



EMPLOYMENT APPLICATION FOR LOCALLY EMPLOYED STAFF OR FAMILY MEMBER

POSITION					
Vacancy Announcement Number		Position Title			
SECTION 1: PERSONAL INFORMATION	TO BE COMPLE	TED BY AL	L APPLICA	ANTS	
Name (Last, First or Given Name)					
Other Names Used					
Address					
Email	Telephone Number				
Does your relative work in this Embassy or Consulate	? If yes, tell us their na	ime and the se	ection where th	iey work.	
Are you able to legally work in this country? (U.S. Government does not sponsor work visas unless		No ancy Announce	ement.)		
If this job includes driving a U.S. Government vehicle,	do you have a current	and valid drive	er's license?	Yes	No
SECTION 2: EDUCATION					
High School/Secondary Education (Name, City)	Dates Attended (mm-yyyy) From To				
Trade/Technical (Name, City)	Dates Attended	Did yo		rtificate/Diploma	Major Subject
(Name, Oily)	(mm-yyyy)	<u> </u>			
	From		'es		
	To		lo		
Undergraduate/Bachelor's Degree (Name, City)	Dates Attended (mm-yyyy)	Did yo gradua		egree/Diploma	Major Subject
, ,	From		'es		
	_		lo		
	To				
Graduate Degree (Name, City)	Dates Attended (mm-yyyy)	Did yo gradua		egree/Diploma	Major Subject
	From		'es		
	То		lo		
SECTION 3: LANGUAGES			10		
Languages					
Basic - Examples: Basic greetings, phrases, r	numbers and signs				
2 Limited - Examples: Directions, simple questi	ons				
3 Good working knowledge - Examples: Conv 4 Fluent - Examples: Infer nuanced meaning from the state of the			olex document	ts	
5 Translator - Examples: Certified professional					
Language	Speaking (Pro	vide level)	Reading (Pr	rovide level)	Writing (Provide level)

SECTION 4: W	SECTION 4: WORK EXPERIENCE					
Paid and Voluntary - Please begin by listing your most current work experience and go back 10 years (or longer, if relevant for the job.)						
Job Title						
From (mm-yyyy)	To (mm-yyyy)	Yearly S	Salary (Local currency) Hours per Week			
Employer Name, A	ddress and Phone N	umber				
Supervisory Respo	upervisory Responsibilities? Supervisor Name Yes No					
Main Duties and Re						
Reason for leaving						
Job Title						
From (mm-yyyy)	То (тт-уууу)	Yearly S	Yearly Salary (Local currency) Hours per Week			
Employer Name, A	ddress and Phone N	lumber				
Supervisory Respo	Supervisory Responsibilities? Supervisor Name No					
Main Duties and Re	esponsibilities					
Reason for leaving						
Job Title						
From (mm-yyyy)	To (mm-yyyy)	Yearly Salary (Local currency) Hours per Week		Hours per Week		
Employer Name, Address and Phone Number						
Supervisory Responsibilities? Supervisor Name No						
Main Duties and Responsibilities						
Reason for leaving						

