



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)
Address (Street Number and Name)		Apt. Number	City or Town		State Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		E-mail Address		Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

3-D Barcode
Do Not Write in This Space

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State Zip Code



Employer Completes Next Page



LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
	For persons under age 18 who are unable to present a document listed above:			
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

**3-D Barcode
Do Not Write in This Space**

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative Human Resources Specialist	
Last Name (Family Name)		First Name (Given Name)		Employer's Business or Organization Name DOD/ DIA
Employer's Business or Organization Address (Street Number and Name) 7400 Pentagon		City or Town Washington		State DC
				Zip Code 203017400

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyyy):

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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I certify that I have received for my reading and understanding a copy of DIAR 60-4,
“Policy”, and Procedures Governing DIA Intelligence Activities that affect U.S. Persons,
Dated 03 December 1997.

Printed Name: _____

Grade/Rank: _____

Date: _____

Signature: _____



Defense Intelligence Agency Civilian Employee/Assigned Military Personnel

Responsibilities

As a Defense Intelligence Agency civilian employee/assigned military personnel, I understand that I am to:

Discharge my assigned duties conscientiously.

Conduct myself in a manner both on and off the job that reflects creditably upon the DIA.

Respect the authority of those directing my professional efforts.

Observe the spirit, as well as the letter, of the rules of conduct, laws, and regulations governing my work and behavior, to include the Conditions of Employment, have previously signed.

Adhere to all pertinent DoD and DIA regulations and policies when using DIA information systems. I understand that internet systems are routinely monitored. Although limited personal use is permitted, I understand that misuse of Agency resources in any way, to include accessing the Internet to view sexually explicit documents, images or messages are inappropriate.

Maintain positive time keeping records as a civilian employee by accurately entering my actual time worked on my time sheet.

Request leave for all absences as specified by DIA procedures.

Pay financial obligations in a proper and timely manner especially those imposed by law, such as federal, state or local taxes or court judgments, as well as Government Travel Credit Card bills.

Attend regular ethics training conducted by General Counsel and familiarize myself with the Standards of Conduct.

Safeguard security information as required by security regulations.

Report all outside employment to my immediate supervisor for review. For possible conflict of interest and notify my supervisor when outside employment is terminated.

Acknowledgement

I understand that should I fail to adhere to these responsibilities, I can expect to be subject to disciplinary or adverse action up to and including removal from employment, action under the Uniform Code of Military Justice, as applicable, removal from the workplace and from DIA computer access, loss of security clearance and/or referral to the Department of Justice for criminal prosecution, as appropriate. I further understand that copy of this document will be maintained in my official personnel file.

I, _____ have read and acknowledge receipt of this document.

(Please print)

Signature

Date

**ACKNOWLEDGEMENT OF ENROLLMENT OPPORTUNITIES UNDER FEDERAL
EMPLOYEES HEALTH BENEFITS
AND
FEDERAL EMPLOYEES GROUP LIFE INSURANCE**

I understand that from _____ I have only **60** calendar days in which to
(Entrance on Duty date)
enroll in Federal Employees Health Benefits and Federal Employees Group Life Insurance. I
further understand that if I fail to enroll in health insurance that my next opportunity may be
open season and that if I elect not to enroll in life insurance that I will not be eligible to reapply for
1 year and will then be required to obtain a physical at my own expense. Enrollment for
Federal Health Insurance takes effect on the first day of the pay period that begins after you
enroll via eZHR self service.

Date

Signature

**TSP ACKNOWLEDGEMENT
NEW HIRES/REHIRES APPOINTED AFTER 31 JULY 2010**

I have read and understand the fact sheet regarding TSP.

Employee's Name

Date

Employee's Signature

ALL EMPLOYEES MUST COMPLETE PART A & B

Name:

SSN:

Office:

Pay Band:

Position Title:

Part A: RESERVE STATUS INFORMATION

1. I am a member of the Reserves: Yes No

*If YES, please complete 1A, 1B, 1C, 1D.

