

United States Secret Service



Preliminary Application Package for Uniformed Division Officer Positions

Requirements to Apply for Uniformed Division Positions

- U.S. citizenship.
- Must be at least 21 years of age and younger than 37 at time of appointment.
- 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 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.

How to Apply

Completed applications may be mailed to your local Secret Service field office. A current listing of these offices may be accessed via the [Secret Service Internet site](#).

Electronic (e-mail or faxed) applications will be also be accepted; fax numbers and/or e-mail addresses are included on the last page of this package. (PLEASE NOTE: If you are completing and/or submitting these forms through electronic means, you may provide a signature by typing "/s/" followed by your name. Further endorsement may be required to validate this information at a later point in the application process.) Upon receipt, these applications will be forwarded to the Secret Service field office nearest your home address for further processing.

If you are unable to submit your application via any of the methods above, please contact the Personnel Division at (202) 406-6090, or, for hearing impaired applicants, TTY (202) 406-5390, for assistance.

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 | NO |
| | <input type="checkbox"/> | <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 | NO |
| | <input type="checkbox"/> | <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 | NO |
| | <input type="checkbox"/> | <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 | NO |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. 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 | NO |
| | <input type="checkbox"/> | <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 "/>AS/" FOLLOWED BY YOUR TYPED NAME WILL SERVE IN LIEU OF AN ACTUAL SIGNATURE.

17b. Appointee's Signature: _____ Date: _____
(Sign in ink)

Appointing Officer: Enter Date of Appointment or Conversion MM / DD / YYYY

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

OPTIONAL APPLICATION FOR FEDERAL EMPLOYMENT - OF 612

PRIVACY ACT AND PUBLIC BURDEN STATEMENTS

• The Office of Personnel Management and other Federal agencies rate applicants for Federal jobs under the authority of sections 11 04, 1302, 3301, 3304, 3320, 3361, 3393, and 3394 of title 5 of the United States Code. We need the information requested in this form and in the associated vacancy announcements to evaluate your qualifications. Other laws require us to ask about citizenship, military service, etc.

• We request your Social Security Number (SSN) under the authority of Executive Order 9397 in order to keep your records straight, other people may have the same name. As allowed by law or Presidential directive, we use your SSN to seek information about you from employers, schools, banks, and others who know you. Your SSN may also be used in studies and computer matching with other Government files, for example, files on unpaid student loans.

• If you do not give us your SSN or any other information requested, we cannot process your application, which is the first step in getting a job. Also, incomplete addresses and ZIP Codes will slow processing.

• We may give information from your records 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 violations of law or regulation, Federal agencies for statistical reports and studies, officials of labor organizations recognized by law in connection with representing employees, Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearances, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits, public and private organizations including news media that grant or publicize employee recognition and awards, and the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations

Authority, the National Archives, the Federal Acquisition Institute, and congressional offices in connection with their official functions.

• We may also give information from your records to: prospective nonfederal employers concerning tenure of employment, civil service status, length of service, and date and nature of action for separation as shown on personnel action forms of specifically identified individuals, 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 nonfederal agencies for use in computer matching, spouses or dependent children asking whether the employee has changed from self-and-family to 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 employee about fitness-for-duty or agency-filed disability retirement procedures.

• We estimate the public reporting burden for this collection will vary from 20 to 240 minutes with an average of 40 minutes per response, including time for reviewing instructions, searching existing data sources, gathering data, and completing and reviewing the information. You may send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to U.S. Office of Personnel Management, Reports and Forms Management Officer, Washington, DC 20415-0001.

• Send your application to the agency announcing the vacancy.

GENERAL INFORMATION

You may apply for most Federal jobs with a resume, the attached *Optional Application for Federal Employment* or other written format. If your resume or application does not provide all the information requested on this form and in the job vacancy announcement, you may lose consideration for a job. Type or print clearly in dark ink. Help speed the selection process by keeping your application brief and sending only the requested information. If essential to attach additional pages, include your name and Social Security Number on each page.

For information on Federal employment, including job lists, alternative formats for persons with disabilities, and veterans' preference, call the U.S. Office of Personnel Management at **912-757-3000**, **TDD 912-744-2299**, by computer modem **912-757-3100**, or via the Internet (Telnet only) at FJOB.MAIL.OPM.GOV.

