Declarati r ederal Empl yme t* b

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

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

All your answers must e truthful and complete. A alse stateme t a y part this declarati rattached rms r sheets may be gr u ds r t hiri g y u, r r iri g y u a ter y u begi w crk. Als , y u may be pu ished by a i e r impris me t (U.S. C de, title 18, secti 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 Num er, and item num er on each sheet. We recommend that you keep a photocopy of your completed form for your records.

Privacy Act Stateme t

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 e used in conducting an investigation to determine your suita ility or your a ility to hold a security clearance, and it may e disclosed to authorized officials making similar, su sequent determinations.

Your Social Security Num er (SSN) is needed to keep our records accurate, ecause other people may have the same name and irth date. Pu lic Law 104-134 (April 26, 1996) asks Federal agencies to use this num er 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 enefits; 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 la or organizations recognized y 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 suita ility investigations, classifying jo s, contracting, or issuing licenses, grants, or other enefits; pullic and private organizations, including news media, which grant or pullicize employee recognitions and awards; the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal La or 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 een exposed to a health hazard; authorized Federal and non-Federal agencies for use in computer matching; spouses or dependent b children asking whether the employee has changed from a self-and-family to a self-only health enefits enrollment; individuals working on a contract, service, grant, cooperative agreement, or jo for the Federal government; non-agency mem ers of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employees a out fitness-for-duty or agency-filed disa ility retirement procedures.

Public Burde Stateme t

Pu lic urden 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 urden estimate or any other aspect of the collection of information, including suggestions for reducing this urden, to the U.S. Office of Personnel Management, Reports and Forms Manager (3206-0182), Washington, DC 20415-7900. The OMB num er, 3206-0182, is valid. OPM may not collect this information, and you are not required to respond, unless this num er is displayed.

Form A roved:

OMB No. 3206-0182

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as student and home mortgage loans.) If "YES," use item 16 to provide the type, length, and amount of the b

delinquency or default, and steps that you are taking to correct the error or repay the debt. b

Declarati r ederal Empl yme t* (*This form may also e used to assess fitness for federal contract employment)

۸ ^	dditi al Questi s
	Do any of your relatives work for the agency or government organization to which you are su mitting this form? (Include: father, mother, hus and, wife, son, daughter, rother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, rother-in-law, sister-in-law, stepfather, stepmother, b stepson, stepdaughter, step rother, stepsister, half- rother, and half-sister.) If "YES," use item 16 to provide the b 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 ased on military, Federal civilian, or District of Colum ia Government service?
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16.	Provide details requested in items 7 through 15 and 18c in the space elow or on attached sheets. Be sure to identify attached sheets with your name, Social Security Num er, and item num er, and to include ZIP Codes in all addresses. If any questions are printed elow, please answer as instructed (these questions are specific to your position and your agency is authorized to ask them).
Ce	erti icati s / Additi al Questi s ——————————————————————————————————
	PLICANT: If you are applying for a position and received a tentative/conditional jo offer or have not yet een selected, carefully review your swers on this form and any attached sheets.
ma ^r cha	POINTEE: I y u are bei g app i ted , carefully review your answers on this form and any attached sheets, including any other application terials that your agency has attached to this form. If any information requires correction to e accurate as of the date you are signing, make anges on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions, nen this form and all attached materials are accurate, read item 17, complete 17, read 18, and answer 18a, 18, and 18c as appropriate.
17.	I certi y that, to the est of my knowledge and elief, 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 u dersta d that a alse r raudule t a swer t a y questi r item a y part this declarati r its attachme ts may be gr u ds r t hiri g me, r r iri g me a ter I begi w σk, a d may be pu ishable by i e r impris me t. I u dersta d that any information I give may e investigated b for purposes of determining eligi ility for Federal employment as allowed y law or Presidential order. I c se t to the release of information a out my a ility and fitness for Federal employment y 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 b u dersta d that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may e needed, and I may e contacted for such a release at a later date.
17a	a. Applicant's Signature: Date: Date: (MM / DD / YYYY)
17	. Appointee's Signature: Date: (MM / DD / YYYY) MM / DD / YYYY MM / DD / YYYYY
18.	App i tee (O ly resp d i y u have bee empl yed by the ederal Gover me t be re): Your elections of life insurance during previous Federal employment may affect your eligi ility for life insurance during your new appointment. These questions are asked to help b your personnel office make a correct determination.
18a	a. When did you leave your last Federal jo ? ate: (MM / DD / YYYY)
18	. When you worked for the Federal Government the last time, did you waive Basic Life Selection YES NO DO NOT KNOW Insurance or any type of optional life insurance?
180	c. If you answered "YES" to item 18, did you later cancel the waiver(s)? If your answer to item YES NO DO NOT KNOW 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled.

Form A roved: OMB No. 3206-0182