*If NO, go to Part B

1A. I am a member of the: Ready Standby Retired IRR

1B. What branch of service: Army Navy USAF USMC USCG

1C. What is your current military grade (i.e O05/E07) _____

1D. What is your current military unit _____

Part B: RETIRED MILITARY INFORMATION

2. I am retired military: Yes No

*If YES, please complete 2A, 2B, 2C, 2D

*If NO, please sign and date this form

2A. I retired from: Active Duty Reserve Component

2B. What branch of service: Army Navy USAF USMC USCG

2C. What was your military grade at retirement (i.e. 005/007): _____

2D. Was your retirement due to a disability: Yes No

DATE

SIGNATURE

THE PRIVACY ACT OF 1974 (PUBLIC LAW 93-579) applies.
PURPOSE: To collect mobilization data in case of a national emergency

ARMED FORCES RESERVE OR NATIONAL GUARD STATUS

Name:	SSN:
Organization: DOD/DIA	
Position Title:	
Pay Plan: GG	Series: Grade:
Check the block below that applies. Select ONE designation.	
1	Retired Reserve. Retired on points, under age 60, nonpaid.
2	AD Regular Retired. Under age 60, not for disability.
3	AD Reserve Retired. 20 years plus AD/fleet reserve under age 60, not for disability
4	Category III. Res/Reg/Ret, either over age 60 and/or 30% disabled
5	Draft Eligible
6	Reserve Technician/Selected Reserve. Dual status (Army only)
7	Reserve Technician/Individual Ready Reserve (IRR). Dual status (Army only)
8	Reserve Technician/Standby Reserve. Dual status (Army only)
9	Reserve Technician/Non-Dual Status (Army only)
A	Individual Mobilization Augmentee (IMA). Air Force
B	Individual Mobilization Augmentee (IMA). Army
C	Individual Mobilization Augmentee (IMA). Coast Guard
D	Individual Mobilization Augmentee (IMA). Marine Corps
E	Individual Mobilization Augmentee (IMA). Navy
F	Selected Reserve. Air Force
G	Selected Reserve. Army
H	Selected Reserve. Coast Guard
I	Selected Reserve. Marine Corps
J	Selected Reserve. Navy
K	Air National Guard
L	Army National Guard (Active)
M	Individual Ready Reserve (IRR). Air Force
N	Individual Ready Reserve (IRR). Army
O	Individual Ready Reserve (IRR). Coast Guard
P	Individual Ready Reserve (IRR). Marine Corps
Q	Individual Ready Reserve (IRR). Navy
R	Army National Guard. (Inactive)
S	Standby Reserve. Air Force
T	Standby Reserve. Army
U	Standby Reserve. Coast Guard
V	Standby Reserve. Marine Corps
W	Standby Reserve. Navy
X	Navy Reserve. Merchant Marine.
Y	Not Applicable

Signature: _____ **Date:** _____

PRIVACY ACT

5 United States Code, Section 6323, authorizes collection of the above information for use by management officials in mobilization planning and statistical reporting. Failure to provide the information may result in a delay in the agency accomplishing its mobilization mission. You are requested to furnish your Social Security Number under the authority of EO 9397. That Order requires agencies to use the SSN for orderly administration in the maintenance of personnel records. Your SSN will ensure that the other information you provide on the form can be accurately included with your records. Disclosure of your SSN is voluntary; however, failure to provide the SSN may result in it being obtained from other agency sources.

RECORD OF EMERGENCY DATA

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 552, 10 USC 655, 1475 to 1480 and 2771, 38 USC 1970, 44 USC 3101, and EO 9397 (SSN).

PRINCIPAL PURPOSES: This form is used by military personnel and Department of Defense civilian and contractor personnel, collectively referred to as civilians, when applicable. For military personnel, it is used to designate beneficiaries for certain benefits in the event of the Service member's death. It is also a guide for disposition of that member's pay and allowances if captured, missing or interned. It also shows names and addresses of the person(s) the Service member desires to be notified in case of emergency or death. For civilian personnel, it is used to expedite the notification process in the event of an emergency and/or the death of the member. The purpose of soliciting the SSN is to provide positive identification. All items may not be applicable.

ROUTINE USES: None.

DISCLOSURE: Voluntary; however, failure to provide accurate personal identifier information and other solicited information will delay notification and the processing of benefits to designated beneficiaries if applicable.

INSTRUCTIONS TO SERVICE MEMBER

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty (other family members or fiancé), and, to designate beneficiaries for certain benefits if you die. IT IS YOUR RESPONSIBILITY to keep your Record of Emergency Data up to date to show your desires as to beneficiaries to receive certain death payments, and to show changes in your family or other personnel listed, for example, as a result of marriage, civil court action, death, or address change.

