Form Approved
OMB No. 3206-0040
Expires: 01/31/2013

U.S Office of Personnel Management
Occupational Questionnaire – OPM Form 1203-FX

Instructions:

The Occupational Questionnaire OPM Form 1203-FX is a scan form to be used by applicants when applying for employment. This cover sheet provides the instructions for completing the OPM Form 1203-FX as well as information on the Privacy Act and Public Burden Statements. The scan form itself consists of 6 pages. When submitting the completed 1203-FX, ***do not*** include this cover page.

Follow the instructions in the job announcement to complete the attached form. To ensure accuracy:

- PRINT characters in block style as shown in the examples below.
- PRINT your responses in the boxes, lines and/or blacken in the appropriate circles.
- Do not write outside the boxes.
- Use black ink.

You may obtain an electronic copy of this form at www.opm.gov/forms.

Privacy Act Statement

The U.S. Office of Personnel Management (OPM) and other Federal agencies rate applicants for Federal jobs under the authority of sections 1104, 1302, 3301, 3304, 3320, 3361, 3393, and 3394 of title 5 of the United States Code. Section 1104 of title 5 allows the OPM to authorize other Federal agencies to rate applicants for Federal jobs. We need the information you provide in this form to determine how well your education and work skills qualify you for a Federal job. We also need information on matters such as citizenship and military service to determine whether you are affected by laws we must follow in deciding who may be employed by the Federal government.

We request your Social Security Number (SSN) under the authority of Executive Order 9397 and Public Law 104-134. Giving us your SSN or any of the other information is voluntary. However, we cannot process your application, which is the first step toward getting a job, if you do not give us the information we request.

Public Burden Statement

We estimate the public reporting burden for this collection is 45 minutes, including time for reviewing instructions, searching existing data sources, gathering data, and completing and reviewing the information. Send comments regarding the burden statement or any other aspect of the collection of information, including suggestions for reducing this burden to: U.S. Office of Personnel Management (OPM), Automated Systems Management Group, Occupational Questionnaire (3206-0040), Washington, DC 20415-7900. The OMB number, 3206-0040, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.
Do not send completed application forms to this address. Follow directions provided in the job announcement(s).

Form Approved
OMB No. 3206-0040

U.S. Office of Personnel Management
Occupational Questionnaire - OPM Form 1203-FX

Draft

Please complete the Social Security Number (SSN) and Vacancy Identification Number fields on each page of this application form. If this information is not completed, we cannot process your application. SSN is collected under the authority the Privacy Act, which can be reviewed along with the Public Burden Statement on the cover page of this form. You must return all 6 pages.

Social Security Number ___ - __ - ____

Vacancy Identification Number _____ (For example, AB123456)

Follow the instructions in the job announcement. To ensure accuracy:

- PRINT characters in block style as shown in the examples below.
- PRINT your responses in the boxes and/or blacken in the appropriate circles.
- Do not write outside the boxes.
- Use black ink.

You may obtain an electronic copy of this form at www.opm.gov/forms.

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

0 1 2 3 4 5 6 7 8 9

Shade circle like this: ●
Not like this: ⊗ ⊘

1. **Print title of job applying for** _____

2. **Biographic Data**

A. First Name

B. Middle Initial

C. Last Name

D. Street Address (house number, street, apartment number, where you want to receive mail)

E. City

F. State Use Standard State Postal Codes (abbreviations). If outside the United States of America, and you do not have a military address, print "OV" in State and fill in Country, leaving Zip Code blank.

G. Zip Code **+ 4 (optional)**

H. Country

I. Telephone Number

J. Contact Time

○ Day ○ Night ○ Either

Use numbers only - no punctuation or spaces. Include area code if within the United States of America.