If you served on active duty in the United States Military and were separated under honorable conditions, you may be eligible for veterans' preference. To receive preference if your service began after October 15, 1976, you must have a Campaign Badge, Expeditionary Medal, or a service-connected disability. Veterans' preference is not a factor for Senior Executive Service jobs or when competition is limited to status candidates (current or former career or career-conditional Federal employees).

Most Federal jobs require United States citizenship and also that males over age 18 born after December 31, 1959, have registered with the Selective Service System or have an exemption.

The law prohibits public officials from appointing, promoting, or recommending their relatives.

Federal annuitants (military and civilian) may have their salaries or annuities reduced. All employees must pay any valid delinquent debts or the agency may garnish their salary.

Send your application to the office announcing the vacancy. If you have questions, contact that office.

THE FEDERAL GOVERNMENT IS AN EQUAL OPPORTUNITY EMPLOYER

OPTIONAL APPLICATION FOR FEDERAL EMPLOYMENT - OF 612

You may apply for most jobs with a resume, this form, or other written format. If your resume or application does not provide all the information requested on this form and in the job vacancy announcement, you may lose consideration for a job.

1 Job title in announcement		2 Grade(s) applying for	3 Announcement number
4 Last name	First and middle names		5 Social Security Number
6 Mailing address			7 Phone number (include area code) Daytime Evening
City	State	ZIP Code	

WORK EXPERIENCE

8 Describe your paid and nonpaid work experience related to the job for which you are applying. Do not attach job descriptions.

1) Job title (if Federal, include series and grade)			
From (MM/YY)	To (MM/YY)	Salary per	Hours per week
Employer's name and address			Supervisor's name and phone number

Describe your duties and accomplishments

2) Job title (if Federal, include series and grade)

From (MM/YY)	To (MM/YY)	Salary per	Hours per week
Employer's name and address			Supervisor's name and phone number

Describe your duties and accomplishments

3) Job title (if Federal, include series and grade)

From (MM/YY)	To (MM/YY)	Salary per	Hours per week
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Employer's name and address	Supervisor's name and phone number
-----------------------------	------------------------------------

Describe your duties and accomplishments

4) Job title (if Federal, include series and grade)

From (MM/YY)	To (MM/YY)	Salary per	Hours per week
Employer's name and address			Supervisor's name and phone number

Describe your duties and accomplishments

5) Job title (if Federal, include series and grade)

From (MM/YY)	To (MM/YY)	Salary per	Hours per week
--------------	------------	------------	----------------

Employer's name and address	Supervisor's name and phone number
-----------------------------	------------------------------------

Describe your duties and accomplishments

6) Job title (if Federal, include series and grade)

From (MM/YY)	To (MM/YY)	Salary per	Hours per week
--------------	------------	------------	----------------

Employer's name and address	Supervisor's name and phone number
-----------------------------	------------------------------------

Describe your duties and accomplishments

9 May we contact your current supervisor?

YES

NO

If we need to contact your current supervisor before making an offer, we will contact you first.

EDUCATION

10 Mark highest level completed. **Some HS** **HS/GED** **Associate** **Bachelor** **Master** **Doctoral**

11 Last high school (HS) or GED school. Give the school's name, city, state, ZIP Code (if known), and year diploma or GED received.

12 Colleges and universities attended. Do **not** attach a copy of your transcript unless requested.

	Name	Total Credits Earned		Major(s)	Degree (if any)	Year Received
		Semester	Quarter			
1)	City _____ State _____ ZIP Code _____					
2)	_____					
3)	_____					

OTHER QUALIFICATIONS

13 **Job-related** training courses (give title and year). **Job-related** skills (other languages, computer software/hardware, tools, machinery, typing speed, etc.). **Job-related** certificates and licenses (current only). **Job-related** honors, awards, and special accomplishments (publications, memberships in professional/honor societies, leadership activities, public speaking, and performance awards). Give dates, but do not send documents unless requested.

GENERAL

- 14** Are you a U.S. citizen? YES NO ➤ Give the country of your citizenship. _____
- 15** Do you claim veterans' preference? NO YES ➤ Mark your claim of 5 or 10 points below.
 5 points ➤ Attach DD 214 or other proof. 10 points ➤ Attach *Application for 10-Point Veterans' Preference* (SF 15) and proof required.
- 16** Were you ever a Federal civilian employee?
 NO YES ➤ For highest civilian grade give:

Series	Grade From (MM/YY)	To (MM/YY)
- 17** Are you eligible for reinstatement based on career or career-conditional Federal status?
 NO YES ➤ If requested, attach SF 50 proof.

