



# AMERICAN EMBASSY KHARTOUM APPLICATION FOR EMPLOYMENT

## GENERAL INFORMATION

1. POSITION APPLIED FOR (as it appears on the vacancy announcement):

Title: \_\_\_\_\_ Vacancy Announce. No. \_\_\_\_\_ Date applied: \_\_\_\_\_

2. FULL NAME (Last, First, Middle):

\_\_\_\_\_

3. NATIONAL I.D. #

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4. (a) DATE OF BIRTH (Month/Day/Year) :

(b) PLACE OF BIRTH City/Country:

\_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

5. PRESENT ADDRESS AND TELEPHONE NUMBER:

\_\_\_\_\_  
\_\_\_\_\_

6. DO YOU HAVE ANY RELATIVES THAT WORK FOR THE UNITED STATES EMBASSY? (if yes please list name, section where they work)

\_\_\_\_\_  
\_\_\_\_\_

7. (a) CURRENT CITIZENSHIP: \_\_\_\_\_

(b) U.S. CITIZENSHIP: Do you have any claim to U.S Citizenship? YES \_\_\_\_\_ NO \_\_\_\_\_

8. UNIVERSITY/COLLEGE/SCHOOL/EDUCATIONAL INSTITUTION:

For each institution you have attended, provide the following information in the space below. Begin with your most recent school attended and work backwards. Use continuation sheets as necessary.

Names and Location of Educational Institutions attended	Dates attended From/To	Degrees, Diplomas Or Certificates obtained	Major Subjects	Graduated Y/N

**UNIVERSITY/COLLEGE/SCHOOL/EDUCATIONAL INSTITUTION (continued)**

<b>Names and Location of Educational Institutions attended</b>	<b>Dates attended From/To</b>	<b>Degrees, Diplomas Or Certificates obtained</b>	<b>Major Subjects</b>	<b>Graduated Y/N</b>

**9. LANGUAGES:** (Identify the language and indicate extent of your competence for each:

1: Rudimentary Knowledge    2: Limited Knowledge    3: Good working knowlege    4: Fluent    5: Professional translator/interpreter

<b>LANGUAGE</b>	<b>SPEAK</b>	<b>READ</b>	<b>WRITE</b>	<b>UNDERSTAND</b>
<b>English</b>				
<b>Arabic</b>				
<b>Other:</b>				

**10. SPECIAL QUALIFICATIONS AND SKILLS:**

List any special skills you possess and equipment you can use, certifications, licenses obtained, etc.

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How many words per minute can you type? \_\_\_\_\_ **[The Embassy will test your skills before hiring you]**

**11. TRAINING RECEIVED:**

List training received in areas applicable to the position for which you are applying.

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**12. EMPLOYMENT (if applicable):**    Begin with your most recent position and work backwards.

A. NAME AND FULL ADDRESS OF EMPLOYER: \_\_\_\_\_

B. DATES WORKED (month/day/year):    FROM: \_\_\_\_\_    TO: \_\_\_\_\_

C. EXACT TITLE OF POSITION: \_\_\_\_\_

SALARY OR EARNINGS (Indicate if per week, month year, etc)

INITIAL SALARY: \_\_\_\_\_ per \_\_\_\_\_ FINAL: \_\_\_\_\_ per \_\_\_\_\_

D. NAME, TITLE AND TELEPHONE NUMBER OF IMMEDIATE SUPERVISOR:

\_\_\_\_\_

E. DESCRIPTION OF WORK (Describe specific duties, responsibilities, and accomplishments):

F. NUMBER OF HOURS WORKED PER WEEK: \_\_\_\_\_

G. NUMBER OF EMPLOYEES YOU SUPERVISED: \_\_\_\_\_

H. REASON FOR LEAVING:

\_\_\_\_\_  
\_\_\_\_\_

**12(i) EMPLOYMENT (if applicable):**

A. NAME AND FULL ADDRESS OF EMPLOYER: \_\_\_\_\_

B. DATES WORKED (month/day/year): FROM: \_\_\_\_\_ TO: \_\_\_\_\_

C. EXACT TITLE OF POSITION: \_\_\_\_\_

SALARY OR EARNINGS (Indicate if per week, month year, etc)