3. **E-Mail Address (print your complete e-mail address):**

_____

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Vacancy Identification Number _____ (For example, AB123456)

4. Work Information (if applicable)

A. Place of Employment

B. Work Address

C. City

D. State

Use Standard State Postal Codes (abbreviations). If outside the United States of America, and you do not have a military address, print "OV" in State and fill in Country, leaving Zip Code blank.

Zip Code _____ **+ 4 (optional)** - ____

F. Country

G. Telephone Number

Extension (if applicable)

Use numbers only - no punctuation or spaces. Include area code if within the United States of America.

5. Employment Availability - Are you available for:

	Y	N
A. Full-time employment		
- 40 hours per week?	○	○
B. Part-time employment of		
- 16 or fewer hrs/week?	○	○
- 17 to 24 hrs/week?	○	○
- 25 to 32 hrs/week?	○	○
C. Temporary employment lasting		
- less than 1 month?	○	○
- 1 to 4 months?	○	○
- 5 to 12 months?	○	○
D. Jobs requiring travel away from home for		
- 1 to 5 nights/month?	○	○
- 6 to 10 nights/month?	○	○
- 11 plus	○	○

E. Other employment questions (see instructions)

	Y	N		Y	N
Question 1.	○	○	Question 4.	○	○
Question 2.	○	○	Question 5.	○	○
Question 3.	○	○	Question 6.	○	○

6. Citizenship

Are you a citizen of the United States of America?

○ Yes ○ No

7. Background Information

(see job announcement instructions)

	Y	N		Y	N
Question 1.	○	○	Question 4.	○	○
Question 2.	○	○	Question 5.	○	○
Question 3.	○	○	Question 6.	○	○

8. Other Information

(see job announcement instructions)

A. Gender ○ Male ○ Female

B. Date of Birth (mm/dd/yyyy) __ / __ / ____

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9. **Languages** (see job announcement instructions)

10. **Lowest Grade**

11. **Miscellaneous Information**

12. **Special Knowledge**

13. **Test Location**

14. **Veterans' Preference**

○ No Preference Claimed

○ 5 Points Preference Claimed

10 Point Preference - You must submit a completed Standard Form 15, Application for 10-Point Veterans' Preference.

○ 10 Points Preference Claimed
(award of a Purple Heart or service-connected disability of less than 10%)

○ 10 Points Compensable Disability Preference Claimed
(disability rating of at least 10% and less than 30%)

○ 10 Points Other
(spouse, widow, widower, mother preference claimed)

○ 10 Points Compensable Disability Preference Claimed
(disability rating of 30% or more)

When entering dates in the following fields, please use the format: mm/dd/yyyy

15. **Dates of Active Duty - Military Service**
(skip if no veterans' preference is claimed in block 14)

From: __ / __ / ____

To: __ / __ / ____

16. **Availability Date** __ / __ / ____

17. **Service Computation Date** __ / __ / ____

18. **Other Date** __ / __ / ____

19. **Job Preference** (see job announcement instructions)

1 ○	**6** ○	**11** ○	**16** ○	**21** ○	**26** ○	**31** ○	**36** ○	**41** ○	**46** ○	**51** ○	**56** ○	**61** ○	**66** ○
2 ○	**7** ○	**12** ○	**17** ○	**22** ○	**27** ○	**32** ○	**37** ○	**42** ○	**47** ○	**52** ○	**57** ○	**62** ○	**67** ○
3 ○	**8** ○	**13** ○	**18** ○	**23** ○	**28** ○	**33** ○	**38** ○	**43** ○	**48** ○	**53** ○	**58** ○	**63** ○	**68** ○
4 ○	**9** ○	**14** ○	**19** ○	**24** ○	**29** ○	**34** ○	**39** ○	**44** ○	**49** ○	**54** ○	**59** ○	**64** ○	**69** ○
5 ○	**10** ○	**15** ○	**20** ○	**25** ○	**30** ○	**35** ○	**40** ○	**45** ○	**50** ○	**55** ○	**60** ○	**65** ○	**70** ○

