

STATEMENT OF PRIOR FEDERAL SERVICE

To be Completed by Employee

Complete:

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	

*If you do not have prior Federal Service please write "N/A" in this section

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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

*If you do not have prior Federal Service please write "N/A" in this section

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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	

*If you do not have prior Federal Service please write "N/A" in this section

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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

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.

SIGN HERE

Signature _____ Date _____

SN 7516-104-4101

Previous Edition Usable

144-114

U.S. Government Printing Office: 1996 - 404-761/32401

ALL EMPLOYEES MUST FILL OUT THIS FORM EVEN IF YOU HAVE SUBMITTED A RESUME. ENTER YOUR TIME IN THE MILITARY OR WRITE SEE DD-214. IF NO PRIOR FEDERAL SERVICE WRITE N/A. DATES OF SERVICE DO NOT HAVE TO BE