Application for Federal Employment--SF 171

Read the instructions before you complete this application. ***Type or print clearly in dark ink.***

$

1 What kind of job are you applying for? *Give title and announcement no. (if any)*

2 Social Security Number

3 Sex ☐ Male ☐ Female

4 Birth date *(Month, Day, Year)*

5 Birthplace *(City and State or Country)*

6 Name *(Last, first middle)*

Mailing Address *(include apartment number, if any)*

City State ZIP Code

7 Other Names ever used *(e.g., maiden name, nickname, etc.)*

8 Home Phone Area Code | Number

9 Work Phone Area Code | Number Extension

10 Were you ever employed as a civilian by the Federal Government? If **"NO"**, go to **Item 11**. If **"YES"**, mark each type of job you held with an **"X"**.

☐ Temporary ☐ Career-Conditional ☐ Career ☐ Excepted

What is your **highest** grade, classification series and job title?

Dates at **highest** grade: FROM TO

11 When can you start work? *(Month and Year)*

12 What is the lowest pay you will accept? (You will not be considered for jobs which pay less than you indicate.)

Pay $ per **OR** Grade

13 In what geographic area(s) are you willing to work?

14 Are you willing to work:	YES	NO
A. 40 hours per week *(full-time)*?		
B. 25-32 hours per week *(part-time)*?		
C. 17-24 hours per week *(part-time)*?		
D. 16 or fewer hours per week *(part-time)*?		
E. An intermittal job *(on-call/seasonal)*?		
F. Weekends, shifts, or rotating shifts?		
15 Are you willing to take a temporary job lasting:		
A. 5 to 12 months *(sometimes longer)*?		
B. 1 to 4 months?		
C. Less than 1 month?		
16 Are you willing to travel away from home for:		
A. 1 to 5 nights each month?		
B. 6 to 10 nights each month?		
C. 11 or more nights each month?		

	YES	NO
17 Have you served in the United States Military Service? *If your only active duty was training in the Reserves or National Guard, answer "NO".* If **"NO"**, go to item 22.		
18 Did you or will you retire at or above the rank of major or lieutenant commander?		

THE FEDERAL GOVERNMENT IS AN EQUAL OPPORTUNITY EMPLOYER

PREVIOUS EDITION USABLE UNTIL 12-31-90

DO NOT WRITE IN THIS AREA

FOR USE OF EXAMINING OFFICE ONLY

Date entered register	Form reviewed: / Form approved:			
Option	Grade	Earned Rating	Veteran Preference	Augmented Rating
			☐ No Preference Claimed	
			☐ 5 Points *(Tentative)*	
			☐ 10 Points *(30% Or More Comp Dis.)*	
			☐ 10 Points *(Less Than 30% Comp Dis.)*	
Initials and Date			☐ Other 10 points	
			☐ Disallowed ☐ Being Investigated	

FOR USE OF APPOINTING OFFICE ONLY

Perference has been verified through proof that the separation was under honorable conditions, and other proof as required.

☐ 5-Point ☐ 10-Point--*30% or More Compensable Disability* ☐ 10-Point--*Less Than 30% Compensable Disability* ☐ 10 Point-Other

Signature and Title

Agency Date

19 Were you discharged from the military service under honorable conditions? *(If your discharge was changed to "honorable" or "general" by a Discharge Review Board, answer "YES". If you received a clemency discharge, answer "NO".* If **"NO"**, provide below the date and type of discharge you received.	YES	NO

Discharge Date *(Month, Day, Year)*	**Type of Discharge**

20 List the dates *(Month, Day, Year)*, and branch for all active duty military service.

From	To	Branch of Service

21 If all your active military duty was after October 14, 1976, list the full names and dates of all campaign badges or expeditionary medals you received or were entitled to receive.

22 **Read the instructions that came with this form before completing this item.** When you have determined your eligibility for veteran preference from the instructions, place an **"X"** in the box next to your veteran preference claim.

☐ NO PREFERENCE

☐ 5-POINT PREFERENCE -- You must show proof when you are hired.

☐ 10-POINT PREFERENCE -- If you claim 10-point preference, place an "X" in the box below next to the basis for your claim. **To receive 10-point preference you must also complete a Standard Form 15, Application for 10-Point Veteran Preference, which is available from any Federal Job Information Center. ATTACH THE COMPLETE SF 15 AND REQUESTED PROOF TO THIS APPLICATION.**

☐ Non-compensably disabled or Purple Heart recipient.

☐ Compensably disabled, less than 30 percent.

☐ Spouse, widow(er), or mother of a deceased or disabled veteran.

☐ Compensably disabled, 30 percent or more.