INSTRUCTIONS TO CIVILIANS

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty. Not every item on this form is applicable to you. **This form is used by the Department of Defense (DoD) to expedite notification in the case of emergencies or death.** It does not have a legal impact on other forms you may have completed with the DoD or your employer.

IMPORTANT: This form is divided into two sections: Section 1 - Emergency Contact Information and Section 2 - Benefits Related Information. **READ THE INSTRUCTIONS ON PAGES 3 AND 4 BEFORE COMPLETING THIS FORM.**

SECTION 1 - EMERGENCY CONTACT INFORMATION

1. NAME (Last, First, Middle Initial)

2. SSN

3a. SERVICE/CIVILIAN CATEGORY

ARMY NAVY MARINE CORPS AIR FORCE DoD CIVILIAN CONTRACTOR

b. REPORTING UNIT CODE/DUTY STATION

DoD/DIA

4a. SPOUSE NAME (If applicable) (Last, First, Middle Initial)

b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER

SINGLE DIVORCED WIDOWED

5. CHILDREN

a. NAME (Last, First, Middle Initial)

b. RELATIONSHIP

c. DATE OF BIRTH (YYYYMMDD)

d. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER

6a. FATHER NAME (Last, First, Middle Initial)

b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER

7a. MOTHER NAME (Last, First, Middle Initial)

b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER

8a. DO NOT NOTIFY DUE TO ILL HEALTH

b. NOTIFY INSTEAD

9a. DESIGNATED PERSON(S) (Military only)

Do Not Complete

b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER

Do Not Complete

10. CONTRACTING AGENCY AND TELEPHONE NUMBER (Contractors only)

Do Not Complete

SECTION 2 - BENEFITS RELATED INFORMATION

11a. BENEFICIARY(IES) FOR DEATH GRATUITY <i>(Military only)</i> Do Not Complete	b. RELATIONSHIP Do Not Complete	c. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER Do Not Complete	d. PERCENTAGE Do Not Complete
12a. BENEFICIARY(IES) FOR UNPAID PAY/ALLOWANCES <i>(Military only) NAME AND RELATIONSHIP</i> Do Not Complete	b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER Do Not Complete		c. PERCENTAGE
13a. PERSON AUTHORIZED TO DIRECT DISPOSITION (PADD) <i>(Military only) NAME AND RELATIONSHIP</i> Do Not Complete	b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER Do Not Complete		
14. CONTINUATION/REMARKS Do Not Complete			
15. SIGNATURE OF SERVICE MEMBER/CIVILIAN <i>(include rank, rate, or grade if applicable)</i>	16. SIGNATURE OF WITNESS <i>(Include rank, rate, or grade as appropriate)</i>	17. DATE SIGNED <i>(YYYYMMDD)</i>	

STATEMENT OF PRIOR FEDERAL SERVICE
To be Completed by Employee

1. Name (Last, First, Middle Initial)	2. Social Security Number	3. Date of Birth (Month, Day, Year)
----------------------------------------------	----------------------------------	--------------------------------------------

4. Does the application or resume that you submitted, for the position to which you are being appointed, list all of your Federal government civilian and uniformed service, including beginning and ending dates, as well as the type of appointment and work schedule for civilian service?
 Yes — If "Yes", check this block and skip to Item 8. **No** — If "No", check this block and complete Items 5 - 9.

5. List below your prior civilian service. Include service with the DC Government on appointments made before October 1, 1987.

NAME AND LOCATION OF AGENCY	FROM			TO			TYPE OF APPOINTMENT AND WORK SCHEDULE (Full-Time, Part-Time, or Intermittent)
	Year	Month	Day	Year	Month	Day	

6. During periods of employment shown in Item 5, did you have a total of more than 6 months' absence without pay during any one calendar year?

Yes — If "Yes", list the following information. **No** — If "No", go to Item 7.

TYPE OF ABSENCE, IF KNOWN (LWOP, Furlough, Suspension, AWOL, or Placement in Nonpay Status)	FROM			TO			TOTAL		
	Year	Month	Day	Year	Month	Day	YEARS	MONTHS	DAYS

7. List all uniformed service below. List active service in any branch of the Armed Forces of the United States, including active duty as a reservist, and active service in the commissioned corps of the Public Health Service or the National Oceanic and Atmospheric Administration.

