

# **United States Secret Service**



## **Supplemental Application Packet for Uniformed Division Officer Positions**

## **Requirements to Apply for Uniformed Division Positions**

- U.S. citizenship.
- Must be at least 21 years of age.
- High school diploma or equivalent.
- Excellent health and physical condition.
- Uncorrected vision no worse than 20/60 binocular; correctable to 20/20 in each eye. (Note: Lasik, ALK, RK and PRK corrective eye surgeries have been deemed as acceptable eye surgeries for Uniformed Officer applicants provided specific visual tests are passed one year after surgery. Applicants who have undergone Lasik surgery may have visual tests three months after the surgery.)
- Complete interviews and pass a written test. Complete background investigation to include driving record check, drug screening, medical and polygraph examinations.
- Positions only available in Washington, D.C., reasonable moving expenses paid for out-of-area hires.

## **Application Procedures**

The Secret Service is in the process of implementing CareerConnector, an automated application system, for Uniformed Officer positions. Detailed instructions on how to apply within the automated system for the Uniformed Officer position are located within this packet.

The Secret Service offers "One Stop Recruiting." You can complete and submit online application profiles through USAJOBS, the Office of Personnel Management's (OPM) application system, which collects your general information. Using USAJOBS, you will be able to search for the Uniformed Officer position. The information you provide and your Federal resume will become part of your application and automatically will be transferred to the Secret Service application system - CareerConnector.

Once in the Secret Service CareerConnector system you will be directed to the questions for the Uniformed Officer vacancy. Read and respond to the vacancy questions. In choosing your response to a question, make sure you select the option that best describes your education and/or experience.

After you have answered all the questions, upload all necessary supporting documentation as listed in the vacancy announcement into the CareerConnector system. **This supplemental application packet is one of the required supporting documents for the Uniformed Officer position.** Failure to submit this document will result in an incomplete application. After the submission of all required supplemental documents click on "Finished" to submit your completed application. You may log in as often as you like to work on your application, being sure to "save" each time to record your information. Please note though, that your application must be complete on the closing date or it will not be considered.

(PLEASE NOTE: When completing and/or submitting this supplemental application packet through electronic means, you may provide a signature on the forms contained within by typing "/s/" followed by your name. Further endorsement may be required to validate this information at a later point in the application process.)

**Thank you for your interest in the United States Secret Service.**

## How to Apply if I am a New User?

If you are not registered with USAJOBS, you will need to establish an account. Go to [www.usajobs.gov](http://www.usajobs.gov) to complete your initial user information.

1. To get started, at the USAJOBS website click "My USAJOBS" located near the top of the screen.
2. Click "Create your account now."
3. Complete the user information and click on "Submit."
4. You will need to create a resume. Click "Create a New Resume."
5. Follow the prompts to complete your resume. If you are unable to complete your resume at this time and need to return later, you may click "Save for Later."
6. To upload supporting documentation (*i.e. Supplemental application packet, transcripts, DD-214, SF-50*) to USAJOBS, you may do so by clicking on "Portfolio." **NOTE:** Any documentation that you upload to USAJOBS can be submitted to the Secret Service application system, CareerConnector. If you do not upload supporting documentation to USAJOBS, you will have the opportunity to download it from your computer while you are in the CareerConnector system. In addition, you will have the opportunity to generate fax cover sheets in CareerConnector if you wish to fax your supporting documentation.

If you clicked on "Portfolio," select the document type from the dropdown menu. Click "Browse" to locate and select the file. Complete the description that identifies the document to be uploaded and then click "Upload."

7. Now you are ready to search for jobs. Click "Search Jobs."
8. Click "Agency Search." Select U.S. Secret Service under Homeland Security. Then click "Search for Jobs."
9. Select the vacancy to which you wish to apply by clicking on the job title.
10. After carefully reading the announcement, begin the application process by clicking "Apply Online" at the bottom of the announcement.
11. Select the resume you would like to submit and click "Apply for this position now." USAJOBS will transfer you and your resume to our system where you will complete the application process.

12. Once you have been transferred, follow the screen prompts. Be certain to read the instructions thoroughly before continuing. You will be asked to review your contact information and complete the core Federal questions in our system.

13. After reviewing your contact information and core Federal questions, you will be asked to respond to questions specific to this vacancy. You must respond to all questions in order to save or proceed with the application process.

There will be several screens of questions you will need to answer. Click "Next" at the bottom of each page after you have responded to the questions.

14. Next, you will be taken to a page where you can upload supporting documentation from your computer, download supporting documentation from USAJOBS that you previously loaded, and/or obtain fax cover sheets to fax your supporting documentation.

**To upload supporting documentation from your computer**, click on "Upload," located beside the document type. Complete the description field that identifies the document to be uploaded. Click "Browse" to locate and select the file. When the file has been selected, click "Upload Document."

**To download a document from USAJOBS**, click on "USAJOBS," located beside the document type. If your documents are currently on USAJOBS and you wish to use the same documents for this vacancy, click the dropdown menu. Select the document to be retrieved from USAJOBS and click "Download from USAJOBS."

**To fax a document**, click "Fax," located beside the document type. The "Fax a Document" screen will be displayed. It is recommended that you view the fax instructions prior to printing the coversheet that will be sent with your fax. Click "Fax Instructions" or if you are aware of the fax instructions, click "Generate Cover Sheet."

After you have uploaded documentation from your computer, downloaded documentation from USAJOBS, and/or generated fax cover sheets, click "Next."

15. The final step is to review your personal information, core questions, vacancy questions and resume for accuracy and completeness.

16. Once you are satisfied with your application click "Finish," located at the bottom of the web page, to submit your application.

17. Upon submission of your application you will be redirected back to USAJOBS where you may view your application status, continue to browse for open positions and/or apply for additional positions. You may return at any time until midnight Eastern Time on the closing date of the announcement to update or make changes to your application.