APPLICANT CERTIFICATION

18 I **certify** that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete and made in good faith. I **understand** that false or fraudulent information on or attached to this application 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.

SIGNATURE

DATE SIGNED

Supplemental Qualifications Statement

Uniformed Division Officer, LE-083

The knowledge, skills, and abilities (KSAs) identified below are important to successful performance as a Uniformed Division Officer. The extent to which you possess these factors will be evaluated by a review of your experience and training. To ensure that you are given every opportunity to provide the information needed to assess your qualifications, please complete this form and submit it with your initial application package. If the space provided is not sufficient for your response, additional sheets of paper may be attached to this form.

KSA 1. ABILITY TO WORK AND DEAL EFFECTIVELY WITH INDIVIDUALS AND/OR GROUPS OF PEOPLE.

Specify experience (work, school, volunteer organizations, etc.) in which you have demonstrated your ability to work and deal effectively with individuals and/or groups. Describe the situations you were in, specific difficulties you overcame, and the results of your efforts.

KSA 2. ABILITY AND WILLINGNESS TO ACCEPT RESPONSIBILITY AND MAKE DECISIONS.

Describe experiences (work, school or others) in which you have volunteered or been required to accept responsibility and/or make decisions either independently or with minimal supervision.

PRIVACY ACT STATEMENT: Your Social Security Number (SSN) is solicited under the authority of Executive Order 9397. The information is needed to process an application for employment, and will be used to identify and separate individuals with similar or identical names or initials. Disclosure of your SSN is voluntary; however, failure to provide your SSN and other information requested may delay or prohibit processing of your application.

Name *(please print)*

SSN

Date

KSA 3. ABILITY TO READ AND INTERPRET WRITTEN INSTRUCTIONS, POLICIES, AND PROCEDURES.

Describe situations in which you have read and interpreted different types of written material (instructions, policies, and procedures). Be specific about instances where such instructions were not detailed, specific enough, or were confusing. What steps did you take to clarify and execute those instructions in order to obtain desired results?

KSA 4. ABILITY TO INTERPRET AND FOLLOW ORAL INSTRUCTIONS.

Describe instances (work, school, or other) where you have followed oral instructions. Be specific about experiences where such instructions were not detailed, not specific enough, or were confusing. What steps did you take to clarify and execute those instructions in order to obtain desired results?

Name *(please print)*

SSN

Date

KSA 5. ABILITY TO WRITE LOGICALLY-SEQUENCED REPORTS.

Describe experiences (work, school, or other) where you were required to research, prepare, and write logically-sequenced reports. Specify positions you held (volunteer, paid, self-employed) where your writing skills proved to be a factor in your success.

KSA 6. ABILITY TO PRESENT IDEAS ORALLY.

Specify instances where you volunteered or were required to make oral presentations. How were these presentations received by your audience? Have you received any awards or commendations for your oral presentations? What other activities have you participated in to enhance your skill in oral expression (public speaking courses, active membership in a Toastmaster's chapter, Speaker's Bureau, etc.)?

Name *(please print)*

SSN

Date

KSA 7. WILLINGNESS TO DEVELOP PROFICIENCY IN THE USE OF FIREARMS.

Describe experience you have in the use of any firearms. Specify types of firearms you have a familiarity with. Be specific about any organizations you belong to which have afforded you the opportunity to develop a proficiency in the use of firearms (military, law enforcement organization, rifle and pistol clubs, etc.).

KSA 8. ABILITY TO PERFORM UNIFORMED DIVISION OFFICER DUTIES.

Specify the experience (work, volunteer, military, school, etc.) and/or training/education (college courses, military, private, etc.) you have acquired which enhanced your qualifications to perform the duties of a Uniformed Division Officer. Explain how these relate to law enforcement generally.

Name *(please print)*

SSN

Date

SUPPORTING DOCUMENTATION CHECKLIST
Application for Uniformed Division Officer Positions - U.S. Secret Service

NAME (Last, First, M.I.)	SSN
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In order to give appropriate consideration to your application, each of the following questions must be answered in full. Failure to submit requested documentation will result in a delay in the processing of your application.

