Standard Form 144 (Rev. 10/95) Page 2 Office of Personnel Management The Guide to Processing Personnel Actions

## STATEMENT OF PRIOR FEDERAL SERVICE

To be Completed by Employee

Name (Last, First, Middle Initial)		Social Security Number 3.				3. Dat	Date of Birth (Month, Day, Year)			
. Does the application or resume that you submivilian and uniformed service, including beginning Yes — If "Yes", check this block and skip to	g and ending	dates, as	well as	the type	of appoin	tment a	ist all of you nd work sch mplete Items	edule for civiliar	nment n service?	
List below your prior civilian service. Include s	service with	the DC Go	vernme	nt on app	ointments	made t	efore Octob	per 1, 1987.		
NAME AND LOCATION OF AGENCY		FROM			то			TYPE OF APPOINTMENT		
	Vear	Year Month Day		Year Month Day			AND WORK SCHEDULE (Full-Time, Part-Time, or Intermittent			
During periods of employment shown in Item 5						sence w	rithout pay o	furing any one o	alendar	
Yes — If "Yes", list the following information. TYPE OF ABSENCE, IF KNOWN (LWOP, Furlough, Suspension, AWOL, or Placement in Nonpay Status)	<u> </u>	FROM			o", go to Item 7.			TOTAL		
	Year	Month	Day	Year	Month	Day	YEARS	MONTHS	DAYS	
List all uniformed service below. List active se	rvice in any	branch of 1	the Arm	ed Force	s of the U	nited Strail Ocean	ates, includii	ng active duty a	s a	
List all uniformed service below. List active se eservist, and active service in the commissioned	rvice in any	Public He	the Arm	ed Force rvice or t	he Nationa	nited St.	ates, includi	ng active duty a sspheric Admini	s a stration.	
List all uniformed service below. List active se eservist, and active service in the commissioned BRANCH OF SERVICE	rvice in any corps of the Year	branch of to Public He FROM Month	the Armalth Se	ed Force rvice or t Year	s of the Unite Nationa TO	nited Stal Ocean	nic and Atmo	ng active duty a spheric Admini DISCHARGE rable or Dishono	stration.	
List all uniformed service below. List active se eservist, and active service in the commissioned BRANCH OF SERVICE	corps of the	FROM	ealth Se	rvice or t	TO	al Ocean	nic and Atmo	DISCHARGE	stration.	
BRANCH OF SERVICE  BRANCH OF SERVICE  Do you claim any type of veterans' preference No Yes — Check one of the stater Spouse of a disabled veteran	Year  which has ments, if it a	Public He FROM  Month  Moth  mot been very poplies to year of a deco	Day  Day  erified?  ou. I cla eased co	Year  Year	TO  Month  rence as the divergence as the diverg	Day	Jamarried w	DISCHARGE rable or Dishono	orable)	
BRANCH OF SERVICE  BRANCH OF SERVICE  Do you claim any type of veterans' preference  No. Yes — Check one of the stater	Year  Which has a ments, if it a Mothed uniformed	Public He FROM  Month  Moth  M	Day  Day  Day  telaffied?  Day  telaffied?  Day  telaffied?	Year  Year  Year  year  year	TO  Month  rence as the divergence as the divergence as the divergence as the divergence action/results.	Day	Jamarried w	DISCHARGE rable or Dishono	orable)	