## How to Apply if I am a Returning User?

If you have already **registered with USAJOBS**, then you may apply using your existing user information. Go to [www.usajobs.gov](http://www.usajobs.gov) to log into your account.

1. To get started, click "My USAJOBS" located near the top of the screen.
2. Enter your USAJOBS username and password. These fields are case sensitive, so be certain of the case you used when you registered. You can only register one time.
3. Update or create a new resume by clicking "My Resumes."
4. If you wish to upload supporting documentation (*i.e. transcripts, DD-214, SF-50*) to USAJOBS, you may do so by clicking on "Portfolio." **NOTE:** Any documentation that you upload to USAJOBS can be submitted to the Secret Service application system, CareerConnector. If you do not upload supporting documentation to USAJOBS, you will have the opportunity to download it from your computer while you are in the CareerConnector system. In addition, you will have the opportunity to generate fax cover sheets in CareerConnector if you wish to fax your supporting documentation.

If you clicked on "Portfolio," select the document type from the dropdown menu. Click "Browse" to locate and select the file. Complete the description that identifies the document to be uploaded and then click "Upload."

5. Now you are ready to search for jobs. Click "Search Jobs."
6. Click "Agency Search." Select U.S. Secret Service under Homeland Security. Then click "Search for Jobs."
7. Select the vacancy to which you want to apply by clicking on the job title.
8. Begin the application process by clicking "Apply Online" at the bottom of the announcement.
9. "Take me to the assessment" will already be selected. You may review/update your contact information and core Federal questions at this time by selecting "Update my information that is on file," or click "Continue" to move to the vacancy specific questions. We highly recommend reviewing/updating your information on file each time you apply.
10. If you choose to review/update your information on file, follow the screen prompts to move through this section. Once finished, you will be transferred to the questions specific to the vacancy. You must respond to all questions in order to save or proceed with the application process.

There will be several screens of questions you will need to answer. Click "Next" at the bottom of each page after you have responded to the questions.

11. Next, you will be taken to a page where you can upload supporting documentation from your computer, download supporting documentation from USAJOBS that you previously loaded, obtain fax cover sheets to fax your supporting documentation, and/or use existing supporting documentation that you have submitted to positions announced through CareerConnector.

**To upload supporting documentation from your computer**, click on "Upload," located beside the document type. Complete the description field that identifies the document to be uploaded. Click "Browse" to locate and select the file. When the file has been selected, click "Upload Document."

**To download a document from USAJOBS**, click on "USAJOBS," located beside the document type. If your documents are currently on USAJOBS and you wish to use the same documents for this vacancy, click the dropdown menu. Select the document to be retrieved from USAJOBS and click "Download from USAJOBS."

**To fax a document**, click "Fax," located beside the document type. The "Fax a Document" screen will be displayed. It is recommended that you view the fax instructions prior to printing the coversheet that will be sent with your fax. Click "Fax Instructions" or if you are aware of the fax instructions, click "Generate Cover Sheet."

To reuse supporting documentation that you have submitted in the past, click "Reuse Existing Document" located beside the document type. From the dropdown menu, select the document type that you have previously submitted for a vacancy announcement. Then click "Select Document."

After you have uploaded documentation from your computer, downloaded documentation from USAJOBS, generated fax cover sheets, and/or used existing supporting documentation, click "Next."

12. The final step is to review your personal information, core questions, vacancy questions and resume for accuracy and completeness.
13. Once you are satisfied with your application click on the "Finished" button, located at the bottom of the web page, to submit your application.
14. Once you have submitted your application you will be redirected back to USAJOBS where you may view your application status, continue to browse for open positions and/or apply for additional positions. You may return at any time until midnight Eastern Time on the closing date of the announcement to update or make changes to your application.

# Declaration for Federal Employment

Form Approved  
OMB No. 3206-0182

## Instructions

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

All your answers must be truthful and complete. **A false statement on any part of this declaration or attached forms or sheets may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by a fine or imprisonment (U.S. Code, title 18, section 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 Number, and item number on each sheet. We recommend that you keep a photocopy of your completed form for your records.

## Privacy Act Statement

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 be used in conducting an investigation to determine your suitability or your ability to hold a security clearance, and it may be disclosed to authorized officials making similar, subsequent determinations.

Your Social Security Number (SSN) is needed to keep our records accurate, because other people may have the same name and birth date. Public Law 104-134 (April 26, 1996) asks Federal agencies to use this number 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 benefits; 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 labor organizations recognized by 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 suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public and private organizations, including news media, which grant or publicize employee recognitions and awards; the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor 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 been exposed to a health hazard; authorized Federal and non-Federal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from a self-and-family to a self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement, or job for the Federal government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employees about fitness-for-duty or agency-filed disability retirement procedures.

## Public Burden Statement

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



# Declaration for Federal Employment

## GENERAL INFORMATION

1. FULL NAME (First, middle, last)	2. SOCIAL SECURITY NUMBER
3. PLACE OF BIRTH (Include city and state or country)	4. DATE OF BIRTH (MM/DD/YYYY)
5. OTHER NAMES EVER USED (For example, maiden name, nickname, etc.)	6. PHONE NUMBERS (Include area codes)
	Day
	Night

## Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

- 7a. Are you a male born after December 31, 1959?       YES       NO *If "NO" skip 7b and 7c. If "YES" go to 7b.*
- 7b. Have you registered with the Selective Service System?       YES       NO *If "NO" go to 7c.*
- 7c. If "NO," describe your reason(s) in item #16.