INITIAL SALARY: \_\_\_\_\_ per \_\_\_\_\_ FINAL: \_\_\_\_\_ per \_\_\_\_\_

D. NAME, TITLE AND TELEPHONE NUMBER OF IMMEDIATE SUPERVISOR:

\_\_\_\_\_

E. DESCRIPTION OF WORK (Describe specific duties, responsibilities, and accomplishments):

F. NUMBER OF HOURS WORKED PER WEEK: \_\_\_\_\_

G. NUMBER OF EMPLOYEES YOU SUPERVISED: \_\_\_\_\_

H. REASON FOR LEAVING:

\_\_\_\_\_

\_\_\_\_\_

**12(ii) EMPLOYMENT (if applicable):**

A. NAME AND FULL ADDRESS OF EMPLOYER:

B. DATES WORKED (month/day/year): FROM: \_\_\_\_\_ TO: \_\_\_\_\_

C. EXACT TITLE OF POSITION: \_\_\_\_\_

SALARY OR EARNINGS (Indicate if per week, month year, etc)

INITIAL SALARY: \_\_\_\_\_ per \_\_\_\_\_ FINAL: \_\_\_\_\_ per \_\_\_\_\_

D. NAME, TITLE AND TELEPHONE NUMBER OF IMMEDIATE SUPERVISOR:

\_\_\_\_\_

E. DESCRIPTION OF WORK (Describe specific duties, responsibilities, and accomplishments):

F. NUMBER OF HOURS WORKED PER WEEK: \_\_\_\_\_

G. NUMBER OF EMPLOYEES YOU SUPERVISED: \_\_\_\_\_

H REASON FOR LEAVING:

\_\_\_\_\_  
\_\_\_\_\_

13. HAVE YOU EVER WORKED FOR THE U.S. GOVERNMENT? YES\_\_\_\_ NO\_\_\_\_\_

HAVE YOU EVER BEEN DISMISSED OR ASKED TO RESIGN FROM A POSITION? YES\_\_\_\_ NO\_\_\_\_\_

PLEASE EXPLAIN:

\_\_\_\_\_  
\_\_\_\_\_

**14. COMPUTER SKILLS**

List computer programs in which you have experience:

Microsoft Word: Excellent  Good  Fair

Microsoft Excel: Excellent  Good  Fair

Microsoft Powerpoint: Excellent  Good  Fair

Microsoft Outlook: Excellent  Good  Fair

List Other:  
\_\_\_\_\_ Excellent  Good  Fair   
\_\_\_\_\_ Excellent  Good  Fair   
\_\_\_\_\_ Excellent  Good  Fair

**15. DRIVING SKILLS**

YES  NO IF YES INDICATE TYPE:  Light vehicles (Private)  All types of vehicles

Driver's licence: Date of issuance \_\_\_\_\_ Date of Expiry: \_\_\_\_\_

**16. REFERENCES:** List three persons not related to you by blood or marriage who are qualified to supply definite information regarding your character and suitability for employment. Do NOT give names of supervisors you have indicated in item 12.

	NAME AND OCCUPATION	MAILING ADDRESS	TELEPHONE NUMBER
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**17. YOU MUST SIGN THIS APPLICATION.** Read the following carefully and place a check mark (✓) in each box before you sign.

- I understand that any information I give may be investigated and that a false statement may be grounds for non consideration or dismissal from employment if I am selected.
- I understand that, if I am provisionally selected, an Embassy-required security certification is a prerequisite.
- I understand that, if I am provisionally selected, an Embassy-required medical examination and medical certification is a prerequisite.
- I consent to the release of information about my ability and fitness by employers, schools, law enforcement agencies and other individuals and organizations to Embassy-authorized investigators and personnel.
- I certify that, to the best of my knowledge, all of my statements are true, complete, and made in good faith.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date