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SECTION 4: WORK EXPERIENCE (Continued)					
Job Title					
From (mm-yyyy)	To (mm-yyyy)	Yearly Sa	alary (Local currency)	Hours per Week	
Employer Name, A	ddress and Phone N	umber			
Supervisory Respo	Supervisory Responsibilities? Supervisor Name No				
Main Duties and Responsibilities					
Reason for leaving					
SECTION 5: CI	TIZENSHIP				
•	(not TDY) to this U.S ection 6.		r approved OF-126 (or other agency equivaler and under Chief of Mission authority, or to an o	nt) of a direct hire FS, CS or uniformed service of the American Institute in Taiwan?	
	_	-	Reserve Corps (FSFRC). (SF-50 required)		
I am a prefere	nce eligible U.S. Vete	eran. I ha v	ve not invoked my preference at this Post. (DD	214 required)	
I am a prefere	nce eligible U.S. Vete	eran. I hav	re invoked my preference at this Post. I have w	orked in (enter Agency/job)	
I am Foreign S	Service on Leave Wit	hout Pay ((LWOP).		
I am Civil Service on LWOP with Bureau-specific reemployment rights.					
SECTION 6: DI	ECLARATION				
I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete, and made in good faith. I understand that false or fraudulent information on or attached to this application may be grounds for not hiring me, or for separation/dismissal after I begin work, and may be punishable by fine or imprisonment according to this country's law or U.S. law. I understand that any information I voluntarily provide on or attached to this application may be investigated.					
PRIVACY AND PAPERWORK REDUCTION ACT STATEMENTS (For U.S. Citizens and Legal Permanent Residents of the U.S.)					
AUTHORITIES The information is sought pursuant to The Foreign Service Act of 1980, as amended, and 22 U.S.C. 2669(c). Your social security number (SSN) maybe used to confirm the identity and employment eligibility of the individual, pursuant to Executive Order 9397, as amended.					
PURPOSE The information solicited on this form will be used to establish your eligibility and qualifications for job vacancies at U.S. Missions.					
ROUTINE USES The information may be shared with other federal agencies to the extent relevant and necessary for that agency to make employment decisions and to a Congressional Office in response to your written request. More information on Routine Uses can be found in System of Records Notices State-31, Human Resource Records, and OPM/GOVT-5, Recruiting, Examining, and Placement Records.					
DISCLOSURE Disclosure of this information, including your social security number, is voluntary. Failure to provide the requested information may result in your application not receiving full consideration or being delayed for consideration.					
BURDEN Public reporting burden for this collection of information is estimated to average one (1) hour per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: HR/OE, SA-22, 1800 G Street, NW, Washington, DC 20006.					
		E	QUAL OPPORTUNITY EMPLO	YER	
•			equitable treatment in employment to all people with etic information, or sexual orientation.	out regard to race, color, religion, sex, national origin, age,	

The EEO complaint procedure is not available to individuals who believe they have been denied equal opportunity based upon marital status or political affiliation. Individuals with such complaints should avail themselves of the appropriate grievance procedures, remedies for prohibited personnel practices, and/or courts for relief.

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EMPLOYMENT APPLICATION FOR LOCALLY EMPLOYED STAFF OR FAMILY MEMBER INSTRUCTIONS

SECTION 1 - PERSONAL INFORMATION

Name - Last Name, First Name

Other names used - All other names used, including nicknames

Address - Current mailing address, including apartment number, building number, or mailing code

Email - Complete email address. (IMPORTANT: Most correspondence will be via email.)

Phone Number - Cellphone, mobile or landline

Does your relative work in this Embassy or Consulate?

Relative is a husband, wife, domestic partner, member of household, father, father-in-law, stepfather, mother, mother-in-law, stepmother, son, son-in-law, stepson, daughter, daughter-in-law, stepdaughter, brother, brother-in-law, half-brother, sister-in-law, half-sister, uncle, aunt, first cousin, nephew, or niece.

SECTION 2 - EDUCATION

Enter all that apply. You may be asked to provide a copy of your diploma or certification at the interview phase, or if asked by HR.

SECTION 3 - LANGUAGES

The Mission assesses the language proficiency using the following standards:

- 1 Basic Examples: I can use basic greetings and phrases; I can read numbers and signs.
- 2 Limited Examples: I can give basic directions, simple questions
- 3 Good working knowledge Examples: Conversations about familiar topics, complex documents
- 4 Fluent Examples: Infer nuanced meaning from complex documents
- 5 Translator Examples: Certified professional translator in this language

List language proficiency and identify the level for Speaking, Reading and Writing for each. The Vacancy Announcement states whether these languages will or may be tested.

Language	Speaking (Provide level)	Reading (Provide level)	Writing (Provide level)
English	4 Fluent	4 Fluent	4 Fluent
Italian	2 Limited	1 Basic	1 Basic

SECTION 4 - WORK EXPERIENCE

Paid and Voluntary - Start with current experience and go back 10 years or longer, if relevant to this job.

Please complete all required information to the best of your knowledge. You must provide the month and year of your employment. If you need additional space, please attach additional pages to your application.

Job Title

From (mm-yyyy)	To (mm-yyyy)	Yearly Salary (Local currency)		Hours per Week			
Employer Name, Address and Phone Number							
Supervisory Respon	nsibilities?	Su	Supervisor Name				
Main Duties and Responsibilities							
Reason for leaving							

SECTION 5 - FOR U.S. CITIZENS ONLY

Select all that apply and include the required documents (as stated) with the application. Additional documents may be requested by HR at the interview phase.

SECTION 6 - DECLARATION

All applicants must read the declaration and mark their agreement to proceed with the application.