## Military Service

8. Have you ever served in the United States military?       YES *Provide information below.*       NO
- If you answered "YES," list the branch, dates, and type of discharge for all active duty.  
If your only active duty was training in the Reserves or National Guard, answer "NO."*

Branch	From MM/DD/YYYY	To MM/DD/YYYY	Type of Discharge

## Background Information

**For all questions, provide all additional requested information under item 16 or on attached sheets.** The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9,10, and 11, your answers should include convictions resulting from a plea of *nolo contendere* (no contest), but omit (1) traffic fines of \$300 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, and (5) any conviction for which the record was expunged under Federal or state law.

- |  |                                 |                                |
|--|---------------------------------|--------------------------------|
| 9. During the last 10 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) <i>If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.</i>   | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| 10. Have you been convicted by a military court-martial in the past 10 years? (If no military service, answer "NO.") <i>If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.</i>  | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| 11. Are you now under charges for any violation of law? <i>If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.</i>  | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| 12. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency? <i>If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.</i> | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| 13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) <i>If "YES," use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.</i>                     | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |

# Declaration for Federal Employment

Form Approved  
OMB No. 3206-0182

## Additional Questions

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (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," use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative works.*
- YES  NO
15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service?
- YES  NO

## Continuation Space / Agency Optional Questions

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (*these questions are specific to your position and your agency is authorized to ask them*).

## Certifications / Additional Questions

**APPLICANT.** *If you are applying for a position and have not yet been selected,* carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

**APPOINTEE:** *If you are being appointed,* carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. **I certify** that, to the best of my knowledge and belief, 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 understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments 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 for purposes of determining eligibility for Federal employment 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 specialists, and other authorized employees or representatives of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

17a. Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Sign in ink)*

IF SUBMITTING ELECTRONICALLY, AN "/S/" FOLLOWED BY YOUR TYPED NAME WILL SERVE IN LIEU OF AN ACTUAL SIGNATURE.

17b. Appointee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Sign in ink)*

<b>Appointing Officer:</b> Enter Date of Appointment or Conversion MM / DD / YYYY
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18. **Appointee (Only respond if you have been employed by the Federal Government before):** Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

18a. When did you leave your last Federal job? DATE: \_\_\_\_\_  
MM / DD / YYYY

18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance?

YES  NO  Do Not Know

18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled.

YES  NO  Do Not Know

# SUPPLEMENTAL INVESTIGATIVE DATA

CASE NO. \_\_\_\_\_

## INSTRUCTIONS

**DO NOT ATTEMPT TO COMPLETE THIS FORM UNTIL YOU HAVE READ THE FOLLOWING INSTRUCTIONS**

1. Answer all questions completely or check (x) the box which applies. If the question is not applicable, write "NA." If you do not know the answer and it cannot be obtained from personal or family records, write "unknown." Use the blank space on page 6 for extra details on any question for which you do not have enough space.
2. Type or legible print an original plus two copies. All copies must bear an original signature. Initials are required at the bottom of each page.  
**Note:** We cannot accept your form if it is not legible.
3. Consider each of your answers carefully. Accurate completion of this form will permit review of your qualifications. Your signature at the end of the form will certify its correctness.

### PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

Authority to collect the information sought on the accompanying form is derived from the following sources: Title 5 U.S.C. Section 301; Title 18 U.S.C. Section 3056; Executive Orders 10450, 12333, 12958 and 12968; Treasury Department Publication 71.10; and Title 31 C.F.R. Section 2.1.

The purpose of the information is to provide a basis for determining employment suitability and eligibility for access to classified documents. The information will be used to fulfill legal record keeping requirements and for referral to other agencies on a need to know basis in their performance of duties. Submission of the information is voluntary and failure to provide all or any part of the requested information will not be used as a basis for denying any right, benefit or privilege allowed by law. However, failure to provide certain information may result in non-consideration for appointment or in termination on the basis of information in the record. Information provided on this form will be kept confidential under provisions of the Privacy Act of 1974, Title 5 of the U.S.C., Section 552.

## SECTION 1

### APPLICANT - GENERAL PERSONAL AND PHYSICAL DATA

1. FULL NAME (LAST FIRST, MIDDLE) STATE ANY OTHER NAMES EVER USED (INCLUDE MAIDEN NAME, PREVIOUS MARRIED NAMES(S), NICKNAMES, NAMES LEGALLY CHANGED, OR NAMES ASSUMED)						2. SOCIAL SECURITY NUMBER	
3. CURRENT ADDRESS (NO., STREET, CITY, STATE AND ZIP CODE - INDICATE COUNTRY IF NOT U.S.)						4. CURRENT PHONE NO. (INCLUDE AREA CODE)	
5. PERMANENT ADDRESS (NO., STREET, CITY, STATE AND ZIP CODE - INDICATE COUNTRY IF NOT U.S.)						6. PERMANENT PHONE NO. (INCLUDE AREA CODE)	
7. OFFICE PHONE NO. (INCLUDE AREA CODE)		8. OFFICE EXTENSION		9. LEGAL RESIDENCE (STATE, TERRITORY, OR COUNTRY)			
10. AGE	11. SEX	12. HEIGHT	13. WEIGHT	14. BUILD	15. COLOR EYES	16. COLOR HAIR	
17. DATE OF BIRTH		18. PLACE OF BIRTH (CITY, STATE, COUNTRY)			19. PRESENT CITIZENSHIP (COUNTRY)		
20. OTHER THAN U.S. CITIZENSHIP <input type="checkbox"/> YES <input type="checkbox"/> NO		21. GIVE PARTICULARS CONCERNING PREVIOUS CITIZENSHIPS AS TO COUNTRY AND DATE					
22. DO YOU HAVE 20/20 VISION UNCORRECTED? <input type="checkbox"/> YES <input type="checkbox"/> NO		23. DO YOU HAVE 20/20 CORRECTED VISION? <input type="checkbox"/> YES <input type="checkbox"/> NO		24. DO YOU HAVE 20/60 VISION OR BETTER, UNCORRECTED (SNELLEN)? <input type="checkbox"/> YES <input type="checkbox"/> NO		25. DO YOU HAVE 20/63 VISION, OR BETTER, UNCORRECTED (BAILEY LOVIE)? <input type="checkbox"/> YES <input type="checkbox"/> NO	

