PRE-EMPLOYMENT QUESTIONNAIRE
TO DETERMINE ELIGIBILITY FOR EMPLOYMENT

THIS FORM MUST BE COMPLETED AND ATTACHED TO YOUR APPLICATION.

INSTRUCTIONS: TO BE COMPLETED BY CANDIDATES WHO ARE LIVING IN THE OVERSEAS AREA.

The purpose of this questionnaire is to obtain information in order to determine the eligibility of applicants for Department of Defense Dependents Schools (DoDDS) positions serviced by the DoDDS Personnel Center. This form is not intended to establish overseas entitlements. Please complete all questions and return the completed form with your application for employment. Enter "NA" if a statement is not applicable.

1. In addition to being a U.S. citizen, I am a citizen of _____.

2. I have resided in _____ since _____.
   (Country Name)   (Date)

3. My reason for being in country is _____.

4. _____I arrived in country to be with my military sponsor, but my trip was not at Government expense (i.e., I am not command sponsored).

5. _____I am an employee or family member of an employee of a private firm doing work in _____(Name of Country). The firm's name is: _____, and the expiration date of this assignment is_____.

6. I am a family member of a person hired on contract to support the U.S. Forces. The contract is with

   _____.
   (Name of contractor and expiration date)

7. I am retired/retiring from active duty military service. Date of retirement _____.

8. I have_____ I have not_____ been issued a work permit from the host country.

9. I have_____ I have not_____ been employed since being in country.

   Name(s) of employer (s) and date(s) and location(s) of work:
   _____
   _____
   _____

10. I own_____ I do not own_____ a residence in the host country.

11. I have_____ I have not_____ paid income taxes to the host country.

12. Other. Please use a separate sheet of paper to explain.

I understand that a false statement on any part of this questionnaire may be grounds for not hiring me, or grounds for removing me after I begin work. I understand it is my responsibility to notify the Personnel Center promptly of any changes in the information provided in this questionnaire.

_____   _____
        Printed Name & Signature   Date