

U.S. Office of Personnel Management

Form Approved OMB No. 3206-0040

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Occupational Questionnaire - OPM Form 120	3-FX

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	Follow the instructions on the vacancy announcement - For optimum accuracy, it is recommended that characters be written block style follo - Do not write on or outside the boxes.															I T. Iowin	ıg th	e exa	amp	les	belo	OW.									
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2	Biographic data A. First name B. Middle initial															_															
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C. Last name																															
D. Street address (house number, street, apartment number, where you want to receive mail))																	
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Please fill in the following items on each page of this application form. To review the Privacy Act and Public Burden Statements, please refer to the cover page of this form. If this information is not included, we cannot process your application. You must return pages 1 through 6.

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- 6 to 10 nights/month? ○ ○ - 11 plus														(nder) Ma		ICIT			nale	-		
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Social security number	Vacancy identification number
9. Languages (see vacancy announcement instructions)	10. Lowest grade
11. Miscellaneous information	
12. Special knowledge	13.Test location
 14. Veterans' preference No Preference Claimed Sole Survivorship 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: / / / / / / / / / / / / / / / / / / /
19. Job preference (see vacancy announcement instruction of the control of the co	ons) 41

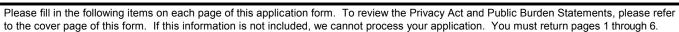


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to the cover page of this form. If this information is not included, we can	
Social security number	Vacancy identification number
20. Occupational specialties (see vacancy announce	ment instructions)
1 2 3	4 5
6 7 8	9 10
21. Geographic availability (see vacancy announceme	nt instructions)
1	6
2	7
3	8
4	9
5	10
22. Indicate if you are requesting consideration for eith	er the 24. Personal background information
	(see vacancy announcement instructions)
O Career Transition Assistance Plan (CTAP)	10 110
O Interagency Career Transition Assistance Plan (IC	2 O 12 O
· ·	30 130
23. Job related experience	40 140
(see vacancy announcement instructions)	5 O 15 O 16 O
·	70 170
Years: Months:	80 180
	9 0 19 0
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$25. \ {\sf Occupational\ questions\ (see\ vacancy\ announcement\ instructions)}$



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A B C D E F G H I 21.	A B C D E F G H I 51.	A B C D E F G H I 81.





25. Occupational questions (continued)

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