NSN 7540-00-935-7150 171-110 Standard Form 171 (Rev. 6-88)
U.S. Office of Personnel Management
FPM Chapter 295

23 May we ask your present employer about your character, qualifications, and work record? *A "NO" will not affect our review of your qualifications. If you answer "NO" and we need to contact your present employer before we can offer you a job, we will contact you first.* _____

YES	NO

24 READ **WORK EXPERIENCE** IN THE INSTRUCTIONS BEFORE YOU BEGIN.

- Describe your current or most recent job in Block **A** and work backwards, describing each job you held **during the past 10 years**. If you were **unemployed** for longer than **3 months** within the past 10 years, list the dates and your address(es) in an experience block.
- You may sum up in one block work that you did **more than 10 years ago**. But if that work **is related** to the type of job you are applying for, describe each related job in a separate block.
- INCLUDE VOLUNTEER WORK (non-paid work)--**If the work** (or part of the work **is like the job you are applying for,** complete **all** parts of the experience block just as you would for a paying job. You may receive credit for work experience with religious, community, welfare, service, and other organizations.
- INCLUDE MILITARY SERVICE--You should complete all parts of the experience block just as you would for a non-military job, including all supervisory experience. Describe each major change of duties or responsibilities in a separate experience block.
- IF YOU NEED MORE SPACE TO DESCRIBE A JOB--Use sheets of paper the same size as this page (be sure to include **all** information we ask for in **A** and **B** below). On **each** sheet show your name, Social Security Number, and the announcement number or job title.
- IF YOU NEED MORE EXPERIENCE BLOCKS, use the SF-171-A or a sheet of paper.
- IF YOU NEED TO UPDATE (ADD MORE RECENT JOBS), use the SF-172 or a sheet of paper as described above.

Name and address of employer's organization *(include ZIP Code, if known)*	Dates employed *(give month,day and year)* From: To:	Average number of hours per week	Number of employees you supervised
	Salary or earnings Starting $ per Ending $ per	Your reason for wanting to leave	

Your immediate supervisor Name	Area Code	Telephone No.	Exact title of your job	If Federal employment *(civilian or military)* list series, grade or rank, and if promoted in this job, the date of your last promotion

Description of work: Describe your specific duties, responsibilities and accomplishments in this job, **including** the job title(s) of any employees you supervise. *If you describe more than one type of work (for example, carpentry and painting, or personnel and budget), write the approximate percentage of time you spent doing each.*

Name and address of employer's organization *(include ZIP Code, if known)*	Dates employed *(give month,day and year)* From: To:	Average number of hours per week	Number of employees you supervised
	Salary or earnings Starting $ per Ending $ per	Your reason for wanting to leave	

Your immediate supervisor Name	Area Code	Telephone No.	Exact title of your job	If Federal employment *(civilian or military)* list series, grade or rank, and if promoted in this job, the date of your last promotion

Description of work: Describe your specific duties, responsibilities and accomplishments in this job, **including** the job title(s) of any employees you supervise. *If you describe more than one type of work (for example, carpentry and painting, or personnel and budget), write the approximate percentage of time you spent doing each.*

 IF YOU NEED MORE EXPERIENCE BLOCKS, USE SF 171-A (SEE BACK OF INSTRUCTION PAGE).

→ **ATTACH ANY ADDITIONAL FORMS AND SHEETS HERE**

25 Did you graduate from high school? *If you have a GED high school equivalency or will graduate within the next nine months, answer "YES".*

YES		If "YES", give month and year graduated or received GED equivalency: _____
NO		If "NO", give the highest grade you completed: _____

26 Write the name and location (city and state) of the last high school you attended or where you obtained your GED high school equivalency.

27 Have you ever attended college or graduate school? YES ☐ NO ☐ If "**YES**", continue with **28**. If "**NO**", go to **31**.

28 NAME AND LOCATION (city, state and ZIP Code) OF COLLEGE OR UNIVERSITY. *If you expect to graduate within nine months, give the month and year you expect to receive your degree:*

	Name	City	State	ZIP Code	MONTH AND YEAR ATTENDED From	To	NUMBER OF CREDIT HOURS COMPLETED Semester	Quarter	TYPE OF DEGREE (e.g. B.A.,M.A.)	MONTH AND YEAR OF DEGREE
1)										
2)										
3)										

29

CHIEF UNDERGRADUATE SUBJECTS *Show major on the first line*	NUMBER OF CREDIT HOURS COMPLETED Semester	Quarter
1)		
2)		
3)		

30

CHIEF GRADUATE SUBJECTS *Show major on the first line*	NUMBER OF CREDIT HOURS COMPLETED Semester	Quarter
1)		
2)		
3)		

31 If you have completed any other courses or training related to the kind of jobs you are applying for *(trade, vocational, Armed Forces, business)* give information below.

NAME AND LOCATION *(City, State and ZIP Code)* OF SCHOOL			MONTH AND YEAR ATTENDED From	To	CLASS-ROOM HOURS	SUBJECT(S)	TRAINING COMPLETED YES	NO
School Name 1)								
City	State	ZIP Code						
School Name 2)								
City	State	ZIP Code						

32 Give the title and year of any honors, awards or fellowships you have received. List your special qualifications, skills or accomplishments that may help you get a job. *Some examples are: skills with computers or other machines; most important publications (do not submit copies); public speaking and writing experiences; membership in professional or scientific societies; patents or inventions; etc.*

33 How many words per minute can you: TYPE? TAKE DICTATION?

Agencies may test your skills before hiring you.

