# e-OIP Applicant Information

**Section 1: Applicant Information (To be completed by employee)**

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|---|---|
| First Name: | Jane |
| Middle Name (If none, write NMN): | A |
| Last Name: | Doe |
| Address: | 111 Main Street, Herndon, VA 20171 |
| Phone # | 703-555-1234 |
| Email Address: | jane.doe@email.com |
| Social Security Number: | 123-45-6789 |
| Birth date (mm/dd/yyyy): | 01/01/1980 |
| Place of Birth (City): | Atlanta |
| Place of Birth (State): | GA |
| Place of Birth (Foreign Country): | USA |
| Prior Investigation/Clearance by another Federal Agency: | None |

**Section 2: Position Information (To be completed by employer/HR Specialist)**

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|---|---|
| Assigned Office: | |
| Position Type (Temp, Term, Cadre, Perm): | |
| Position Title: | |
| Nature of Action code: | |
| Effective Date: | |
| Duty Station Code: | |
| Human Resources Specialist Completing Form: | |