

DECLARATION OF APPOINTEE

(Data needed for appointment or conversion)

INSTRUCTIONS TO APPOINTEE: Answer all questions. Your answers will be considered together with other information in your record in determining your present fitness for Federal employment. A false statement or dishonest answer to any question may be grounds for dismissal after appointment or conversion and is punishable by law. Type, print or write legibly in ink. See Privacy Act Statement on reverse.

1. Name (Last, First, Middle)		2. Present Address (Number, Street, City, State and ZIP Code)	
3. Birthplace (City and State, or Foreign Country)	4. Birthdate (Mo., Day, Yr.)		
5-A. Emergency Notification - First Person (Name and Address)	Relationship	5-B. Second Person (Name and Address)	Relationship
	Telephone Number		Telephone Number

6. Does the United States Government employ in a civilian capacity or as a member of the Armed Forces, any relative of yours (either by blood or marriage)?
 If "Yes," for each such relative give full name, address (including ZIP Code), and relationship. Continue in Item 12.

Yes	No
<input type="radio"/>	<input type="radio"/>

NAME	PRESENT ADDRESS (Including ZIP Code)	RELATIONSHIP	PROVIDE THE FOLLOWING INFORMATION: 1. Department or agency in which employed 2. City, State and ZIP Code

Answer by Placing an "X" in the Proper Column	Yes	No	Answer by Placing an "X" in the Proper Column	Yes	No
7. Are you a citizen of the United States of America? If "No," give country of which you are a citizen:	<input type="radio"/>	<input type="radio"/>	11. Have you been employed by the Federal Government before this employment. If "No," go to Item 13. If "Yes," answer the following:	<input type="radio"/>	<input type="radio"/>
8. Do you receive or do you have a pending application for retirement or retainer pay, pension, or other compensation based upon military, Federal civilian, or District of Columbia government service? If your answer is "Yes," give details in Item 12. If military pay, include the rank at which you retired.	<input type="radio"/>	<input type="radio"/>	A. Since March 1981 have you filed a waiver of basic insurance coverage under the Federal Employees' Group Life Insurance Program?	<input type="radio"/>	<input type="radio"/>
9. Since the date you signed your qualifications statement (or application) for this employment, have you: A. Been convicted of an offense against the law or forfeited collateral, or are you now under charges for any offense against the law? (You may omit: (1) traffic violations for which you paid a fine of \$50.00 or less; (2) any offense committed before your 18th birthday which was finally adjudicated in a juvenile court or under a youth offender law; (3) any conviction the record of which has been expunged under Federal or State law; and (4) any conviction set aside under the Federal Youth Corrections Act or similar State authority.) B. Been convicted by a general court-martial while in the military service? (If your answer to A or B is "Yes," give details in Item 12. Show for each offense: (1) date, (2) charge, (3) place, (4) court, and (5) action taken.)	<input type="radio"/>	<input type="radio"/>	B. If you filed such a waiver, has it been cancelled? If "No," go to Item 13.	<input type="radio"/>	<input type="radio"/>
10. Since the date you signed your qualifications statement (or application) for this employment, have you: A. Been fired from employment for any reason? B. Quit a job after being informed that your employer intended to fire you for any reason? C. Been discharged from the Armed Service under other than honorable conditions? (You may omit any such discharge changed to honorable or general by a Discharge Review Board or similar authority.) If your answer to A, B or C is "Yes," give details in Item 12. Show the name, address (including ZIP Code) of employer, approximate date, and reason in each case.	<input type="radio"/>	<input type="radio"/>	C. Since March 1981 have you ever elected Standard Optional Insurance under the Federal Employees' Group Life Insurance Program? If "Yes," complete Item D. If "No," go to Item E.	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	D. If you made such an election, has it been cancelled?	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	E. Since March 1981 have you ever elected Additional/Optional Insurance under the Federal Employees' Group Life Insurance Program? If "Yes," complete Item F. If "No," go to Item G.	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	F. If you have made such an election, how many multiples of salary did you have when you separated or converted? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Cancelled Before Separation	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	G. Since March 1981 have you ever elected Family Optional Insurance under the Federal Employees' Group Life Insurance Program? If "Yes," complete Item H. If "No," go to Item 13.	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	H. If you made such an election, has it been cancelled?	<input type="radio"/>	<input type="radio"/>

12. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS (Indicate item numbers to which answers apply)

Item No.	Item No.

<p style="text-align: center;">CERTIFICATION</p> <p>I certify that all of the answers to the questions above are true, complete, and correct to the best of my knowledge and belief and are made in good faith.</p>	13. Signature of Appointee (Sign in Ink)	14. Date Signed
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APPOINTING OFFICER: Enter date of appointment or conversion		15. Date Appointed or Converted
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PRIVACY ACT STATEMENT

Sections 3301 and 3304 of title 5, U.S. Code, provide for the examination of individuals for employment; Executive Order 10450, Security Requirements for Government Employment, requires a suitability for employment determination for all employees; and section 8716 of title 5, U.S. Code, provides for the Office of Personnel Management to regulate enrollment of employees in the Government's Life Insurance program. Thus, solicitation of this information is authorized by these statutes or Executive Order. The information will be used primarily to determine your qualifications and suitability for employment, and your eligibility for insurance coverage. Responses are voluntary, but failure to provide all information may result in a determination that you are not qualified or suitable for employment; or result in incorrect life insurance withholdings being made from your pay.