BRANCH OF SERVICE	FROM			TO			DISCHARGE (Honorable or Dishonorable)
	Year	Month	Day	Year	Month	Day	

8. Do you claim any type of veterans' preference which has not been verified?

No **Yes** — Check one of the statements, if it applies to you. I claim preference as the:
 Spouse of a disabled veteran Mother of a deceased or disabled veteran Unmarried widow/widower of a veteran

9. **CERTIFICATION:** The prior Federal civilian and uniformed service listed on my application/resume and listed above constitutes my entire record of Federal employment. I have no other Federal service for which I want to claim credit.

Signature	Date
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Declaration for Federal Employment*

Form Approved:
OMB No. 3206-0182

(*This form may also be used to assess fitness for federal contract employment)

GENERAL INFORMATION

1. **FULL NAME** (Provide your full name. If you have only initials in your name, provide them and indicate "Initial only". If you do not have a middle name, indicate "No Middle Name". If you are a "Jr.," "Sr.," etc. enter this under Suffix. First, Middle, Last, Suffix)



2. **SOCIAL SECURITY NUMBER**



3a. **PLACE OF BIRTH** (Include city and state or country)



3b. **ARE YOU A U.S. CITIZEN?**

YES NO (If "NO", provide country of citizenship) ◆

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", proceed to 8.)
- 7b. Have you registered with the Selective Service System? YES (If "YES", proceed to 8.) NO (If "NO", proceed 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 (If "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 7 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.) 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. YES NO
10. Have you been convicted by a military court-martial in the past 7 years? (If no military service, answer "NO.") 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. YES NO
11. Are you currently under charges for any violation of law? 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. YES NO
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? If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address. YES NO
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.) 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. YES NO

Declaration for Federal Employment*

Form Approved:
OMB No. 3206-0182

(*This form may also be used to assess fitness for federal contract employment)

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)

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

APPOINTMENT AFFIDAVITS

(Position to which Appointed)

(Date Appointed)

DOD

(Department or Agency)

DIA

(Bureau or Division)

(Place of Employment)

I, _____, do solemnly swear (or affirm) that--

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. So help me God.

B. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof.

C. AFFIDAVIT AS TO THE PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing this appointment.

(Signature of Appointee)

Subscribed and sworn (or affirmed) before me this ____ day of _____, 2____

at _____ (City) _____ (State)

(SEAL)

(Signature of Officer)

Commission expires _____
(If by a Notary Public, the date of his/her Commission should be shown)

(Title)

Note - If the appointee objects to the form of the oath on religious grounds, certain modifications may be permitted pursuant to the Religious Freedom Restoration Act. Please contact your agency's legal counsel for advice.

Designation of Beneficiary

Unpaid Compensation of Deceased Civilian Employee

Important:
Read all instructions before
filling in this form

A. Identification

Name (Last, first, middle)		Date of birth (mm, dd, yyyy)	Social Security Number
Department or agency in which presently employed (or former department or agency):			
Department or agency	Bureau	Division	Location (City, state and ZIP code)
DOD	DIA		

I, the employee named above, canceling any and all previous Designations of Beneficiary heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any **unpaid compensation** due and payable after my death. I understand that this Designation of Beneficiary relates solely to money due as defined in 5 U.S.C. 5581, 5582, 5583, and in no way will affect the disposition of any benefit which may become payable under the Retirement or Group Life Insurance Acts applicable to my Government service. I further understand that this Designation of Beneficiary will remain in full force and effect until (1) I expressly change or revoke it in writing, (2) I transfer to another agency, or (3) I am reemployed by the same or another department or agency of the Government.

B. Information Concerning The Beneficiaries (See Examples of Designations):

First name, middle initial, and last name of each beneficiary	Address (Including ZIP code) of each beneficiary	Relationship	Share to be paid to each beneficiary
Date of designation (mm, dd, yyyy)	Your signature	Total = %	

C. Witnesses (A witness is not eligible to receive payment as a beneficiary):

We, the undersigned, certify that this statement was signed in our presence.

Signature of witness	Number and street	City, state and ZIP code
Signature of witness	Number and street	City, state and ZIP code

Receiving agency certification

I have reviewed this designation and certify that the designated shares total 100% and that no witnesses are designated as beneficiaries.

Date received	Signature	Date

Type or print your return address to insure return

MAILING ADDRESS RECORD

Employee's Name (type or print)		Social Security Number
Duty Telephone	Office Symbol	Home Telephone
Street Address		
City and State		Zip Code
Signature		Date