

OPTIONAL APPLICATION FOR FEDERAL EMPLOYMENT – OF 612

Form Approved
OMB No. 3206-0219

Section A – Applicant Information

★ Use Standard State Postal Codes (abbreviations). Complete highlighted fields as completely as possible.
Social Security Number is required to process application.

1. Job title in announcement		2. Grade(s) applying for	3. Announcement number
4a. Last name	4b. First and middle names		5. Social Security Number
6a. Mailing address ★			7. Phone numbers (include area code if within the United States of America)
			7a. Daytime
6b. City	6c. State	6d. Zip Code	7b. Evening
6e. Country (if not within the United States of America)			
8. Email address (if available)			

Section B – Work Experience

Describe your paid and nonpaid work experience related to this job for which you are applying. List your current employer in Section B and a previous employer in Section C. Do not attach job description.

1. Job title (if Federal, include series and grade)			
2. From (mm/yyyy)	3. To (mm/yyyy)	4. Salary per	5. Hours per week
	Present	\$	
6. Employer's name and address			7. Supervisor's name and phone number
			7a. Name
			7b. Phone
8. May we contact your current supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/> If we need to contact your current supervisor before making an offer, we will contact you first.			
9. Describe your duties and accomplishments			

Section C – Additional Work Experience

1. Job title (if Federal, include series and grade)			
2. From (mm/yyyy)	3. To (mm/yyyy)	4. Salary per	5. Hours per week
		\$	
6. Employer's name and address			7. Supervisor's name and phone number
			7a. Name
			7b. Phone
8. Describe your duties and accomplishments			

Section D – Education

Enter all information as complete as possible. If no college degree was received, show total credit hours received in semester or quarter hours. Upon request from the employing Federal agency, you must provide documentation or proof that your degree(s) is from a school accredited by an accrediting body recognized by the Secretary, U.S. Department of Education, or that your education meets the other provisions outlined in the OPM Operating Manual. It will be your responsibility to secure the documentation that verifies that you attended and earned your degree(s) from this accredited institution(s) (e.g., official transcript). Federal agencies will verify your documentation.

Do not list degrees received based solely on life experience or obtained from schools with little or no academic standards.

1. Last High School (HS)/GED school. Give the school's name, city, state, ZIP Code (if known), and year diploma or GED received:

2. Mark highest level completed: Some HS HS/GED Associate Bachelor Master Doctoral

3. Colleges and universities attended. Do not attach a copy of your transcript unless requested.			Total Credits Earned	Major(s)	Degree (if any), Year Received
3a. Name			Semester	Quarter	
City	State	Zip Code			
3b. Name					
City	State	Zip Code			
3c. Name					
City	State	Zip Code			

Section E – Education Completed

Do not list degrees received based solely on life experience or obtained from schools with little or no academic standards.

Section F – Other Qualifications

License or Certificate	Date of Latest License or Certificate	State of Other Licensing Agency
1f		
2f		

Section G – Other Qualifications

Job-related training courses (give title and year). **Job-related** skills (other languages, computer software/hardware, tools, machinery, typing speed, etc.). Job-related certificates and licenses (current only). Job-related honors, awards, and special accomplishments (publications, memberships in professional/honor societies, leadership activities, public speaking, and performance awards). Give dates, but do **not** send documents unless requested.

Section H – General

1a. Are you a U.S. citizen? Yes <input type="checkbox"/> No <input type="checkbox"/> →	1b. If no, give the Country of your citizenship
2a. Do you claim veterans' preference? No <input type="checkbox"/> Yes <input type="checkbox"/> → If yes, mark your claim of 5 or 10 points below.	
2b. 5 points <input type="checkbox"/> → Attach your <i>Report of Separation from Active Duty</i> (DD 214) or other proof.	
2c. 10 points <input type="checkbox"/> → Attach an <i>Application for 10-Point Veterans' Preference</i> (SF 15) and proof required.	
3. Were you ever a Federal civilian employee? No <input type="checkbox"/> Yes <input type="checkbox"/> → If yes, list highest civilian grade for the following:	
3a. Series	3b. Grade
	3c. From (mm/yyyy)
	3d. To (mm/yyyy)

4. Are you eligible for reinstatement based on career or career-conditional Federal status? No Yes
 If requested in the vacancy announcement, attach *Notification of Personnel Action* (SF 50), as proof.

Section G – Applicant Certification

I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete, and made in good faith. I understand that false or fraudulent information on or attached to this application 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.

1a. Signature	1b. Date (mm/dd/yyyy)
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