

DESCRIPTIVE TITLE	COMPLETION DATE	GRADE	CREDIT HOURS			DESCRIPTIVE TITLE	COMPLETION DATE	GRADE	CREDIT HOURS
			SEM.	QTR.	CLASS ROOM				SEM.
<b>TOTAL</b>						<b>TOTAL</b>			

**PART II – PRIVACY ACT STATEMENT AND CERTIFICATION**

of Personnel Management is authorized by section 1302 of Chapter 13 (Special Authority) and sections 3301 and 3304 of Chapter 33 (Examination) of Title 5 of the U.S. Code to collect the information on this form.

Order 9397 (Numbering System for Federal Accounts Relating to Individual Persons) authorizes the collection of your Social Security Number (SSN) on this form to identify this form with your basic application. It may be used for the same purposes as stated on the application.

The information you provide will be used primarily to determine your qualifications for Federal employment. Other possible uses or disclosures of the information you provide include: requests for information about you from any source; (e.g., former employers or schools), that would assist an agency in determining whether to hire you; your application to prospective Federal employers and, with your consent, to others (e.g., State and local governments) for possible employment; and, your application to Federal, State, or local agency for checking on violations of law or other lawful purposes in connection with hiring or retaining you on the job, or issuing a subpoena.

Information you provide may be used in court proceedings when the Government is party to a suit; and information you provide may be lawfully required by Congress, the Office of Management and Budget, or the General Services Administration.

The information requested on this form, including your SSN, is voluntary. However, failure to do so may result in your not receiving an accurate assessment of your chances for obtaining Federal employment.

**BURDEN INFORMATION**

The burden of reporting for this collection of information is estimated to take approximately 40 minutes per response, including time for reviewing instructions, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing this burden to Reports and Forms Management Officer, U.S. Office of Management and Budget, Paperwork Reduction Project (0330-0047), 1900 E Street, N.W., Room CHP 500 Washington, D.C. 20415; and to the Office of Management and Budget, Paperwork Reduction Project (0330-0047), D.C. 20503.

**ATTENTION – THIS STATEMENT MUST BE SIGNED**

Read the following paragraph carefully before signing this Statement

A false answer to any question in this Statement may be grounds for not employing you, or for dismissing you after you begin work, and may be punishable by fine or imprisonment (U.S. Code, Title 18, Sec. 1001). All statements are subject to investigation, including a check of your fingerprints, police records, and former employers. All the information you give will be considered in reviewing your Statement and in making a decision on whether to employ you.

<b>CERTIFICATION</b> I certify that all of the statements made in this Statement are true, correct, and complete to the best of my knowledge and belief, and were made in good faith.	Signature ( <i>Sign in ink</i> )	Date Signed
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**COMPLETE PART III ON THE NEXT PAGE IF YOU**