

18a. MOTHER'S NAME	b. DATE OF BIRTH	c. PLACE OF BIRTH
d. PRESENT ADDRESS IN FULL	e. PRESENT OCCUPATION	
f. CITIZENSHIP AT BIRTH	g. PRESENT CITIZENSHIP	

20. RELATIVES (Brothers, sisters and in-laws)

NAME	RELATIONSHIP	NATIONALITY	OCCUPATION	PRESENT ADDRESS IN FULL

21. ARE ANY RELATIVES OR FAMILY MEMBERS NAMED ABOVE EMPLOYED BY AN AGENCY OR REPRESENTATIVE OF A NATIONAL OR LOCAL GOVERNMENT? (If so, list name, relationship, agency and agency address)

YES
 NO

22. DO YOU HAVE ANY PERSONAL, BUSINESS OR PROFESSIONAL CONTACTS IN THE UNITED STATES? (If so, list name, business or occupation and address)

YES
 NO

23. 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 38 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	

24. MEMBERSHIPS, SOCIETIES, ASSOCIATIONS, CLUBS AND OTHER ORGANIZATIONS OF WHICH YOU ARE NOW OR HAVE BEEN A MEMBER, EXCEPT RELIGIOUS OR POLITICAL AFFILIATIONS

NAME	ADDRESS	TYPE	FROM/TO	OFFICE HELD

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

26. LIST ANY TITLES, ORDERS OR DECORATIONS BESTOWED UPON YOU TITLES, ORDERS OR DECORATIONS	DATE BESTOWED

27. EDUCATION

NAMES AND LOCATIONS OF EDUCATIONAL INSTITUTIONS ATTENDED	DATES		DEGREES	MAJOR SUBJECTS
	FROM	TO		

28. LANGUAGES (Name and indicate the extent of your competence)

LANGUAGE	SPEAK			READ			WRITE			UNDERSTAND		
	Excellent	Good	Fair	Excellent	Good	Fair	Excellent	Good	Fair	Excellent	Good	Fair

29. REFERENCES, LIST THREE COMPETENT AND RESPONSIBLE PERSONS NOT RELATED TO YOU BY BLOOD OR MARRIAGE, WHO ARE QUALIFIED TO SUPPLY DEFINITE INFORMATION REGARDING YOUR CHARACTER AND ABILITY ((Do not give names of supervisors listed in item 30)

NAME	ADDRESS IN FULL	OCCUPATION

30. 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)

IF CURRENTLY EMPLOYED MAY WE APPROACH YOUR PRESENT EMPLOYER? YES NO

A. DATES OF EMPLOYMENT (Month, Year)	EXACT TITLE OF YOUR POSITION	SALARY OR EARNINGS Starting _____ per year Final _____ per year
NAME AND FULL ADDRESS OF EMPLOYER	DUTIES	
NAME AND TITLE OF IMMEDIATE SUPERVISOR		
REASON FOR WANTING TO LEAVE		
B. DATES OF EMPLOYMENT (Month, Year)	EXACT TITLE OF YOUR POSITION	SALARY OR EARNINGS Starting _____ per year Final _____ per year
NAME AND FULL ADDRESS OF EMPLOYER	DUTIES	
NAME AND TITLE OF IMMEDIATE SUPERVISOR		
REASON FOR WANTING TO LEAVE		
C. DATES OF EMPLOYMENT (Month, Year)	EXACT TITLE OF YOUR POSITION	SALARY OR EARNINGS Starting _____ per year Final _____ per year
NAME AND FULL ADDRESS OF EMPLOYER	DUTIES	
NAME AND TITLE OF IMMEDIATE SUPERVISOR		
REASON FOR WANTING TO LEAVE		

31. SPECIAL QUALIFICATIONS AND SKILLS. (List any special skills you possess and machines and equipment you can use, such as Multilith, Comptometer, Key pouch etc.)	Approximate Number of Words per minute Typing Shorthand						
ANSWER ITEMS 32 THROUGH 35 BY PLACING AN "X" IN THE PROPER COLUMN							
32. HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM A POSITION? (If answer is "YES" give detail under item 38	YES NO						
33. a. HAVE YOU NOW OR HAVE YOU EVER HAD ANY PHYSICAL LIMITATIONS? b. ARE YOU NOW UNDER A PHYSICIANS CARE AND IF SO, FOR WHAT REASON? . c. HAVE YOU EVER HAD A NERVOUS DISORDER? d. HAVE YOU EVER HAD TUBERCULOSIS? e. WITHIN THE PAST 12 MONTHS, HAVE YOU USED INTOXICATING BEVERAGES TO EXCESS f. DO YOU HAVE A DRUG OR NARCOTIC ADDICTION? g. WERE YOU EVER MEDICALLY DISCHARGED FROM THE ARMED FORCES?	YES NO						
IF ANY OF YOUR ANSWERS TO ANY OF THE ABOVE IS "YES" GIVE PARTICULARS UNDER ITEM 38							
34. HAVE YOU EVER BEEN ARRESTED OR DETAINED BY ANY POLICE OR MILITARY AUTHORITY If so, name the Authority, give time, place, reason and the disposition of court action	YES NO						
35. ARE YOU NOW, OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY OR ANY COMMUNIST OR FASCIST ORGANIZATION?	YES NO						
36. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF THE CONSTITUTIONAL FORM OF GOVERNMENT OF THE UNITED STATES, OR ANY ORGANIZATION ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH HAS ADOPTED A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OR FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR OF SEEKING TO ALTER THE FOR OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS?	YES NO						
37. IF YOU ANSWER TO ITEMS 35 OR 36 IS "YES" STATE THE NAME OF THE ORGANIZATION, DATES OF MEMBERSHIP OR ASSOCIATION, AND EXTENT OF YOUR PARTICIPATION. IF YOU DESIRE TO EXPLAIN THE CIRCUMSTANCES OF YOUR MEMBERSHIP, USE SPACE UNDER ITEM 38 OR ATTACH A SEPARATE PAGE <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><u>NAME</u></td> <td style="width: 25%;"><u>ADDRESS</u></td> <td style="width: 10%;"><u>TYPE</u></td> <td style="width: 10%;"><u>FROM</u></td> <td style="width: 10%;"><u>TO</u></td> <td style="width: 15%;"><u>OFFICE HELD</u></td> </tr> </table>		<u>NAME</u>	<u>ADDRESS</u>	<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>OFFICE HELD</u>
<u>NAME</u>	<u>ADDRESS</u>	<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>OFFICE HELD</u>		
38. 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							
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 State 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 your 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						