## **Declaration for Federal Employment\***

(\*This form may also be used to assess fitness for federal contract employment)

### Instructions

The information collected on this form is used to determine your acceptability for Federal and Federal contract employment and your enrollment status in the Government's Life Insurance program. You may be asked to complete this form at any time during the hiring process. Follow instructions that the agency provides. If you are selected, before you are appointed you will be asked to update your responses on this form and on other materials submitted during the application process and then to recertify that your answers are true.

All your answers must be truthful and complete. A false statement on any part of this declaration or attached forms or sheets may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by a fine or imprisonment (U.S. Code, title 18, section 1001).

Either type your responses on this form or print clearly in dark ink. If you need additional space, attach letter-size sheets (8.5" X 11"). Include your name, Social Security Number, and item number on each sheet. We recommend that you keep a photocopy of your completed form for your records.

### **Privacy Act Statement**

The Office of Personnel Management is authorized to request this information under sections 1302, 3301, 3304, 3328, and 8716 of title 5, U. S. Code. Section 1104 of title 5 allows the Office of Personnel Management to delegate personnel management functions to other Federal agencies. If necessary, and usually in conjunction with another form or forms, this form may be used in conducting an investigation to determine your suitability or your ability to hold a security clearance, and it may be disclosed to authorized officials making similar, subsequent determinations.

Your Social Security Number (SSN) is needed to keep our records accurate, because other people may have the same name and birth date. Public Law 104-134 (April 26, 1996) asks Federal agencies to use this number to help identify individuals in agency records. Giving us your SSN or any other information is voluntary. However, if you do not give us your SSN or any other information requested, we cannot process your application. Incomplete addresses and ZIP Codes may also slow processing.

ROUTINE USES: Any disclosure of this record or information in this record is in accordance with routine uses found in System Notice OPM/GOVT-1, General Personnel Records. This system allows disclosure of information to: training facilities; organizations deciding claims for retirement, insurance, unemployment, or health benefits; officials in litigation or administrative proceedings where the Government is a party; law enforcement agencies concerning a violation of law or regulation; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representation of employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearance, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public and private organizations, including news media, which grant or publicize employee recognitions and awards; the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives and Records Administration, and Congressional offices in connection with their official functions; prospective non-Federal employers concerning tenure of employment, civil service status, length of service, and the date and nature of action for separation as shown on the SF 50 (or authorized exception) of a specifically identified individual; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and non-Federal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from a self-and-family to a self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement, or job for the Federal government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employees about fitness-for-duty or agency-filed disability retirement procedures.

### Public Burden Statement

Public burden reporting for this collection of information is estimated to vary from 5 to 30 minutes with an average of 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to the U.S. Office of Personnel Management, Reports and Forms Manager (3206-0182), Washington, DC 20415-7900. The OMB number, 3206-0182, is valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

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### General Information

1. FULL NAME (Provide your full name. If you have only initials in your name, provide them and indicate "Initial only". If you do not have a middle name, indicate "No Middle Name". If you are a "Jr.," "Sr.," etc. enter this under Suffix. First, Middle, Last, Suffix)

♦						
2. SOCIAL SECURITY NUMBER	3a. PLACE 0	<b>DF BIRTH</b> (Include city a	nd state or cou	intry)		
◆	•					
3b. ARE YOU A U.S. CITIZEN?	•			4. DATE OF BIRTH (M	1M / DD / YY	YY)
YES NO (If "NO", provide country	of citizenship)	<b>♦</b>		<b>♦</b>		
5. OTHER NAMES EVER USED (For example, maiden name, nickname, etc.)			6. PHONE NUMBERS (Include area codes)			
<b>♦</b>				Day 🔶		
<b>◆</b>				Night 🔶		
Selective Service Registration						
If you are a male born after December 31, 19 must register with the Selective Service Sys				nployment law (5 U.S.C.	3328) requ	ires that you
7a. Were you born a male after December 3	31, 1959?		YES		D (If "NO", pr	oceed to 8.)
7b. Have you registered with the Selective S	-	?	YES (If "YES	S", proceed to 8.) NO	O (If "NO", pr	oceed to 7c.)
7c. If "NO," describe your reason(s) in item	16.					
Military Service	a military?			Oll and information halo		
8. Have you ever served in the United State If your only active duty was training in the	•	lational Guard answer '	•	S", provide information belo	w) 🔄 NO	
If you answered "YES," list the branch, d						
Branch From	(MM/DD/YYYY)	To (MM/DD/YYYY)		Type of Discha	arge	
Background Information						
For all questions, provide all additional re you list will be considered. However, in most				ed sheets. The circumst	ances of ea	ach event
For questions 9,10, and 11, your answers should include convictions resulting from a plea of <i>nolo contendere</i> (no contest), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if						
finally decided in juvenile court or under a Y state law, and (5) any conviction for which the					rections Act	or similar
9. During the last 7 years, have you been (Includes felonies, firearms or explosive to provide the date, explanation of the v department or court involved.	s violations, mis	demeanors, and all oth	er offenses.)	If "YES," use item 16	YES	NO NO
10. Have you been convicted by a military or "YES," use item 16 to provide the date, address of the military authority or court	explanation of t				YES	NO NO
1. Are you currently under charges for any violation of law? If "YES," use item 16 to provide the date, explanation of YES NO the charges, place of occurrence, and the name and address of the police department or court involved.						
2. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency? If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.					NO NO	
13. Are you delinquent on any Federal debt of benefits, and other debts to the U.S. as student and home mortgage loans.) delinquency or default, and steps that y	Government, pl If "YES," use ite	us defaults of Federally m 16 to provide the typ	guaranteed o	or insured loans such	YES	NO NO

### **Declaration for Federal Employment\***

s work for the agency or government organization to which you are submitting this form?	
r husband wife can daughter brother sister uncle aunt first cousin nerhow niece	YES   NO

17.	be any of your relatives work for the agency of government organization to which you are submitting this form:	
	(Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece,	L
	father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother,	
	stepson, stepdaughter, stepbrother, stepsister, half-brother, and half-sister.) If "YES," use item 16 to provide the	
	relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your	
	relativeworks.	

15.	Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military,	YES	NO
	Federal civilian, or District of Columbia Government service?		

### **Continuation Space / Agency Optional Questions**

Additional Questio

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position and your agency is authorized to ask them).

### Certifications / Additional Questions

**APPLICANT:** If you are applying for a position and received a tentative/conditional job offer or have not yet been selected, carefully review your answers on this form and any attached sheets.

**APPOINTEE:** If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

17a. Applicant's Signature:	Date: (MM / DD / YYYY)	Appointing Officer: Enter Date of Appointment or Conversion MM / DD / YYYY
17b. Appointee's Signature:	_ Date: (MM / DD / YYYY)	

18. Appointee (Only respond if you have been employed by the Federal Government before): Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

18a. When did you leave your last Federal job?	Date: (MM / DD / YYYY)	
18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance?	YES NO	DO NOT KNOW
18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled.	YES NO	DO NOT KNOW

Form Approved: OMB No. 3206-0182