1. What is the highest level of education attained by you to date: _____
(e.g., High School Diploma, GED, A.A., B.A., M.A., J.D., etc.)

Indicate major(s), specialization(s), etc.: _____

ATTACH A COPY OF YOUR OFFICIAL TRANSCRIPT(S) TO THIS APPLICATION PACKAGE.

2. Are you a current or former Federal employee?

No

Yes - ATTACH A COPY OF YOUR MOST RECENT SF-50 (Notification of Personnel Action) TO THIS APPLICATION PACKAGE.

3. Are you a current or former member of any branch of the armed forces or its reserve component?

No

Yes

COMPLETE SSF 3280A (Military/Reserve Information and Status) INCLUDED IN THIS APPLICATION PACKAGE.

4. Have you previously applied to any law enforcement agencies (to include any position with the U.S. Secret Service)?

No

Yes - PROVIDE AGENCY NAME(S), APPROXIMATE APPLICATION DATE(S), AND STATUS:

5. Do you currently have an application pending for any other U.S. Secret Service positions (Special Agent, Clerical, etc.)?

No

Yes - LIST POSITION(S): _____

6. Have you previously taken the Police Office Selection Test (POST) with the Office of Personnel Management, the U.S. Secret Service, or any other Federal agency?

No

Yes - ATTACH A COPY OF YOUR "NOTICE OF RATING" OR OTHER OFFICIAL DOCUMENTATION INDICATING YOUR SCORE TO THIS APPLICATION PACKAGE.

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.
-------------------------------	------------------------

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
------------------	--	----------------------------------

9. PLACE OF MARRIAGE (CITY, STATE, COUNTRY)	10. LIVING <input type="checkbox"/> YES <input type="checkbox"/> NO
---	--

11. CITIZENSHIP	12. FORMER CITIZENSHIP(S) (COUNTRY(IES))	13. IF ALIEN, ALIEN REGISTRATION NO.
-----------------	--	--------------------------------------

14. DATE U.S. CITIZENSHIP ACQUIRED	15. WHERE ACQUIRED	16. DATE AND PLACE ARRIVAL IN U.S.	17. NATURALIZATION CERTIFICATE NO.
------------------------------------	--------------------	------------------------------------	------------------------------------

18. DATE OF DEATH	19. CAUSE OF DEATH
-------------------	--------------------

20. CURRENT ADDRESS (GIVE LAST ADDRESS, IF DECEASED)	21. RESIDENCE ADDRESS OF SPOUSE BEFORE MARRIAGE, IF OTHER THAN U.S.
--	---

22. OCCUPATION / POSITION	23. PRESENT EMPLOYER	24. ANNUAL SALARY OR EARNINGS
---------------------------	----------------------	-------------------------------

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.
---	--

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.

1	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				

2	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
ASSETS	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:			
		TOTAL ASSETS		
LIABILITIES	CURRENT OBLIGATIONS			
	NOTES PAYABLE, (E.G., CAR LOAN, PERSONAL LOANS, ETC.)			
	MORTGAGES PAYABLE			
	OTHER DEBTS (JUDGMENTS, LIENS, ETC.)			
		TOTAL LIABILITIES		
NET WORTH				

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.

STATEMENT OF SELECTIVE SERVICE REGISTRATION STATUS

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law requires that you must be registered with the Selective Service System, unless you meet certain exemptions under Selective Service law. If you are required to register but knowingly and willfully fail to do so you are ineligible for appointment by executive agencies of the Federal Government. (5 U.S.C. 3328)

CERTIFICATION OF REGISTRATIONS STATUS - Check one:

- I certify I am registered with the Selective Service System. (A copy of my Acknowledgement Letter or other proof of registration issued by the Selective Service System is attached.) (If I previously served in the U.S. Armed Forces, a copy of Form DD-214 is attached.)
- I certify I have been determined by the Selective Service System to be exempt from the registration provisions of Selective Service law. (A copy of my Exemption Letter or other proof of exemption issued by the Selective Service System is attached.)
- I certify I have not registered with the Selective Service System.
- I certify I have not reached my 18th birthday and understand I am required by law to register at that time.

NON-REGISTRANTS UNDER AGE 26 - If you are under age 26 and have not registered as required, you should register promptly at a United States Post Office, or consular office if you are outside the United States.