## SECTION 2

### SELECTIVE SERVICE / MILITARY SERVICE RESERVE STATUS

1. PLACE OF REGISTRATION (CITY AND STATE)			2. REGISTRATION DATE		3. BRANCH OF SERVICE (IF APPLICABLE)		
4. DATE RETIRED OR DISCHARGED			5. RESERVE STATUS <input type="checkbox"/> NONE <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> RETIRED				
6. RESERVE BRANCH OF SERVICE			7. DATE ENTERED			8. PLACE ENTERED	
9. DATE RETIRED OR DISCHARGED		10. SERIAL NO.			11. RANK		
12. CURRENT LOCATION OF MILITARY RECORDS				13. CURRENT LOCATION OF MILITARY MEDICAL RECORDS			

**SECTION 3**

**MARITAL STATUS AND SPOUSE / COHABITANT / FIANCE INFORMATION**

1. PRESENT STATUS ( CIRCLE OR MARK ANSWER). IF YOU HAVE BEEN MARRIED MORE THAN ONCE (INCLUDING ANNULMENTS) FURNISH DETAILS IN SECTION 10.

SINGLE                  ENGAGED                  MARRIED                  SEPARATED                  DIVORCED                  WIDOWED                  COHABITATING

2. STATE DATE PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES, OR ANNULMENTS. IF EVER DIVORCED OR SEPARATED, FURNISH DETAILS IN SECTION 10 AS TO NAME AND ADDRESS OF DIVORCED OR SEPARATED SPOUSE, NAMES AND ADDRESSES OF ANY ATTORNEYS, AND DATE, CIRCUMSTANCES, AND DISPOSITION.

THE FOLLOWING INFORMATION PERTAINS TO  
WIFE, HUSBAND, FIANCE, COHABITANT, FORMER WIFE, FORMER HUSBAND, FOR ITEMS 3 THRU 25. (CIRCLE OR MARK ONE)

WIFE                  HUSBAND                  FIANCE                  COHABITANT                  FORMER WIFE                  FORMER HUSBAND

3. NAME (LAST, FIRST, MIDDLE)	4. SOCIAL SECURITY NO.
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5. STATE ANY OTHER NAMES EVER USED BY PERSON (INCLUDE MAIDEN NAME, PREVIOUS MARRIED NAME(S), NICKNAMES, NAMES LEGALLY CHANGED, OR NAMES ASSUMED).

INDICATE CIRCUMSTANCES (INCLUDING LENGTH OF TIME) UNDER WHICH ANY NAMES NOTED IN ITEM 5 ABOVE WERE USED. IF LEGALLY CHANGED, GIVE PARTICULARS (WHERE AND BY WHAT AUTHORITY). RECORD THIS INFORMATION IN SECTION 10.

6. DATE OF BIRTH	7. PLACE OF BIRTH (CITY, STATE, COUNTRY)	8. DATE OF MARRIAGE/COHABITATION
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9. PLACE OF MARRIAGE (CITY, STATE, COUNTRY)	10. LIVING <input type="checkbox"/> YES <input type="checkbox"/> NO
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11. CITIZENSHIP	12. FORMER CITIZENSHIP(S) (COUNTRY(IES))	13. IF ALIEN, ALIEN REGISTRATION NO.
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14. DATE U.S. CITIZENSHIP ACQUIRED	15. WHERE ACQUIRED	16. DATE AND PLACE ARRIVAL IN U.S.	17. NATURALIZATION CERTIFICATE NO.
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18. DATE OF DEATH	19. CAUSE OF DEATH
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20. CURRENT ADDRESS (GIVE LAST ADDRESS, IF DECEASED)	21. RESIDENCE ADDRESS OF SPOUSE BEFORE MARRIAGE, IF OTHER THAN U.S.
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22. OCCUPATION / POSITION	23. PRESENT EMPLOYER	24. ANNUAL SALARY OR EARNINGS
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25. EMPLOYER - BUSINESS ADDRESS (NUMBER, STREET, CITY, COUNTRY)

**SECTION 4**

**PARENTS, CHILDREN AND OTHER DEPENDENTS**

1. PROVIDE THE FOLLOWING INFORMATION FOR PARENTS AND ALL CHILDREN (BY BIRTH, ADOPTION, MARRIAGE) AND OTHER DEPENDENTS.

FULL NAME	RELATIONSHIP	DATE & PLACE OF BIRTH	CITIZENSHIP	CURRENT ADDRESS

2. NO. OF CHILDREN (INCLUDE STEPCHILDREN AND ADOPTED CHILDREN) WHO ARE UNMARRIED, UNDER 21 YEARS OF AGE, AND ARE NOT SELF-SUPPORTING.	3. NO. OF OTHER DEPENDANTS (E.G. SPOUSE PARENTS STEPPARENTS ETC.) WHO DEPEND ON YOU FOR AT LEAST 50% OF THEIR SUPPORT OR CHILDREN OVER 21 NOT SELF-SUPPORTING.
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**SECTION 5**

**CITIZENSHIP OF YOUR RELATIVES AND ASSOCIATES**

Complete this section as it applies to you and your family and also as it applies to your spouse/cohabitant and their family if the relative or associate is/was:

- A U.S. Citizen by other than birth;
- An alien residing in the U.S.;
- Lived or currently living in a foreign country;
- Worked or currently working for a Foreign Government.

Relatives and associates are defined as spouse, parents (to include stepparents), brothers, sisters, stepbrothers, stepsisters, child (adopted also), aunts, uncles and cousins). For extended family members (**Other than spouse, parents, children, brothers and sisters**), list only those who are frequently contacted.