Draft

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Vacancy Identification Number _____ (For example, AB123456)

20. Occupational Specialties (see job announcement instructions)

1	2	3	4	5

6	7	8	9	10

21. Geographic Availability (see job announcement instructions; numeric only)

1	6
2	**7**
3	**8**
4	**9**
5	**10**

22. Indicate if you are requesting consideration for either the

○ Career Transition Assistance Plan (CTAP)

○ Interagency Career Transition Assistance Plan (ICTAP)

23. Job Related Experience
(see job announcement instructions)

Years: ___ Months: ___

24. Personal Background Information
(see job announcement instructions)

1 ○	**11** ○
2 ○	**12** ○
3 ○	**13** ○
4 ○	**14** ○
5 ○	**15** ○
6 ○	**16** ○
7 ○	**17** ○
8 ○	**18** ○
9 ○	**19** ○
10 ○	**20** ○

Draft

25. **Occupational Questions** (see job announcement instructions)

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Social Security Number ___ - __ - ____

Vacancy Identification Number _____ (For example, AB123456)

	A	B	C	D	E	F	G	H	I
1.	○	○	○	○	○	○	○	○	○
2.	○	○	○	○	○	○	○	○	○
3.	○	○	○	○	○	○	○	○	○
4.	○	○	○	○	○	○	○	○	○
5.	○	○	○	○	○	○	○	○	○
6.	○	○	○	○	○	○	○	○	○
7.	○	○	○	○	○	○	○	○	○
8.	○	○	○	○	○	○	○	○	○
9.	○	○	○	○	○	○	○	○	○
10.	○	○	○	○	○	○	○	○	○

	A	B	C	D	E	F	G	H	I
31.	○	○	○	○	○	○	○	○	○
32.	○	○	○	○	○	○	○	○	○
33.	○	○	○	○	○	○	○	○	○
34.	○	○	○	○	○	○	○	○	○
35.	○	○	○	○	○	○	○	○	○
36.	○	○	○	○	○	○	○	○	○
37.	○	○	○	○	○	○	○	○	○
38.	○	○	○	○	○	○	○	○	○
39.	○	○	○	○	○	○	○	○	○
40.	○	○	○	○	○	○	○	○	○

	A	B	C	D	E	F	G	H	I
61.	○	○	○	○	○	○	○	○	○
62.	○	○	○	○	○	○	○	○	○
63.	○	○	○	○	○	○	○	○	○
64.	○	○	○	○	○	○	○	○	○
65.	○	○	○	○	○	○	○	○	○
66.	○	○	○	○	○	○	○	○	○
67.	○	○	○	○	○	○	○	○	○
68.	○	○	○	○	○	○	○	○	○
69.	○	○	○	○	○	○	○	○	○
70.	○	○	○	○	○	○	○	○	○

	A	B	C	D	E	F	G	H	I
11.	○	○	○	○	○	○	○	○	○
12.	○	○	○	○	○	○	○	○	○
13.	○	○	○	○	○	○	○	○	○
14.	○	○	○	○	○	○	○	○	○
15.	○	○	○	○	○	○	○	○	○
16.	○	○	○	○	○	○	○	○	○
17.	○	○	○	○	○	○	○	○	○
18.	○	○	○	○	○	○	○	○	○
19.	○	○	○	○	○	○	○	○	○
20.	○	○	○	○	○	○	○	○	○

	A	B	C	D	E	F	G	H	I
41.	○	○	○	○	○	○	○	○	○
42.	○	○	○	○	○	○	○	○	○
43.	○	○	○	○	○	○	○	○	○
44.	○	○	○	○	○	○	○	○	○
45.	○	○	○	○	○	○	○	○	○
46.	○	○	○	○	○	○	○	○	○
47.	○	○	○	○	○	○	○	○	○
48.	○	○	○	○	○	○	○	○	○
49.	○	○	○	○	○	○	○	○	○
50.	○	○	○	○	○	○	○	○	○

