Application for Federal Employment - SF 171

Read the instructions before you complete this application. Type or print clearly in dark ink.

Form Approved
OMB No. 3206-

GENERAL INFORMATION

1 What kind of job are you applying for?

2 Social Security Number

3 Sex ☐ Male ☐ Female

4 Birth date *(Month, Day, Year)*

5 Birthplace (*City and State or Country*)

6 Name (*Last, First, Middle*)

Mailing address (*include apartment number, if any)*

City State ZIP Code

7 Other names ever used (*e.g., maiden name, nickname, etc.*)

8 Home Phone
Area Code Number

9 Work Phone
Area Code Number Extension

10 Were you ever employed as a civilian by the Federal Government? If "NO", go to **Item 11.** If **"YES"**, mark each typeof job you held with an **"X"**.

☐ Temporary ☐ Career-Conditional ☐ Career ☐ Excepted

What is your **highest** grade, classification series and job title?

Dates at **highest** grade: FROM TO

DO NOT WRITE IN THIS AREA

FOR USE OF EXAMINING OFFICE ONLY

Date entered register

Form reviewed:
Form approved:

Option	Grade	Earned Rating	Veteran Preference	Augmented Rating
			☐ No Preference Claimed	
			☐ 5 Points *(Tentative)*	
			☐ 10 Pts. *(30% Or More Comp. Dis.*	
			☐ 10 Pts. *(Less Than 30% Comp. Dis.)*	
			☐ Other 10 Points	
			☐ Disallowed	☐ Being Investigated

FOR USE OF APPOINTING OFFICE ONLY

Preference has been verified through proof that the separation was under honorable conditions, and other proof as required.

☐ 5-Point ☐ 10-Point--30% or More *Compensable Disability* ☐ 10-Point-Less than 30% *Compensable Disability* ☐ 10-Point-Other

Signature and Title

Agency Date

AVAILABILITY

11 When can you start work? *(Month and Year)*

12 What is the **lowest** pay you will accept? *(You will not be considered for jobs which pay less than you indicate.*

Pay $ _____ per _____**OR** Grade _____

13 In what geographic area(s) are you willing to work?

14 Are you willing to work:	YES	NO
A. 40 hours per week (*full-time*)?		
B. 25-32 hours per week (part-time)?		
C. 17-24 hours per week (part-time)?		
D. 16 or fewer hours per week (part-time)?		
E. An intermittent job (on-call/seasonal)?		
F. Weekends, shifts, or rotating shifts?		
15 Are you willing to take a temporary job lasting:		
A. 5 to 12 months (sometimes longer)?		
B. 1 to 4 months?		
C. Less than 1 month?		
16 Are you willing to travel away from home for:		
A. 1 to 5 nights each month?		
B. 6 to 10 nights each month?		
C. 11 or more nights each month?		

MILITARY SERVICE AND VETERAN PREFERENCE

	YES	NO
17 Have you served in the United States Military Service? *If your only active duty was training in the Reserves or National Guard, answer "NO",* If **"NO**, go to item 22		
18 Did you or will you retire at or above the rank of major or lieutenant commander?		

MILITARY SERVICE AND VETERAN PREFERENCE (*Cont.*)

19 Were you discharged from the military service under honorable conditions? (*If your discharge was changed to "honorable" or "general" by a Discharge Review Board, answer "YES". If you received a clemency discharge, answer "NO".)*
If **"NO"**, provide below the date and type of discharge you received.

YES ☐

Discharge Date (Month, Day, Year)	**Type of Discharge**

20 List the dates (*Month, Day, Year*), and branch for all **active duty** military service.

FROM	**TO**	**BRANCH OF SERVICE**

21 if all your active military duty was after October 14, 1976, list the full names and dates all campaign badges or expeditionary medals you received or were entitled to receive.

22 **Read the instructions that came with this form before completing this item.** When you have determined your eligibility for veteran preference from the instructions, place an "X" in the box next to your veteran preference claim.

☐ **NO PREFERENCE**

☐ **5-POINT PREFERENCE** --You must show proof when you are hired.

10-POINT PREFERENCE--If you claim 10-point preference, place an "X" in the box below next to the basis for your claim. **To receive 10-point preference you must also complete a Standard Form 15, Application for 10-point Veteran Preference, which is available from any Federal Job Information Center. ATTACH THE COMPLETED SF 15 AND REQUESTED PROOF TO THIS APPLICATION.**

☐ Non-compensably disabled or Purple Heart recipient.

☐ Compensably disabled, less than 30 percent.

☐ Spouse, widow(er), or mother of a deceased or disabled veteran.

☐ Compensably disabled, 30 percent or more.