

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

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

**EMPLOYMENT : Your previous 5 positions of employment**

May we approach your present employer?

Yes       No

<b>Dates of Employment</b> From: To:	<b>Title of Position</b>  <b>Salary (per year)</b>	<b>Duties</b>
<b>Name and Address of Employer</b>		
<b>Name, Title and phone number of immediate supervisor</b>		
<b>Reason for Leaving</b>		

<b>Dates of Employment</b> From: To:	<b>Title of Position</b>  <b>Salary (per year)</b>	<b>Duties</b>
<b>Name and Address of Employer</b>		
<b>Name, Title and phone number of immediate supervisor</b>		
<b>Reason for Leaving</b>		

<b>Dates of Employment</b> From: To:	<b>Title of Position</b>	<b>Duties</b>
	<b>Salary (per year)</b>	
<b>Name and Address of Employer</b>		
<b>Name, Title and phone number of immediate supervisor</b>		
<b>Reason for Leaving</b>		

<b>Dates of Employment</b> From: To:	<b>Title of Position</b>	<b>Duties</b>
	<b>Salary (per year)</b>	
<b>Name and Address of Employer</b>		
<b>Name, Title and phone number of immediate supervisor</b>		
<b>Reason for Leaving</b>		

<b>Dates of Employment</b> From: To:	<b>Title of Position</b>	<b>Duties</b>
	<b>Salary (per year)</b>	
<b>Name and Address of Employer</b>		

**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