

## FEDERAL RESUME APPLICATION

GENERAL INFORMATION		
Name (First and Last)	Telephone:  _____	Do you have driver's License? <input type="checkbox"/> No <input type="checkbox"/> Yes
Home Address (Street, City, State, and Zip Code)	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work  <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
	Email	

US CITIZEN	AGE REQUIREMENTS
<input type="checkbox"/> No <input type="checkbox"/> Yes	Are you at least age 18 or older OR will be 18 by the time I am available for work? <input type="checkbox"/> No <input type="checkbox"/> Yes
INDIAN PREFERENCE	Maximum Entry Age (MEA). This is a primary firefighter position under the special retirement provisions of 5 U.S.C. 8336(c) (CSRS) and 5 U.S.C. 8412(d) (FERS). Have you reach the age of 37? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes and you are not a Veteran, proof of prior covered service must be submitted prior to employment. Acceptable proof consists of SF-50s showing beginning and ending dates of covered/creditable appointments and copies of approved letters based on individual claims.
<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, submit Form BIA-4432 Verification of Indian Preference for Employment	
VETERAN'S PREFERENCE	
<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, submit a copy of your DD-214 or other proof of eligibility.	

**JOB PREFERENCES (Circle all that applies)**

Job Type:  Permanent  Temporary

Work Schedule:  Fulltime (year-round)  Seasonal (6-9 months a year)

Bureau:  Fish and Wildlife  National Park Service  Bureau of Indian Affairs  Bureau of Land Management

Locations:

**WORK EXPERIENCE**

Employer's Name and Address (include Zip Code, if known)	Dates		Salary	Avg Hrs/Week	<input type="checkbox"/> If Federal employment list series, grade or rank,
	From	To			
Exact Title of you job	Immediate Supervisor Name		Work Telephone		
Description of Work:					
Employer's Name and Address (include Zip Code, if known)	Dates		Salary	Avg Hrs/Week	<input type="checkbox"/> If Federal employment list series, grade or rank,
	From	To			
Exact Title of you job	Immediate Supervisor Name		Work Telephone		
Description of Work:					

## FEDERAL RESUME APPLICATION

WORK EXPERIENCE (CONT)					
Employer's Name and Address (include Zip Code, if known)	Dates		Salary	Avg Hrs/Week	<input type="checkbox"/> If Federal employment list series, grade or rank,
	From	To			
Exact Title of you job	Immediate Supervisor Name		Work Telephone		
Description of Work:					

EDUCATION					
High School/Equivalent Name, City and State	Dates		Credit Hours	GPA	Degree Type
	From	To			
College or University Name, City and State	Dates		Credit Hours	GPA	Degree Type
	From	To			

FIRE TRAINING AND CERTIFICATIONS

THREE PERSONAL REFERENCES		
Name and Telephone     _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Name and Telephone     _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Name and Telephone     _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work

I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date