Please complete all requested information and use the codes below to identify proof of citizenship status:

- 1** - Naturalization Certificate - Provide the date issued and the location where the person was naturalized (*Court, City, State and Certificate Numbers*).
- 2** - Citizenship Certificate - Provide the location issue (*City, State, Certificate*).
- 3** - Alien Registration - Provide the date and place where the person entered the U.S. (*City, State, and alien Registration Number*).
- 4** - Other - Provide an explanation in the "Additional Information" block.

<b>1</b>	1a. ASSOCIATION	1b. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	2. FULL NAME ( <i>Last, First Middle</i> )	3. MAIDEN NAME AND/OR OTHER NAMES USED
	4. CODE NUMBER	5. CURRENT ADDRESS		6. NAME OF EMPLOYER
	7. DATE AND PLACE OF BIRTH	8. SSN	9. FREQUENCY OF CONTACT	10. CERTIFICATE/REGISTRATION NUMBER
	11. CITIZENSHIP (COUNTRY)		12. DATE/PLACE OF NATURALIZATION	13. DATE/PLACE OF ENTRY
14. ADDITIONAL INFORMATION				

<b>2</b>	1a. ASSOCIATION	1b. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	2. Full Name ( <i>Last, First Middle</i> )	3. MAIDEN NAME AND/OR OTHER NAMES USED
	4. CODE NUMBER	5. CURRENT ADDRESS		6. NAME OF EMPLOYER
	7. DATE AND PLACE OF BIRTH	8. SSN	9. FREQUENCY OF CONTACT	10. CERTIFICATE/REGISTRATION NUMBER
	11. CITIZENSHIP (COUNTRY)		12. DATE/PLACE OF NATURALIZATION	13. DATE/PLACE OF ENTRY
14. ADDITIONAL INFORMATION				

**SECTION 6**

**NEIGHBOR REFERENCES (LIST TWO NEIGHBORS AT YOUR CURRENT LOCATION WHO KNOW YOU)**

NAME (LAST, FIRST, MIDDLE)	SEX	COMPLETE BUSINESS ADDRESS (NO., STREET, CITY, STATE)	COMPLETE RESIDENCE ADDRESS (NO., STREET, CITY, STATE)	NO. OF YEARS KNOWN
	M	ADDRESS	ADDRESS	
	F	AREA CODE & PHONE NO.	AREA CODE & PHONE NO.	
	M	ADDRESS	ADDRESS	
	F	AREA CODE & PHONE NO.	AREA CODE & PHONE NO.	

**SECTION 7**

**FINANCIAL INFORMATION**

1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY?  YES  NO

2. IF YOUR ANSWER IS "NO" TO THE ABOVE, STATE SOURCES OF OTHER INCOME.

3. COMPLETE THE FOLLOWING FINANCIAL STATEMENT, USING DOLLAR AMOUNTS IN THE APPROPRIATE COLUMNS, DESIGNATING JOINT ASSETS AND LIABILITIES WHERE APPLICABLE.

		TOTAL AMOUNT	JOINT	PERSONAL
<b>ASSETS</b>	CASH ON HAND			
	CASH IN BANK: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> SAFE DEPOSIT (CHECK APPROPRIATE BLOCK(S))			
	STOCKS AND BONDS (PRESENT MARKET VALUE)			
	REAL ESTATE (ESTIMATED MARKET VALUE)			
	INSURANCE VALUE (I.E. WHAT YOU WOULD RECEIVE IF YOU LIQUIDATED POLICY-NOT FACE VALUE)			
	AUTOMOBILES (ESTIMATED MARKET VALUE)			
	PERSONAL EFFECTS (FURNITURE, JEWELRY, ETC. - MARKET VALUE)			
	OTHER ASSETS - SPECIFY:			
	<b>TOTAL ASSETS</b>			
<b>LIABILITIES</b>	CURRENT OBLIGATIONS			
	NOTES PAYABLE, (E.G., CAR LOAN, PERSONAL LOANS, ETC.)			
	MORTGAGES PAYABLE			
	OTHER DEBTS (JUDGMENTS, LIENS, ETC.)			
		<b>TOTAL LIABILITIES</b>		
	<b>NET WORTH</b>			

**SECTION 8**

**PERSONAL DECLARATIONS**

ANSWER ITEMS 1 THROUGH 20 BY PLACING AN "X" IN THE PROPER COLUMN, IF ANY ANSWER IS "YES" GIVE EXPLANATION OR DETAILS IN SECTION 10.	YES	NO
1. HAVE YOU EVER BEEN INVOLVED IN ANY FORECLOSURE, BANKRUPTCY, RECEIVERSHIP PROCEEDINGS, CIVIL SUITS, JUDGMENTS?		
2. DO YOU HAVE ANY OUTSTANDING FEDERAL, STATE, OR LOCAL TAX OBLIGATIONS?		
3. ARE YOU NOW EMPLOYED BY OR SERVE AS AN OFFICER OF ANY POLITICAL ORGANIZATIONS?		
4. PROVISIONS OF THE HATCH ACT MAKE IT UNLAWFUL FOR YOU, IF APPOINTED TO ANY POSITION IN THE FEDERAL SERVICE, TO ENGAGE IN CERTAIN POLITICAL ACTIVITIES. ARE YOU ENGAGED AT PRESENT EITHER DIRECTLY OR INDIRECTLY IN ANY POLITICAL ACTIVITY OR ORGANIZATION?		
5. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY FOREIGN OR DOMESTIC ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH IS TOTALITARIAN, FASCIST, COMMUNIST, OR SUBVERSIVE; OR WHICH HAS ADOPTED OR SHOWS A POLICY ADVOCATING OR APPROVING THE COMMISSION OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES, OR WHICH SEEMS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS?		
6. HAVE YOU EVER BEEN A MEMBER OF, OR SUPPORTED, OR HAD ANY CONNECTIONS WITH A FOREIGN INTELLIGENCE ORGANIZATION OR ITS ACTIVITIES?		