NON-REGISTRANTS AGE 26 AND OVER - If you were born in 1960 or later, are 26 years of age or older, and were required to register but did not do so, you can no longer register under Selective Service law. Accordingly, you are not eligible for appointment to an executive agency unless you can prove to the Office of Personnel Management (OPM) that your failure to register was neither knowing nor willful. You may request an OPM decision through the Secret Service by returning this statement with your written request for an OPM determination, together with any explanation and documentation you wish to furnish to prove that your failure to register was neither knowing nor willful.

PRIVACY ACT STATEMENT - Because information on your registration status is essential for determining whether you are in compliance with 5 U.S.C. 3328, failure to provide the information requested by this statement will prevent any further consideration of your application for appointment. This information is subject to verification with the Selective Service System and may be furnished to other Federal agencies for law enforcement or other authorized use in implementing this law.

FALSE STATEMENT NOTIFICATION - A false statement may be grounds for not hiring you, or for firing you if you have already begun work. Also, you may be punished by fine or imprisonment. (18 U.S.C. 1001)

PERMISSION TO VERIFY STATUS - By signing below, you are granting the Secret Service permission to contact the Selective Service System to verify your Selective Service registration status.

Signature of Individual

Date Signed

You may obtain more information about Selective Service requirements and procedures by contacting:

**Selective Service
Registration Information Office
P.O. Box 94638
Palatine, IL 60094-4638
(847) 688-6888
TTY: 847-688-2567
<http://www.sss.gov>**

MILITARY/RESERVE INFORMATION AND STATUS

NAME (Last, First, M.I.)	
SSN	DATE OF BIRTH
PRIVACY ACT STATEMENT: Your Social Security Number (SSN) is solicited under the authority of Executive Order 9397. This information is needed to process an application for employment, and will be used to identify and separate individuals with similar or identical names or initials. Disclosure of your SSN is voluntary; however, failure to provide your SSN and other information requested may delay or prohibit processing of your application.	

PERSONNEL DIVISION USE ONLY	
CLASS NUMBER	<input type="checkbox"/> SATC <input type="checkbox"/> UDTC
EOD	
POSITION	

1. Are you a current or previous member of any branch of the U.S. Armed Forces?

No - GO TO PAGE 2 (Acknowledgement of Policy).

Yes - Specify which branch(es):
 Air Force
 Army
 Coast Guard
 Marine Corps
 Navy
and complete information below.

2. Have you been discharged? **No - GO TO QUESTION 3.**

Yes - Include a copy of the DD-214 in your application packet, and complete information below.

Discharge Date: _____ Discharge Type: _____

Rank and Pay Grade at Discharge: _____

3. Are you claiming a 5 point or 10 point Veteran's Preference on your application?

No - GO TO QUESTION 5.

Yes - If claiming a 5 point Veteran's Preference, include in your application packet the appropriate DD-214.

If claiming a 10 point Veteran's Preference, include in your application packet an SF 15 (Application for 10-Point Veteran's Preference) and a letter from the Veteran's Administration, dated within the last 12 months, documenting your 10 Point Veteran's Preference.

(Note: There are existing guidelines for claiming Veteran's Preference. Discharge from the Armed Forces DOES NOT automatically entitle you to receive Veteran's Preference. Refer to the Office of Personnel Management's web site at www.opm.gov for additional information.)

CONTINUE TO PAGE 2...

MILITARY/RESERVE INFORMATION AND STATUS
(continued)

4. Are you currently a member of a U.S. Armed Forces reserve component?

- No - GO TO ITEM 6.
- Yes - Specify which component: Air Force
and complete information below. Air National Guard
 Army
 Army National Guard
 Coast Guard
 Marine Corps
 Navy

Name and address of unit:

Rank and Pay Grade: _____

5. What is your present reserve status (check one): Ready Reserve Retired Reserve Other: _____
 Standby Reserve Not Applicable

POLICY REGARDING MILITARY/RESERVE STATUS

The Director of the U.S. Secret Service has determined that Special Agents and Uniformed Division law enforcement personnel occupy "key" civilian positions as defined in Department of Defense Directive 1200.7.

Current Special Agents and Uniformed Division law enforcement personnel who were employed by the Secret Service on March 10, 1975, AND who were members of the Military Reserve, serving in any reserve status (Ready Reserve, Retired Reserve, or Standby Reserve) on March 10, 1975, may retain their Military Reserve status.

