QUESTIONAIRE/CHECKLIST (please fill out completely)

RPA #_____ Incentive RPA #_____ **EOD:** _____

NAME: _____ **SSN**:_____ **DATE OF BIRTH**:_____/_____/_____
MM/DD/YYYY

CURRENT ADDRESS:_____ _____

PLACE OF BIRTH: _____**COUNTRY OF BIRTH**: _____
CITY **STATE** (NAURALIZATION CERTIFICATE #_____)

1. CIVIL SERVICE:

1A) HAVE YOU EVER WORKED FOR CIVIL SERVICE? ☐YES ☐NO (IF "NO", SKIP TO # 2)

1B) TYPE OF CIVIL SERVICE: ☐ GENERAL SCHEDULE/WAGE GRADE ☐ NAFI ☐ TEMPORARY
☐ POSTAL SERVICE ☐ OTHER

1C) DATE OF SEPARATION FROM LAST COMMAND: _____/_____/_____(DD/MM/YYYY)

1D) NAME AND LOCATION OF LAST COMMAND: _____ (**PLEASE SUPPLY LAST SF50**)

1E) HAVE YOU EVER BEEN COVERED BY A GOV'T RETIRMENT PLAN? ☐CSR ☐FERS ☐OTHER

1F) WERE YOU EVER UNDER TSP? ☐NO ☐YES

1G) DO YOU NOW HAVE A TSP LOAN? ☐NO ☐YES (IF "YES" SEE TSP – 19 WHEN REPORTING)

2. MILITARY SERVICE:

2A) DID YOU SERVE IN THE US ARMED SERVICE? ☐ NO (IF "NO", SKIP TO #3)
☐YES (IF YES, THEN ____/___/_____ - DD214 REQUIRED **SHOWING DISCHARGE**
date of discharge (DD/MM/YY)

2B) TYPE OF DISCHARGE : ☐ HONORABLE ☐ OTHER THAN HONORABLE

2C) ARE YOU IN THE RESERVES OR HAVE POSSIBILITY OF RECALL? ☐ NO ☐ YES

2D) DID YOU RETIRE FROM THE MILITARY? ☐ NO (IF "NO", SKIP TO # 3) ☐ YES

2E) DATE RETIRED: ____/____/____(MM/DD/YY)

2F) BRANCH OF SERVICE: _____

2G) RANK AT RETIREMENT:_____

3. EDUCATION:

3A) GRADUATED HIGH SCHOOL: ☐ YES ☐ NO

3B) DID YOU ATTEND: ☐ COLLEGE ☐ JR. COLLEGE ☐ TRADE SCHOOL (IF YOU DID NOT ATTEND, SKIP TO #4)

3C) NAME OF INSTITUTION: _____ADDRESS:_____

3D) MAJOR FIELD OF STUDY:_____

3E) NUMBER OF HOURS OF CREDIT EARNED: _____ ☐ SEMESTER ☐ QUARTER

3F) DID YOU RECEIVE A DEGREE: ☐ YES ☐ NO

3G) TYPE OF DEGREE: ☐ ASSOCIATES ☐ BACHELORS ☐ MASTERS ☐ DOCTORATE

3H) YEAR OF DEGREE:_____

IF AN ITEM IN 3B IS CHECKED, YOU MUST PROVIDE THE INFORMATON REQUESTED IN ITEMS 3C THROUGH 3H.
IF COMPLETE INFRORMATION IS **NOT** PROVIDED, EMPLOYEE EDUCATION WILL BE CODED AT THE HIGH SCHOOL GRADUATE LEVEL

4 HANDICAP STATUS? ☐ NO, I DO NOT HAVE A HANDICAP ☐ YES (SEE FORM #256 WHEN REPORTING)

I CERTIFY THAT THE INFORMATION ABOVE IS TRUE AND
COMPLETE TO THE BEST OF MY KNOWLEDGE: _____ **(SIGNATURE OF APPLICANT)**

FOR HRO USE ONLY _____

SEX ☐MALE ☐FEMALE

RACE: ☐AMERICAN INDIAN/ALASKAN NATIVE ☐ASIAN OR PACIFIC ISLANDER ☐HISPANIC
☐BLACK (NOT OF HISPANIC ORIGIN) ☐WHITE (NOT OF HISPANIC ORIGIN)

PUERTO RICO CATEGORIES: ☐ HISPANIC ☐ NOT HISPANIC IN PUERTO RICO

DOCUMENT CHECKLIST:

☐ OF-306 (DECLARATION OF PRIOR FEDERAL SERVICE)
☐ SF-144 (STATEMENT OF PRIOR FEDERAL SERVICE)
☐ SF-181 (RACE & NATIONAL ORIGIN)
☐ RESERVE STATUS ID FORM
☐ I-9 EMPLOYMENT VERIFICATION FORM
☐ SF-75 (IF APPLICABLE)
☐ TSP – 19
☐ SF-256 (SELF-ID OF HANDICAP)
☐ DD-214 (SEP/ACTIVE DUTY)
☐ SF-813 (MILITARY RETIREES ONLY)
☐ SF-61 (APPOINTMENT AFFADAVIT)
☐ WELFARE TO WORK FORM
☐ OTHER _____

SECURITY FORMS: ☐ SF–85/86/86P (SECURITY CLEARANCE FORM) ☐ SF-87 (FINGERPRINT CARD)

I CERTIFY THAT THE ABOVE DOCUMENTS WERE RECEIVED, VERIFIED AND COMPLETED:

_____//_____//_____
(SIGNATURE OF HRO REPRESENTATIVE) **(PRINTED NAME)** **(PHONE NUMBER)**