**SECTION 8**

**PERSONAL DECLARATIONS, CONTINUED FROM PAGE 4**

	YES	NO
7. ARE YOU DIRECTLY OR INDIRECTLY CONNECTED WITH THE OPERATION OF ANY PRIVATE OR COMMERCIAL ENTERPRISE WHICH SELLS OR OTHERWISE CONTRACTS FOR INVESTIGATIVE SERVICES OF ANY KIND FOR PRIVATE INDIVIDUALS OR BUSINESS FIRMS?		
8. ARE THERE ANY INCIDENTS IN YOUR OWN BACKGROUND, OR THAT OF MEMBERS OF YOUR FAMILY, WHICH MIGHT COMPROMISE YOUR PERFORMANCE AS A SECRET SERVICE EMPLOYEE?		
9. HAVE YOU EVER BEEN THE SUBJECT OF ANY EMPLOYEE DISCIPLINARY ACTION?		
10. HAVE YOU EVER BEEN EVICTED FROM A RESIDENCE?		
11. HAVE YOU EVER BEEN THE SUBJECT OF A FORMAL COMPLAINT SUBMITTED TO A POLICE DEPARTMENT?		
12. HAVE YOU EVER BEEN THE SUBJECT OF A FORMAL COMPLAINT SUBMITTED TO YOUR EMPLOYER, IN REGARD TO YOUR CONDUCT ON OR OFF THE JOB ?		
13. HAVE YOU EVER BEEN ARRESTED?		
14. HAVE YOU EVER BEEN CONVICTED OF ANY CRIME?		
15. DO YOU USE ILLEGAL DRUGS?		
16. HAVE YOU EVER ILLEGALLY USED MARIJUANA?		
17. HOW MANY TIMES HAVE YOU ILLEGALLY USED MARIJUANA?		
18. WHEN DID YOU LAST ILLEGALLY USE MARIJUANA?		
19. HAVE YOU EVER ILLEGALLY USED SUCH ITEMS AS HASHISH, COCAINE, LSD, AMPHETAMINES, HEROIN, OR DRUGS OF A SIMILAR NATURE (DO NOT INCLUDE MARIJUANA)? [CIRCLE OR MARK WHICH DRUG(S)]		
20. HAVE YOU EVER FACILITATED THE TRANSACTION OF ILLEGAL DRUGS?		

**SECTION 9**

**INCOME TAX STATUS**

1. FEDERAL INCOME TAX RETURNS WERE FILED FOR EACH OF THE PAST 3 YEARS AS FOLLOWS:

<u>FOR YEAR</u>	<u>IRS COLLECTION DISTRICT</u>	<u>NAME(S) ON RETURN</u>	<u>ADDRESS ON RETURN</u>

2. IF NO RETURN(S) WERE FILED FOR ANY YEAR INDICATED ABOVE, FURNISH DETAILS FOR THAT YEAR IN SECTION 10 OF THIS FORM.

NOT APPLICABLE       SEE SECTION 10

3. IF SPOUSE FILED SEPARATE RETURN(S) FOR ANY YEAR INDICATED ABOVE, FURNISH DETAILS FOR THAT YEAR IN SECTION 10 OF THIS FORM AS TO DISTRICT IN WHICH FILED AND NAME AND ADDRESS USED ON RETURN(S).

NOT APPLICABLE       SEE SECTION 10

4. IF SPOUSE HAD INCOME DURING THE 3 YEAR PERIOD, STATE BRIEFLY IN SECTION 10 OF THIS FORM AS TO SOURCE AND AMOUNT OF INCOME DURING THAT PERIOD.

NOT APPLICABLE       SEE SECTION 10

**CONTINUE ON THE FOLLOWING PAGE. PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING.**  
 SPACE FOR EXTRA DETAILS CONTINUED ON PAGE 6.





U.S. DEPARTMENT OF HOMELAND SECURITY  
UNITED STATES SECRET SERVICE

**Disclosure and Authorization  
Pertaining to Consumer Reports  
Pursuant to the Fair Credit Reporting Act**

This is a release for the United States Secret Service (or other component of the Department of Homeland Security) to obtain one or more consumer credit reports about you in connection with your employment (or application for employment) with the Department of Homeland Security or one of its components, including as a contract employee. One or more consumer credit reports about you may be obtained for employment purposes, including evaluating your fitness for employment, promotion, reassignment, retention or access to classified information.

I, \_\_\_\_\_ ,  
hereby authorize the United States Secret Service (or other component of the  
Department of Homeland Security) to obtain such report(s) from any consumer  
credit reporting agency for employment purposes. Copies of this authorization  
that show my signature are as valid as the original signed by me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

Additional information regarding the credit bureaus that report credit history can be obtained via their home pages at:

[www.experian.com](http://www.experian.com)  
[www.transunion.com](http://www.transunion.com)  
[www.equifax.com](http://www.equifax.com)

Please retain this information to assist you with any credit issues.

**PRIVACY ACT STATEMENT:** YOUR SOCIAL SECURITY NUMBER (SSN) IS SOLICITED UNDER THE AUTHORITY OF EXECUTIVE ORDER 9397. THIS INFORMATION WILL BE USED TO IDENTIFY AND SEPARATE INDIVIDUALS WITH SIMILAR OR IDENTICAL NAMES OR INITIALS. DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER AND OTHER REQUESTED INFORMATION IS VOLUNTARY; HOWEVER, FAILURE TO PROVIDE YOUR SSN AND OTHER INFORMATION REQUESTED MAY PROHIBIT PROCESSING AND CAUSE DENIAL OF ACCESS TO SECURE AREAS OR SENSITIVE MATERIAL PROTECTED BY THE UNITED STATES SECRET SERVICE.

