



**U.S. MISSION IN COLOMBIA**  
**APPLICATION FOR FOREIGN EMPLOYMENT**

ATTACH  
 PHOTOGRAPH  
 TAKEN WITHIN  
 PAST  
 12 MONTHS

1. Position applied for \_\_\_\_\_ Salary requirement \_\_\_\_\_

2. FULL NAME:

LAST (SURNAME)      MOTHER'S MAIDEN NAME      FIRST NAME      MIDDLE NAME

3. DATE OF BIRTH (Month, Day, Year): \_\_\_\_\_

4. PLACE OF BIRTH (City, Country): \_\_\_\_\_

5. COLOMBIAN IDENTIFICATION NUMBER: \_\_\_\_\_

6. MARITAL STATUS:     Single     Married     Widowed     Divorced     Separated     Remarried     Common Law

7. PRESENT ADDRESS AND TELEPHONE NUMBER: \_\_\_\_\_

8. PREVIOUS ADDRESSES DURING PAST TEN YEARS:

DATES		STREET AND NUMBER	CITY (District/Province)	COUNTRY
FROM	TO			

9. FULL NAME OF SPOUSE (if wife, maiden name)

LAST (SURNAME)      FIRST      MIDDLE

DATE OF BIRTH (Month, Day, Year): \_\_\_\_\_

PLACE OF BIRTH (City, Country): \_\_\_\_\_

PRESENT ADDRESS IN FULL: \_\_\_\_\_

PRESENT OCCUPATION: \_\_\_\_\_

10. CHILDREN:

NAME	DATE OF BIRTH	PRESENT ADDRESS IN FULL	OCCUPATION

**11. FATHER'S NAME:**

LAST (SURNAME) FIRST MIDDLE

DATE OF BIRTH (Month, Day, Year):

PLACE OF BIRTH (City, Country):

PRESENT ADDRESS IN FULL:

PRESENT OCCUPATION:

**12. MOTHER'S NAME:**

LAST (SURNAME) FIRST MIDDLE

DATE OF BIRTH (Month, Day, Year):

PLACE OF BIRTH (City, Country):

PRESENT ADDRESS IN FULL:

PRESENT OCCUPATION:

**13. How did you learn about this position?**

Ad  Employee  Relative  Walk In  Embassy Website  
Other \_\_\_\_\_

**14. RELATIVES (Brothers and sisters)**

NAME	RELATIONSHIP	NATIONALITY	OCCUPATION	PRESENT ADDRESS IN FULL

**15. Do you have any relatives (For example: spouse, parent, brother, sister, aunt, uncle or a spouse of a brother, sister, aunt or uncle, or a cousin, stepfather, stepmother) that work for the Embassy: If yes, please list name, department where he/she works and how long he/she has been employed?**

**16. If there is someone in the Embassy that you consider a relative but is not listed above, please explain the relationship, list the name, department where he/she works and how long he/she has been employed?**

**17. CURRENT CITIZENSHIP:**

**18. U.S. CITIZENSHIP:** Do you have any claim to U.S. citizenship? YES \_\_\_\_\_ NO \_\_\_\_\_

**19. TRAVEL:** (If you have ever traveled in any other countries give the dates, duration and purpose of such travel. If travel was in the United States,

supply under item 28 additional data, including type of visa, place and date of issuance, date and port of arrival in the United States, places of residence in the United States and the date and port of departure from the United States.)

COUNTRY	DATES		PURPOSE
	FROM	TO	

**20. EDUCATION (elementary, high school, college and other)**

NAME OF EDUCATIONAL INSTITUTIONS	DATES ATTENDED		TYPE OF DEGREE OR CERTIFICATE*	DATED RECEIVED	MAJOR SUBJECT/FIELD OF STUDY
	FROM	TO			

Please provide the address of the institutions:

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**21. LANGUAGE:** Indicate the extent of your competence in English: 5 = Fluent; 3 = Good; 1 = Fair; 0 = None

<u>LANGUAGE</u>	<u>SPEAK</u>	<u>READ</u>	<u>WRITE</u>	<u>UNDERSTAND</u>
English				

**22. SPECIAL QUALIFICATIONS AND SKILLS:**

List any special skills you possess and equipment you can use such as forklifts, office equipment, etc.

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Typing Speed: \_\_\_\_\_ words per minute

**TRAINING RECEIVED:**

List training received in areas applicable to the job for which you are applying.

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**23. EMPLOYMENT:** For each position you have held in the last ten (10) years, provide the following information in the space provided. Use continuation sheets as needed. Begin with your present position and work backwards.

