Note: Jane Doe does not have prior federal service.



# 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) |
|---|---|---|
| Doe, Jane | 123-45-6789 | 01/01/1980 |

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 | |
| N/A | | | | | | | |

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 |
| N/A | | | | | | | | | |

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 | |
| N/A | | | | | | | |

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 *Jane Doe* Date 09/09/2016

Note: Jane Doe has prior federal service that is not listed on her resume



# 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) |
|---|---|---|
| Doe, Jane | 123-45-6789 | 01/01/1980 |

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 | |
| FEMA | 2001 | 01 | 01 | 2003 | 12 | 31 | Intermittent |

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 | |
| US Air Force | 1992 | 01 | 01 | 1996 | 12 | 01 | Honorable |

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 *Jane Doe* Date 09/09/2016