEXT MOST RECENT:**

Level: Federal  State  Local

Area/Department:

Paid  Volunteer

Last Title/Position

Years:

References

Last Name	First Name	Telephone

Desired Position	Department/Agency/Commission:
	Position/Area:
	Specific Position (If Known):

Social Security Number:	
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**ATTACH RESUME**

Signature

Print Name

**Return to:**  
**Presidential Personnel Office**  
**The White House**

**Or contact us at:**  
**Telephone: (202) 456-9713**  
**Fax: (202) 456-1121**

Optional	<p>Providing the following information at this time is <u>optional</u>; however, you may be asked later to <i>submit</i> a Personal Data Statement where this information is required.</p>
	<p>Date of Birth: _____ (Spouse's Name)</p>
	<p>Gender: Male <input type="checkbox"/> Female <input type="checkbox"/></p>
	<p>Race : American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Other <input type="checkbox"/> White <input type="checkbox"/></p>