APPLICATION FOR EMPLOYMENT
UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT
USAID VIETNAM OFFICE - HANOI, VIETNAM

OMB NO. 1405-0029 EXPIRES 7-31-87

POST (Not to be filled in by applicant)

INSTRUCTIONS: The questions on this application should be answered fully and completely. Do not use the abbreviation "n/a" to respond to any question; all questions are applicable and should be given an appropriate response. Making a false statement on this form will result in rejection of your application; if discovered subsequent to your appointment, a false statement is cause for dismissal.

DATE OF APPLICATION

1. NAME IN FULL (Enter regularly used surname with other names used following in parenthesis—i.e., Spanish or other double names)
(Last) (First) (Middle)

2. NAME AT BIRTH, IF DIFFERENT FROM ABOVE

3. HAVE YOU EVER BEEN KNOWN BY ANY OTHER NAMES? ☐ YES ☐ NO
If yes, give name and explain circumstances under item 38.

ATTACH PHOTOGRAPH TAKEN WITHIN PAST 12 MONTHS

4. PRESENT ADDRESS AND TELEPHONE NUMBER

5. DATE OF BIRTH (Month, Day, Year)

6. PLACE OF BIRTH (City, Country)

7. SEX ☐ MALE ☐ FEMALE

8. HEIGHT Ft. In.

9. WEIGHT Lbs.

10. COLOR OF EYES

11. COLOR OF HAIR

13. MARITAL STATUS ☐ SINGLE ☐ DIVORCED ☐ MARRIED ☐ SEPARATED ☐ WIDOWED ☐ REMARRIED

12. DESCRIBE ANY SPECIAL CHARACTERISTICS OR IDENTIFYING MARKS

14. PREVIOUS ADDRESSES DURING PAST TEN YEARS

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

15. DO YOU HAVE PERMANENT U.S. RESIDENT STATUS? ☐ YES ☐ NO — LIST EACH COUNTRY OF WHICH YOU HAVE BEEN A CITIZEN

DATES	COUNTRY	HOW CITIZENSHIP WAS ACQUIRED

16a. FULL NAME OF SPOUSE (If wife, maiden name)

b. DATE OF BIRTH

c. PLACE OF BIRTH (City, Country)

d. PRESENT ADDRESS IN FULL

e. PRESENT OCCUPATION

f. CITIZENSHIP AT BIRTH

g. PRESENT CITIZENSHIP

17. CHILDREN

NAME	DATE OF BIRTH	PRESENT ADDRESS IN FULL	OCCUPATION

18a. FATHER'S NAME

b. DATE OF BIRTH

c. PLACE OF BIRTH (City, Country)

d. PRESENT ADDRESS IN FULL

e. PRESENT OCCUPATION

f. CITIZENSHIP AT BIRTH

g. PRESENT CITIZENSHIP

19a. MOTHER'S NAME	b. DATE OF BIRTH	c. PLACE OF BIRTH (City, Country)

d. PRESENT ADDRESS	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)

NAME AND FULL ADDRESS OF EMPLOYER

NAME AND TITLE OF IMMEDIATE SUPERVISOR

REASON FOR WANTING TO LEAVE

EXACT TITLE OF YOUR POSITION

SALARY OR EARNINGS
STARTING PER YR.
FINAL PER YR.

DUTIES

B. DATES OF EMPLOYMENT (Month, Year)

NAME AND FULL ADDRESS OF EMPLOYER

NAME AND TITLE OF IMMEDIATE SUPERVISOR

REASON FOR LEAVING

EXACT TITLE OF YOUR POSITION

SALARY OR EARNINGS
STARTING PER YR.
FINAL PER YR.

DUTIES

C. DATES OF EMPLOYMENT (Month, Year)

NAME AND FULL ADDRESS OF EMPLOYER

NAME AND TITLE OF IMMEDIATE SUPERVISOR

REASON FOR LEAVING

EXACT TITLE OF YOUR POSITION

SALARY OR EARNINGS
STARTING PER YR.
FINAL PER YR.

DUTIES

D. DATES OF EMPLOYMENT (Month, Year)

NAME AND FULL ADDRESS OF EMPLOYER

NAME AND TITLE OF IMMEDIATE SUPERVISOR

REASON FOR LEAVING

EXACT TITLE OF YOUR POSITION

SALARY OR EARNINGS
STARTING PER YR.
FINAL PER YR.

DUTIES

31. SPECIAL QUALIFICATIONS AND SKILLS. List any special skills you possess and machines and equipment you can use, such as Multilith, Comptometer, Key Punch, etc.

Approximate Number of Words per Minute in:

TYPING _____

SHORTHAND _____

ANSWER ITEMS 32 THROUGH 36 BY PLACING AN "X" IN THE PROPER COLUMN	YES	NO
32. HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM A POSITION? IF ANSWER IS "YES" GIVE DETAILS UNDER ITEM 38.		
33 a. HAVE YOU NOW OR HAVE YOU EVER HAD ANY PHYSICAL LIMITATIONS?		
b. ARE YOU NOW UNDER A PHYSICIAN'S 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?		
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.		
35. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF THE COMMUNIST PARTY OR ANY COMMUNIST OR FASCIST ORGANIZATION?		
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 FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS?		

37. IF YOUR 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.

NAME	ADDRESS	TYPE	FROM	TO	OFFICE HELD

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

*U.S. Government Printing Office: 1989-262-081/90202