

ID #:
(To Be Completed By EOP)

PRESIDENTIAL PERSONNEL APPLICATION FORM

**Applicant's
Name:**

(Prefix)

(First)

(Middle)

(Last)

(Suffix)

Social Security Number:

Veteran: Yes No

U.S. Citizen: Yes No

Party: Republican Democrat Other

PHONE NUMBERS (Area Code First):

Home: _____ **Work:** _____ **Ext.** _____

Home Fax: _____ **Work Fax:** _____

Cellular: _____

E-Mail Address: _____

Addresses	Home <input type="checkbox"/>
	Street or P.O. Box
	City, State, Zip
	Work <input type="checkbox"/>
	Street or P.O. Box
	City, State, Zip
	Voter Registration <input type="checkbox"/>
	Street or P.O. Box
	City, State, Zip

Social Security Number:

Professions:

Education	Institution	Degree Earned	Year Degree Earned	
	Most Recent:	_____	_____	_____
	Next Most Recent:	_____	_____	_____
	Next Most Recent:	_____	_____	_____

Employment History	MOST RECENT:	
	Employer:	_____
	Last Title/Position:	_____
	Years of Employment:	_____
	NEXT MOST RECENT:	
	Employer:	_____
	Last Title/Position:	_____
	Years of Employment:	_____
	NEXT MOST RECENT:	
	Employer:	_____
	Last Title/Position:	_____
	Years of Employment:	_____

Social Security Number:

[Greyed out box for Social Security Number]

Government Services

MOST RECENT:

Level: Federal State Local

Area/Department:

Paid Volunteer

Last Title/Position:

Years:

NEXT MOST RECENT:

Level: Federal State Local

Area/Department:

Paid Volunteer

Last Title/Position:

Years:

NEXT MOST RECENT:

Level: Federal State Local

Area/Department:

Paid Volunteer

Last Title/Position

Years:

References

Last Name	First Name	Telephone

Desired Position	Department/Agency/Commission:
	Position/Area:
	Specific Position (If Known):

Social Security Number:	
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ATTACH RESUME

Signature

Print Name

Return to:
 Presidential Personnel Office
 The White House

Or contact us at:
 Telephone: (202) 456-9713
 Fax: (202) 456-1121

Optional	<p>Providing the following information at this time is <u>optional</u>; however, you may be asked later to <i>submit</i> a Personal Data Statement where this information is required.</p>
	<p>Date of Birth: _____ (Spouse's Name)</p>
	<p>Gender: Male <input type="checkbox"/> Female <input type="checkbox"/></p>
	<p>Race : American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Other <input type="checkbox"/> White <input type="checkbox"/></p>