	A	B	C	D	E	F	G	H	I
71.	○	○	○	○	○	○	○	○	○
72.	○	○	○	○	○	○	○	○	○
73.	○	○	○	○	○	○	○	○	○
74.	○	○	○	○	○	○	○	○	○
75.	○	○	○	○	○	○	○	○	○
76.	○	○	○	○	○	○	○	○	○
77.	○	○	○	○	○	○	○	○	○
78.	○	○	○	○	○	○	○	○	○
79.	○	○	○	○	○	○	○	○	○
80.	○	○	○	○	○	○	○	○	○

	A	B	C	D	E	F	G	H	I
21.	○	○	○	○	○	○	○	○	○
22.	○	○	○	○	○	○	○	○	○
23.	○	○	○	○	○	○	○	○	○
24.	○	○	○	○	○	○	○	○	○
25.	○	○	○	○	○	○	○	○	○
26.	○	○	○	○	○	○	○	○	○
27.	○	○	○	○	○	○	○	○	○
28.	○	○	○	○	○	○	○	○	○
29.	○	○	○	○	○	○	○	○	○
30.	○	○	○	○	○	○	○	○	○

	A	B	C	D	E	F	G	H	I
51.	○	○	○	○	○	○	○	○	○
52.	○	○	○	○	○	○	○	○	○
53.	○	○	○	○	○	○	○	○	○
54.	○	○	○	○	○	○	○	○	○
55.	○	○	○	○	○	○	○	○	○
56.	○	○	○	○	○	○	○	○	○
57.	○	○	○	○	○	○	○	○	○
58.	○	○	○	○	○	○	○	○	○
59.	○	○	○	○	○	○	○	○	○
60.	○	○	○	○	○	○	○	○	○

	A	B	C	D	E	F	G	H	I
81.	○	○	○	○	○	○	○	○	○
82.	○	○	○	○	○	○	○	○	○
83.	○	○	○	○	○	○	○	○	○
84.	○	○	○	○	○	○	○	○	○
85.	○	○	○	○	○	○	○	○	○
86.	○	○	○	○	○	○	○	○	○
87.	○	○	○	○	○	○	○	○	○
88.	○	○	○	○	○	○	○	○	○
89.	○	○	○	○	○	○	○	○	○
90.	○	○	○	○	○	○	○	○	○

Draft

25. **Occupational Questions** (continued)

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	A	B	C	D	E	F	G	H	I
91.	○	○	○	○	○	○	○	○	○
92.	○	○	○	○	○	○	○	○	○
93.	○	○	○	○	○	○	○	○	○
94.	○	○	○	○	○	○	○	○	○
95.	○	○	○	○	○	○	○	○	○
96.	○	○	○	○	○	○	○	○	○
97.	○	○	○	○	○	○	○	○	○
98.	○	○	○	○	○	○	○	○	○
99.	○	○	○	○	○	○	○	○	○
100.	○	○	○	○	○	○	○	○	○

	A	B	C	D	E	F	G	H	I
121.	○	○	○	○	○	○	○	○	○
122.	○	○	○	○	○	○	○	○	○
123.	○	○	○	○	○	○	○	○	○
124.	○	○	○	○	○	○	○	○	○
125.	○	○	○	○	○	○	○	○	○
126.	○	○	○	○	○	○	○	○	○
127.	○	○	○	○	○	○	○	○	○
128.	○	○	○	○	○	○	○	○	○
129.	○	○	○	○	○	○	○	○	○
130.	○	○	○	○	○	○	○	○	○

	A	B	C	D	E	F	G	H	I
151.	○	○	○	○	○	○	○	○	○
152.	○	○	○	○	○	○	○	○	○
153.	○	○	○	○	○	○	○	○	○
154.	○	○	○	○	○	○	○	○	○
155.	○	○	○	○	○	○	○	○	○
156.	○	○	○	○	○	○	○	○	○
157.	○	○	○	○	○	○	○	○	○
158.	○	○	○	○	○	○	○	○	○
159.	○	○	○	○	○	○	○	○	○
160.	○	○	○	○	○	○	○	○	○