U.S. Office of Personnel Management Guide to Personnel Data Standards	<b>ETHNICITY AND RACE IDENTIFICATION</b> (Please read the Privacy Act Statement and instructions before completing form.)		
Name (Last, First, Middle Initial)	Social Security Number	Birthdate (Month and Year)	
Agency Use Only			
<p><b>Privacy Act Statement</b></p> <p>Ethnicity and race information is requested under the authority of 42 U.S.C. Section 2000e-16 and in compliance with the Office of Management and Budget's 1997 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity. Providing this information is voluntary and has no impact on your employment status, but in the instance of missing information, your employing agency will attempt to identify your race and ethnicity by visual observation.</p> <p>This information is used as necessary to plan for equal employment opportunity throughout the Federal government. It is also used by the U. S. Office of Personnel Management or employing agency maintaining the records to locate individuals for personnel research or survey response and in the production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained, or for related workforce studies.</p> <p>Social Security Number (SSN) is requested under the authority of Executive Order 9397, which requires SSN be used for the purpose of uniform, orderly administration of personnel records. Providing this information is voluntary and failure to do so will have no effect on your employment status. If SSN is not provided, however, other agency sources may be used to obtain it.</p>			
<p><b>Specific Instructions:</b> The two questions below are designed to identify your ethnicity and race. <b>Regardless of your answer to question 1, go to question 2.</b></p>			
<p><b>Question 1. Are You Hispanic or Latino?</b> (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p><b>Question 2.</b> Please select the racial category or categories with which you most closely identify by placing an "X" in the appropriate box. Check as many as apply.</p>			
<b>RACIAL CATEGORY</b> (Check as many as apply)	<b>DEFINITION OF CATEGORY</b>		
<input type="checkbox"/> American Indian or Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.		
<input type="checkbox"/> Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.		
<input type="checkbox"/> Black or African American	A person having origins in any of the black racial groups of Africa.		
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.		
<input type="checkbox"/> White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.		

Standard Form 181  
Revised August 2005  
Previous editions not usable

42 U.S.C. Section 2000e-16

NSN 7540-01-099-3446

# SELF-IDENTIFICATION OF HANDICAP

(See Instructions and Privacy Act information on reverse)

Last Name, First Name, Middle Initial	Birth Date (Mo./Yr.)	Social Security Number	ENTER CODE HERE →
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**DEFINITION OF A HANDICAP:** A person is handicapped if he or she has a physical or mental impairment which substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment. Those handicaps that

are to be reported are listed below (codes in bold numbers 13 through 94). In the case of multiple impairments, choose the code which describes the impairment that would result in the most substantial limitation.

**TO THE EMPLOYEE:** Self-identification of handicap status is essential for effective data collection and analysis. The information you provide will be used for statistical purposes only and will not in any way affect you individually. While self-identification is voluntary, your cooperation in providing accurate information is critical.

**01** I do not wish to identify my handicap status. (Please read the employee note above and the reverse side of this form before using this code). (Note: Your personnel officer may use this code if, in his or her judgment, you used an incorrect code.)

**05** I do not have a handicap.

**06** I have a handicap but it is not listed below.

## SPEECH IMPAIRMENTS

**13** Severe speech malfunction or inability to speak; hearing is normal (Examples: defects of articulation [unclear language sounds]; stuttering; aphasia [impaired language function]; laryngectomy [removal of the "voice box"])

## HEARING IMPAIRMENTS

**15** Hard of hearing (Total deafness in one ear or inability to hear ordinary conversation, correctable with a hearing aid)

**16** Total deafness in both ears, with understandable speech

**17** Total deafness in both ears, and unable to speak clearly

## VISION IMPAIRMENTS

**22** Ability to read ordinary size print with glasses, but with loss of peripheral (side) vision (Restriction of the visual field to the extent that mobility is affected--"Tunnel vision")

**23** Inability to read ordinary size print, not correctable by glasses (Can read oversized print or use assisting devices such as glass or projector modifier)

**24** Blind in one eye

**25** Blind in both eyes (No usable vision, but may have some light perception)

## MISSING EXTREMITIES

**27** One hand

**28** One arm

**29** One foot

**32** One leg

**33** Both hands or arms

**34** Both feet or legs

**35** One hand or arm and one foot or leg

**36** One hand or arm and both feet or legs

**37** Both hands or arms and one foot or leg

**38** Both hands or arms and both feet or legs

## NONPARALYTIC ORTHOPEDIC IMPAIRMENTS

(Because of chronic pain, stiffness, or weakness in bones or joints, there is some loss of ability to move or use a part or parts of the body.)

**44** One or both hands

**47** One or both legs

**45** One or both feet

**48** Hip or pelvis

**46** One or both arms

**49** Back

**57** Any combination of two or more parts of the body

## PARTIAL PARALYSIS

(Because of a brain, nerve, or muscle problem, including palsy and cerebral palsy, there is some loss of ability to move or use a part of the body, including legs, arms, and/or trunk.)

**61** One hand

**67** One side of body, including one arm and one leg

**62** One arm, any part

**63** One leg, any part

**64** Both hands

**68** Three or more major parts of the body (arms and legs)

**65** Both legs, any part

**66** Both arms, any part

## COMPLETE PARALYSIS

(Because of a brain, nerve, or muscle problem, including palsy and cerebral palsy, there is a complete loss of ability to move or use a part of the body, including legs, arms, and/or trunk.)

