

USE TYPEWRITER. SIGN IN BLACK INK. ATTACHMENTS ARE NOT AUTHORIZED

Privacy act statement: Title 5 of the US Code, sections 1302, 3304, is the authority for gathering employment data. The principal purpose of this form is to collect information needed to determine qualifications for position change (*reassignment, promotion, etc.*) It is in your best interest to furnish all necessary information to receive appropriate credit, although it is not mandatory to do so. Disclosure of your SSN is mandatory to obtain the services, benefits, or processes that you are seeking and is authorized by E.O. 9397. The SSN is used as an identifier throughout the period your application is valid. The use of SSN is made necessary due to the large number of applicants who have identical names and birth dates. The information gathered through the use of the SSN will be used only when necessary in personnel administration processes carried out in accordance with established regulations and published notices of systems of records.

NAME (<i>Last, First, MI</i>)	DSN NUMBER	SOCIAL SECURITY NUMBER	CAREER PROGRAM CODE
EMPLOYING OFFICE ADDRESS (<i>Include office symbol and ZIP Code</i>)		COMMERCIAL NO. AND AREA CODE	POI
		MACOM	NAME (<i>Last, First, MI</i>) OF IMMEDIATE SUPERVISOR
MESSAGE ADDRESS AND OFFICE SYMBOL	DSN AND COMMERCIAL NO. OF IMMEDIATE SUPERVISOR		DATE

PART I - EXPERIENCE

Describe present and previous positions held in government, industry, or military service. Start with PRESENT position and work back. List separately those positions characterized by differences in grade or in major duties, or in employing office. Include significant temporary promotion or detail for periods over 30 days (*clearly identify as such in experience block used*). In space provided for block 5, identify and summarize additional periods of relevant career field related experience. If needed, additional experience blocks are provided on DA Form 2302-1-R (*Continuation Sheet*).

1	FROM (<i>Mo - Yr</i>)	TO (<i>Mo - Yr</i>) PRESENT	SERIES	GRADE	POSITION TITLE	ORGANIZATIONAL TITLE (<i>If Supervisor</i>)
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DESCRIPTION OF WORK

2	FROM (<i>Mo - Yr</i>)	TO (<i>Mo - Yr</i>)	SERIES	GRADE	POSITION TITLE	EMPLOYING OFFICE AND LOCATION
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DESCRIPTION OF WORK

3	FROM (<i>Mo - Yr</i>)	TO (<i>Mo - Yr</i>)	SERIES	GRADE	POSITION TITLE	EMPLOYING OFFICE AND LOCATION
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DESCRIPTION OF WORK

4	FROM (<i>Mo - Yr</i>)	TO (<i>Mo - Yr</i>)	SERIES	GRADE	POSITION TITLE	EMPLOYING OFFICE AND LOCATION
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DESCRIPTION OF WORK

NAME (Last, First, M I)	SOCIAL SECURITY NUMBER	DATE
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PART I - EXPERIENCE (Continued)

5	FROM (Mo - Yr)	TO (Mo - Yr)	SERIES	GRADE	POSITION TITLE	EMPLOYING OFFICE AND LOCATION
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DESCRIPTION OF WORK

PART II - EDUCATION (Show only formal education beyond high school)

FROM (Mo - Yr)	TO (Mo - Yr)	HOURS		DEGREE	MAJOR	SCHOOL AND LOCATION (City and State)
		SEM	QTR			

PART III - TRAINING, SELF DEVELOPMENT, SKILLS, AND ACCOMPLISHMENTS (Include Army sponsored courses)

FROM (Mo - Yr)	TO (Mo - Yr)	DAYS	DESCRIPTION	LOCATION (City and State)

PART IV - AWARDS AND RECOGNITION

FROM (Mo - Yr)	TO (Mo - Yr)	KIND OF AWARD OR NATURE OF ACHIEVEMENT	AWARDING AGENCY (City and State)

STATEMENT OF EMPLOYEE

THE INFORMATION I HAVE FURNISHED ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND HAS BEEN SUBMITTED IN GOOD FAITH.

DATE

SIGNATURE OF EMPLOYEE