	A	B	C	D	E	F	G	H	I
101.	○	○	○	○	○	○	○	○	○
102.	○	○	○	○	○	○	○	○	○
103.	○	○	○	○	○	○	○	○	○
104.	○	○	○	○	○	○	○	○	○
105.	○	○	○	○	○	○	○	○	○
106.	○	○	○	○	○	○	○	○	○
107.	○	○	○	○	○	○	○	○	○
108.	○	○	○	○	○	○	○	○	○
109.	○	○	○	○	○	○	○	○	○
110.	○	○	○	○	○	○	○	○	○

	A	B	C	D	E	F	G	H	I
131.	○	○	○	○	○	○	○	○	○
132.	○	○	○	○	○	○	○	○	○
133.	○	○	○	○	○	○	○	○	○
134.	○	○	○	○	○	○	○	○	○
135.	○	○	○	○	○	○	○	○	○
136.	○	○	○	○	○	○	○	○	○
137.	○	○	○	○	○	○	○	○	○
138.	○	○	○	○	○	○	○	○	○
139.	○	○	○	○	○	○	○	○	○
140.	○	○	○	○	○	○	○	○	○

	A	B	C	D	E	F	G	H	I
161.	○	○	○	○	○	○	○	○	○
162.	○	○	○	○	○	○	○	○	○
163.	○	○	○	○	○	○	○	○	○
164.	○	○	○	○	○	○	○	○	○
165.	○	○	○	○	○	○	○	○	○
166.	○	○	○	○	○	○	○	○	○
167.	○	○	○	○	○	○	○	○	○
168.	○	○	○	○	○	○	○	○	○
169.	○	○	○	○	○	○	○	○	○
170.	○	○	○	○	○	○	○	○	○

	A	B	C	D	E	F	G	H	I
111.	○	○	○	○	○	○	○	○	○
112.	○	○	○	○	○	○	○	○	○
113.	○	○	○	○	○	○	○	○	○
114.	○	○	○	○	○	○	○	○	○
115.	○	○	○	○	○	○	○	○	○
116.	○	○	○	○	○	○	○	○	○
117.	○	○	○	○	○	○	○	○	○
118.	○	○	○	○	○	○	○	○	○
119.	○	○	○	○	○	○	○	○	○
120.	○	○	○	○	○	○	○	○	○

	A	B	C	D	E	F	G	H	I
141.	○	○	○	○	○	○	○	○	○
142.	○	○	○	○	○	○	○	○	○
143.	○	○	○	○	○	○	○	○	○
144.	○	○	○	○	○	○	○	○	○
145.	○	○	○	○	○	○	○	○	○
146.	○	○	○	○	○	○	○	○	○
147.	○	○	○	○	○	○	○	○	○
148.	○	○	○	○	○	○	○	○	○
149.	○	○	○	○	○	○	○	○	○
150.	○	○	○	○	○	○	○	○	○

	A	B	C	D	E	F	G	H	I
171.	○	○	○	○	○	○	○	○	○
172.	○	○	○	○	○	○	○	○	○
173.	○	○	○	○	○	○	○	○	○
174.	○	○	○	○	○	○	○	○	○
175.	○	○	○	○	○	○	○	○	○
176.	○	○	○	○	○	○	○	○	○
177.	○	○	○	○	○	○	○	○	○
178.	○	○	○	○	○	○	○	○	○
179.	○	○	○	○	○	○	○	○	○
180.	○	○	○	○	○	○	○	○	○

You have now completed the OPM Form 1203-FX. When submitting, **do not** include the cover page. Only submit pages numbered 1 through 6.