**70** One hand

**76** Lower half of body, including legs

**71** Both hands

**77** One side of body, including one arm and one leg

**72** One arm

**73** Both arms

**74** One leg

**78** Three or more major parts of the body (arms and legs)

**75** Both legs

## OTHER IMPAIRMENTS

**80** Heart disease with no restriction or limitation of activity (History of heart problems with complete recovery)

**81** Heart disease with restriction or limitation of activity

**82** Convulsive disorder (e.g., epilepsy)

**83** Blood diseases (e.g., sickle cell anemia, leukemia, hemophilia)

**84** Diabetes

**86** Pulmonary or respiratory disorders (e.g., tuberculosis, emphysema, asthma)

**87** Kidney dysfunctioning (e.g., if dialysis [Use of an artificial kidney machine] is required)

**88** Cancer---a history of cancer with complete recovery

**89** Cancer---undergoing surgical and/or medical treatment

**90** Mental retardation (A chronic and lifelong condition involving a limited ability to learn, to be educated, and to be trained for useful productive employment as certified by a State Vocational Rehabilitation agency under section 213.3102(t) of Schedule A)

**91** Mental or emotional illness (A history of treatment for mental or emotional problems)

**92** Severe distortion of limbs and/or spine (e.g., dwarfism, kyphosis [severe distortion of back])

**93** Disfigurement of face, hands, or feet (e.g., distortion of features on skin, such as those caused by burns, gunshot injuries, and birth defects [gross facial birthmarks, club feet, etc.])

**94** Learning disability (A disorder in one or more of the processes involved in understanding, perceiving, or using language or concepts [spoken or written]; e.g., dyslexia)

The Rehabilitation Act of 1973 (P.L. 93-112) requires each agency in the Executive branch of the Federal Government to establish definite programs that will facilitate the hiring, placement, and advancement of handicapped individuals. The best means of determining agency progress in this respect is through the production of reports at certain intervals showing such things as the number of handicapped employees hired, promoted, trained, or reassigned over a given time period; the percentage of handicapped employees in the work force and in various grades and occupations; etc. Such reports bring to the attention of agency top management, the Office of Personnel Management (OPM), and the Congress deficiencies within specific agencies or the Federal Government as a whole in the hiring, placement, and advancement of handicapped individuals and, therefore, are the essential first step in improving these conditions and consequently meeting the requirements of the Rehabilitation Act.

The handicap data collected on employees will be used only in the production of reports such as those previously mentioned and not for any purpose that will affect them individually. The only exception to this rule is that the records may be used for selective placement purposes and selecting special populations for mailing of voluntary personnel research surveys. In addition, every precaution will be taken to ensure that the information provided by each employee is kept in the strictest confidence and is known only to the one or two individuals in the agency Personnel Office who obtain and record the information for entry into the agency's and OPM's personnel systems. You should also be aware that participation in the handicap reporting system is entirely voluntary, **with the exception of employees appointed under Schedule A, section 213.3102(t) (Mental Retardation); Schedule A, section 213.3102(u) (Severely Physically Handicapped); and Schedule B, section 213.202(k) (Mentally Restored).** These employees will be requested to identify their handicap status and if they decline to do so, their correct handicap code will be obtained from medical documentation used to support their appointment. No other employees will be required to identify their handicap status if they feel for any reason it is not in their best interest to have this information officially recorded outside of medical records. We request only that anyone not wishing to have this information entered in the agency's and OPM's personnel systems indicate this to their Personnel Office, rather than intentionally miscoding themselves, since false responses will seriously damage the statistical value of the reporting system.

[In those instances where the employee is or was hired under Schedule A, section 213.3102(t) (Mental Retardation), the Personnel Director or his/her designee (a Vocational Rehabilitation Counselor may also be helpful) **will assist the individual in completing this form and ensure that the employee fully understands the meaning of the form and the options available to him/her, as noted above.**]

Employees will be given every opportunity to ensure that the handicap code carried in their agency's and OPM's personnel systems is accurate and is kept current. They may exercise this opportunity by asking their Personnel Officer to see a printout of the code and definition from their record, by notifying Personnel any time their handicap status changes, and by initiating action in either of these cases to have the necessary changes made to their records. The code carried on employees in their agency's system will be identical to that carried in OPM's system, and any change to the agency records will result in the same change being made to OPM's records.

Your cooperation and assistance in establishing and maintaining an accurate and up-to-date handicap report system is sincerely appreciated.

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#### PRIVACY ACT STATEMENT

Collection of the requested information is authorized by the Rehabilitation Act of 1973 (P.L. 93-112). The information you furnish will be used for the purpose of producing statistical reports to show agency progress in hiring, placement, and advancement of handicapped individuals and to locate individuals for voluntary participation in surveys. The reports will be used to inform agency top management, the Office of Personnel Management (OPM), the Congress, and the public of the status of programs for employment of the handicapped. All such reports will be in the form of aggregate totals and will not identify you in any way as an individual.

Solicitation of your Social Security Number (SSN) is authorized by Executive Order 9397, which requires agencies to use the SSN as the means for identifying individuals in personnel information systems. Your SSN will only be used to ensure that your correct handicap code is recorded along with the other employee information that your agency and OPM maintain on you. Furnishing your SSN or any other of the requested data for this collection effort is voluntary and failure to do so will have no effect on you. It should be noted, however, that where individuals decline to furnish their SSN, the SSN will be obtained from other records in order to ensure accurate and complete data.

Employees appointed under Schedule A, section 213.3102(t) (Mental Retardation), Schedule A, section 213.3102(u) (Severely Physically Handicapped), or Schedule B, section 213.3202(k) (Mentally Restored) are requested to furnish an accurate handicap code, but failure to do so will have no effect on them. Where employees hired under one of these appointments fail to disclose their handicap, however, the appropriate code will be determined from the employee's existing records or medical documentation submitted to justify the appointment.

**Thank you for completing this application package.**

**Save this supplemental application package and upload it as a part of your automated application.**

**Directions for uploading documents:**

**To submit these materials electronically, from within the CareerConnector system, click on “Upload,” located beside the document type. Complete the description field that identifies the document to be uploaded. Click “Browse” to locate and select the file. When the file has been selected, click “Upload Document.”**