Special Agents and Uniformed Division law enforcement personnel employed by the Secret Service after March 10, 1975, OR who joined the Military Reserve after March 10, 1975, are restricted to either a Retired Reserve or Standby Reserve status, or shall be discharged, as appropriate.

If you obtain employment with the Secret Service as a Special Agent or Uniformed Division Officer with a remaining Military Service Obligation (MSO), and are not in a Standby Reserve status, the Secret Service will petition the appropriate military command(s) to change your military status to either Retired Reserve, Standby Reserve, or have you discharged, as appropriate, under 10 USC 271 (b) (reference (b)). The appropriate Military Department Secretary will determine whether your status should be retained, whether your status should be changed, or whether you should be discharged, as appropriate.

Reserve components include the Air Force Reserve, the Air National Guard, the Army Reserve, the Army National Guard, the Coast Guard Reserve, the Marine Corps Reserve, and the Naval Reserve.

6. **ACKNOWLEDGEMENT** - By signing below, you acknowledge that you have read and understand the policy above, and that the information you have provided on this form is truthful and accurate.

Signature of Applicant: _____

Date Signed: _____

Secret Service Tax Check Waiver

I am signing this waiver to permit the Internal Revenue Service to release information about me which would otherwise be confidential under 26 U.S.C. 6103. This information will be used in connection with my appointment or employment by the United States Government. This waiver is made pursuant to 26 U.S.C. 6103(c).

I request that the Internal Revenue Service release the following information to:

CHIEF - SECURITY CLEARANCE DIVISION
U.S. SECRET SERVICE
SUITE 3800
950 H STREET, NW
WASHINGTON, DC 20223

or his/her designee.

1. Have I failed to file any Federal income tax return for any of the last three years?

If the filing date without regard to extensions and normal processing period for the most recent year's return has not yet elapsed on the date IRS receives this waiver, and the IRS records do not indicate a return for the most recent year, the "last three years" will mean the three years preceding the year for which returns are currently being filed and processed.

2. Were any income tax returns filed more than 45 days after the due date for filing (determined with regard to any extension of time for filing)?
3. Have I failed to pay any tax, penalty, or interest during the current or last three calendar years within 45 days of the date on which the Internal Revenue Service gave notice of the amount due and requested payment?
4. Am I now or have I ever been under investigation by the Internal Revenue Service for possible criminal offenses?
5. Has any civil penalty for fraud ever been assessed against me during the current or last three years?

If the Internal Revenue Service response includes a "YES" answer (based on currently available information) to any of the above six questions, I authorize the Internal Revenue Service to release any additional relevant information.

(over)

To help the Internal Revenue Service find my tax records. I am voluntarily giving the following information:

My Name _____ My SSN _____

If Married and Filed a Joint Return:

Husband/Wife Name: _____ Husband/Wife SSN _____

Current Address _____

Names and addresses shown on returns (if different from above)

Year	Name	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date: _____
(waiver invalid unless received
by the Internal Revenue Service
within 60 days of this date)

Signature of Taxpayer Authorizing the
Disclosure of Return Information

Home Telephone: _____

Work Telephone: _____

PRIVACY ACT STATEMENT: ALL INFORMATION REQUESTED ON THE INCOME TAX WAIVER IS COLLECTED THROUGH AUTHORIZATION DERIVED FROM 26 U.S.C 6103, 26 U.S.C. 6103 (C) AND EXECUTIVE ORDER 9397. THE INFORMATION WILL SERVE AS IDENTIFYING INFORMATION TO BE USED BY THE INTERNAL REVENUE SERVICE.

YOUR SOCIAL SECURITY NUMBER (SSN) IS SOLICITED UNDER THE AUTHORITY OF EXECUTIVE ORDER 9397. THE 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. 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
www.transunion.com
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	ETHNICITY AND RACE IDENTIFICATION (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>Privacy Act Statement</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>Specific Instructions: The two questions below are designed to identify your ethnicity and race. Regardless of your answer to question 1, go to question 2.</p>			
<p>Question 1. Are You Hispanic or Latino? (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>Question 2. 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>			
RACIAL CATEGORY (Check as many as apply)	DEFINITION OF CATEGORY		
<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 →
---------------------------------------	----------------------	------------------------	-------------------

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.

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.

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