

APPLICATION FORM FOR EMPLOYMENT WITH THE U.S. MISSION, MUMBAI, INDIA

NAME IN FULL (Last) (First) (Middle)			JOB TITLE IN ANNOUNCEMENT						
SEX Male : Female:			ANNOUNCEMENT NO.						
PRESENT ADDRESS			DATE OF BIRTH (Month, Day, Year)						
			PLACE OF BIRTH (City, Country)						
			CITIZENSHIP						
TELEPHONE NO.									
NAMES AND LOCATION OF EDUCATIONAL INSTITUTIONS ATTENDED		DATES		DEGREE		MAJOR SUBJECTS			
		From	To						
COMPUTER EXPERIENCE:									
SPECIAL QUALIFICATIONS AND SKILLS: List any special skills you possess, i.e. machines, equipment.									
TYPING SKILLS _____ WPM				LICENSES/CERTIFICATION:					
LANGUAGE PROFICIENCY (Level of competence) Level I : Rudimentary Level III : Good Working Knowledge Level V : Interpreter Level II : Limited Knowledge Level IV : Fluency									
Language		Speak		Read		Write		Understand	

EMPLOYMENT: Your previous 5 positions of employment.
May we approach your present employer?

Yes

No

Dates of Employment From: To:		Title of Position	Duties
		Salary (Per Year)	
Name and Address of Employer			
Name, Title and phone number of Immediate Supervisor			
Reason for Leaving			
Dates of Employment From: To:		Title of Position	Duties
		Salary (Per Year)	
Name and Address of Employer			
Name, Title and phone number of Immediate Supervisor			
Reason for Leaving			

Dates of Employment From: To:	Title of Position Salary (Per Year)	Duties
Name and Address of Employer		
Name, Title and phone number of Immediate Supervisor		
Reason for Leaving		
Dates of Employment From: To:	Title of Position Salary (Per Year)	Duties
Name and Address of Employer		
Name, Title and phone number of Immediate Supervisor		
Reason for Leaving		
Dates of Employment From: To:	Title of Position Salary (Per Year)	Duties
Name and Address of Employer		
Name, Title and phone number of Immediate Supervisor		
Reason for Leaving		

REMARKS

LIST ANY RELATIVES OR FAMILY MEMBERS EMPLOYED BY THE U.S. MISSION

Name	Section	Relationship

CERTIFICATION

Before signing this form make sure you have answered all questions fully and completely. A false statement on this form is cause for disqualification/dismissal.

I do solemnly affirm that the information contained herein is correct to the best of my knowledge and belief.

SIGNATURE

DATE