34 List job-related licenses or certificates that you have, such as: registered nurse; lawyer; radio operator; driver's; pilot's; etc.

	LICENSE OR CERTIFICATE	DATE OF LATEST LICENSE OR CERTIFICATE	STATE OR OTHER LICENSING AGENCY
1)			
2)			

35 Do you speak or read a language other than English *(include sign language)*? **Applicants for jobs that require a language other than English may be given an interview conducted solely in that language.** YES ☐ NO ☐ If "**YES**", list each language and place an "**X**" in each column that applies to you. If "**NO**", go to **36**.

LANGAUAGE(S)	CAN PREPARE AND GIVE LECTURES Fluently	With Difficulty	CAN SPEAK AND UNDERSTAND Fluently	Passably	CAN TRANSLATE ARTICLES Into English	From English	CAN READ ARTICLES FOR OWN USE Easily	With Difficulty
1)								
2)								

36 List three people who are not related to you and are not supervisors you listed under **24** who know your qualifications and fitness for the kind of job for which you are applying. At least **one** should know you well on a personal basis.

	FULL NAME OF REFERENCE	TELEPHONE NUMBER(S) *(Include Area Code)*	PRESENT BUSINESS OR HOME ADDRESS *(Number, street and city)*	STATE	ZIP Code
1)					
2)					
3)					

37 Are you a citizen of the United States? *(In most cases you must be a U.S. citizen to be hired. You will be required to submit proof of identity and citizenship at the time you are hired.)* If **"NO"**, give the country or countries you are a citizen of: _____ YES ☐ NO ☐

NOTE: It is important that you give complete and truthful answers to questions 38 through 44. If you answer **"YES"** to any of them, provide your explanation(s) in **Item 45. Include** convictions resulting from a plea of nolo contendere *(no contest)*. **Omit:** 1) traffic fines of $100.00 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 Youth Offender law; 4) any conviction set aside under the Federal Youth Corrections Act or similar State law; 5) any conviction whose record was expunged under Federal or State law. We will consider the date, facts, and circumstances of each event you list. In most cases you can still be considered for Federal jobs. However, **if you fail to tell the truth or fail to list all relevant** events or circumstances, this may be grounds for not hiring you, for firing you after you begin work, or for criminal prosecution (18 USC 1001).

	YES	NO
38 During the last **10 years**, were you **fired from any job** for any reason, **did you quit after being told that you would be fired**, or did you leave by mutual agreement because of specific problems?		
39 Have you **ever** been convicted of, or forfeited collateral for **any felony conviction**? *(Generally, a felony is defined as any violation of law punishable by imprisonment of longer than one year, except for violations called misdemeanors under State law which are punishable by imprisonment of two years or less.)*		
40 Have you **ever** been convicted of, or forfeited collateral for **any firearms or explosives violation**?		
41 Are you **now** under charges for **any** violation of law?		
42 During the **last 10 years**, have you forfeited collateral, been convicted, been imprisoned, been on probation, or been on parole? Do **not** include violations reported in 39, 40, or 41, above.		
43 Have you **ever** been convicted by a military court-martial? If no military service, answer **"NO"**.		
44 Are you delinquent on any Federal debt? *(Include delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government plus defaults on Federally guaranteed or insured loans such as student and home mortgage loans.)*		

45 **If "YES" in:** **38** - Explain for each job the problem(s) and your reason(s) for leaving. Give the employer's name and address.
39 through 43 - Explain each violation. Give place of occurrence and name/address of police or court involved.
44 - Explain the type, length and amount of the delinquency or default, and steps you are taking to correct errors or repay the debt. Give any identification number associated with the debt and the address of the Federal agency involved.

NOTE: If you need more space, use a sheet of paper, and include the item number.

Item No.	Date (Mo./Yr.)	Explanation	Mailing Address		
			Name of Employer, Police, Court, or Federal Agency		
			City	State	ZIP Code
			Name of Employer, Police, Court, or Federal Agency		
			City	State	ZIP Code

	YES	NO
46 Do you receive, or have you ever applied for retirement pay, pension, or other pay based on military, Federal civilian, or District of Columbia Government service?		
47 Do any of your relatives work for the United States Government or the United States Armed Forces? Include: *father; mother; husband; wife; son; daughter; brother; sister; uncle; aunt; first cousin; nephew; niece; 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"**, provide details below. If you need more space, use a sheet of paper.		

Name	Relationship	Department, Agency or Branch of Armed Forces

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

- A false statement on any part of your application may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by fine or imprisonment (U.S. Code, title 18, section 1001).
- If you are a male born after December 31, 1959 you must be registered with the Selective Service System or have a valid exemption in order to be eligible for Federal employment. You will be required to certify as to your status at the time of appointment.
- **I understand** that any information I give may be investigated 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 staffing specialists, and other authorized employees of the Federal Government.*
- **I certify** that, to the best of my knowledge and belief, **all** of my statements are true, correct, complete, and made in good faith.

47 SIGNATURE (Sign each application in dark ink)	**48 DATE SIGNED** ***(Month, day, year)***

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