**A. NAME AND FULL ADDRESS OF CURRENT EMPLOYER:**

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**DATES WORKED (MONTH/DAY/YEAR):** FROM \_\_\_\_\_ TO \_\_\_\_\_

**EXACT TITLE OF POSITION:** \_\_\_\_\_

**SALARY** (Indicate if per week, month, year, etc.):

INITIAL SALARY: \_\_\_\_\_ per \_\_\_\_\_ FINAL: \_\_\_\_\_ per

**NAME, TITLE AND TELEPHONE NUMBER OF IMMEDIATE SUPERVISOR:**

**DESCRIPTION OF WORK** (Describe duties, responsibilities and accomplishments):

**NUMBER OF HOURS WORKED PER WEEK:** \_\_\_\_\_ **NUMBER OF EMPLOYEES YOU SUPERVISED** \_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

**B. NAME AND FULL ADDRESS OF EMPLOYER:**

**DATES WORKED (MONTH/DAY/YEAR):** \_\_\_\_\_ **FROM** \_\_\_\_\_ **TO** \_\_\_\_\_

**EXACT TITLE OF POSITION:** \_\_\_\_\_

**SALARY** (Indicate if per week, month, year, etc.):

INITIAL SALARY: \_\_\_\_\_ per \_\_\_\_\_ FINAL: \_\_\_\_\_ per

**NAME, TITLE AND TELEPHONE NUMBER OF IMMEDIATE SUPERVISOR:**

**DESCRIPTION OF WORK** (Describe duties, responsibilities and accomplishments):

**NUMBER OF HOURS WORKED PER WEEK:** \_\_\_\_\_ **NUMBER OF EMPLOYEES YOU SUPERVISED** \_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

**C. NAME AND FULL ADDRESS OF EMPLOYER:**

**DATES WORKED (MONTH/DAY/YEAR):** \_\_\_\_\_ **FROM** \_\_\_\_\_ **TO** \_\_\_\_\_

**EXACT TITLE OF POSITION:** \_\_\_\_\_

**SALARY** (Indicate if per week, month, year, etc.):

INITIAL SALARY: \_\_\_\_\_ per \_\_\_\_\_ FINAL: \_\_\_\_\_ per \_\_\_\_\_

**NAME, TITLE AND TELEPHONE NUMBER OF IMMEDIATE SUPERVISOR:**

**DESCRIPTION OF WORK** (Describe duties, responsibilities and accomplishments):

**NUMBER OF HOURS WORKED PER WEEK:** \_\_\_\_\_ **NUMBER OF EMPLOYEES YOU SUPERVISED** \_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

**D. NAME AND FULL ADDRESS OF EMPLOYER:**

**DATES WORKED (MONTH/DAY/YEAR):** FROM \_\_\_\_\_ TO \_\_\_\_\_

**EXACT TITLE OF POSITION:** \_\_\_\_\_

**SALARY** (Indicate if per week, month, year, etc.):

INITIAL SALARY: \_\_\_\_\_ per \_\_\_\_\_ FINAL: \_\_\_\_\_ per \_\_\_\_\_

**NAME, TITLE AND TELEPHONE NUMBER OF IMMEDIATE SUPERVISOR:**

**DESCRIPTION OF WORK** (Describe duties, responsibilities and accomplishments):

**NUMBER OF HOURS WORKED PER WEEK:** \_\_\_\_\_ **NUMBER OF EMPLOYEES YOU SUPERVISED** \_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

**24. HAVE YOU EVER WORKED FOR THE U.S. GOVERNMENT?** YES \_\_\_\_\_ NO \_\_\_\_\_

**HAVE YOU EVER BEEN DISMISSED OR FORCED TO RESIGN FROM A POSITION?** YES \_\_\_\_\_ NO \_\_\_\_\_

**PLEASE EXPLAIN:** \_\_\_\_\_

25. WHEN WILL YOU BE AVAILABLE TO START WORK? \_\_\_\_\_

**26. COMPUTER SKILLS:**

How do you rate your computer skills (please circle):

5 = Excellent;    3 = Good;    1 = Fair;    0 = None

List computer programs with which you have experience.

\_\_\_\_\_

27. REFERENCES: List three persons not related to you by blood or marriage (do not list previous supervisors) who are qualified to supply definite information regarding your character and ability to perform job duties.

	NAME	MAILING ADDRESS	TELEPHONE NUMBER	OCCUPATION
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

28. Use this space for detailed answers. Add any information not covered above which might affect your employment. Use extra blank pages, if necessary.

29. IF CURRENTLY EMPLOYED, MAY WE CONTACT YOUR PRESENT EMPLOYER FOR A REFERENCE? \_\_\_\_\_

**YOU MUST SIGN THIS APPLICATION.** Read the following carefully before you sign.

1. I understand that any information I give may be investigated and that a false statement may be grounds for not hiring me or for dismissal if I am selected.
2. I understand that, if I am provisionally selected, Embassy-required security and full medical clearances are a prerequisite to continued employment.
3. I consent to the release of information about my ability and fitness for employment by employers, schools, law enforcement agencies and other individuals and organizations, to Embassy-authorized investigators and Human Resources staff.
4. I certify that, to the best of my knowledge, all of my statements are true, complete, and made in good faith.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date