

EMPLOYEE SUPPLEMENTAL QUALIFICATIONS STATEMENT

PRIVACY ACT NOTICE

The information requested is voluntary and is solicited under authority of 5 U.S.C. 3302 as promulgated by E.O. 10577, Rule VII, Section 7.1. This form will be the *primary source document* used to evaluate your qualifications and to rate and rank you for a specific position. If you decline to provide the information requested, it may not be possible to evaluate your qualifications fully.

NAME (<i>First, middle, last</i>)	PRESENT POSITION (<i>Title, grade, division/service</i>)	
	POSITION APPLIED FOR (<i>Title and grade</i>)	ANNOUNCEMENT NO.

NOTE TO CANDIDATE

This form will be used as the *primary source document* for determining basic qualifications and for rating and ranking purposes. The information you gave on this form will be a main source for evaluating your qualifications and for determining how many points you receive in the rating and ranking process. Be sure to give complete and accurate information. If you don't furnish the information or your information is incomplete or inaccurate, it may not be possible to determine your qualifications or to give you full credit under the rating procedures. Additional guidance in completing this form is available from the Personnel Office, upon request.

INSTRUCTIONS

CANDIDATE - The rating factors or job elements listed below are those which will be used for this job. You should, therefore, describe in detail your experience, education, training, awards and other activities that demonstrate your possession of the rating factor(s) (KSAO's) or job element(s). Also, indicate with each response; (1) the document (SF 171, award, performance requirement, etc.); (2) the location of the document (official Personnel Folder (OPF), etc.); and (3) the past activity or employment (e.g., ABC Company, Washington, DC; from November 1975 to March 1978) which will support your response.

PERSONNEL - This form may be used for VA jobs by listing the specific rating factor(s) consisting of *knowledge, skills, abilities, or other characteristics (KSAO's)* or job elements, in the space below. The method of response desired for each rating factor (narrative, specific questions, check lists, fill in the blanks, etc.) should be clearly indicated.

RATING FACTORS AND APPLICANT'S RESPONSE (*If additional space is needed, then use blank page attached*)

After completing this form, read it over carefully to make sure you have answered all questions and/or completed all items, your name is on all pages, and you have signed your name below. Since this form will be used as the primary source document in evaluating your qualifications, be sure that you have completed it as thoroughly and accurately as possible.

CERTIFICATION

I CERTIFY that all statements and information furnished in this Statement are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that statements or information furnished on this form are subject to verification and I agree to furnish supporting documents or information when so requested and/or names, addresses and

phone numbers (if known) of officials or other individuals who can substantiate the qualifications described above. I also understand that intentional misstatements or falsification may result in disciplinary action.

SIGNATURE OF APPLICANT

DATE

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