Pre-Employment Information

SEC	TION A:
1.	Name (Last, First, Middle):,
	Previously Used Name(s):
2.	Social Security Number: 3. Date of Birth:
4.	Requesting Agency Name and Address:
5.	Name of Person Requesting Information: Phone Number:
SEC	TION B:
1.	Currently employed Separated (Specify Date)
2.	Agency Name and Location of Official Personnel Folder (complete address):
3.	Grade/Level Step/Rate Salary Pay Basis
4.	If Salary Includes Coast of Living Adjustment (COLA), Indicate Base Salary and COLA
	Base: COLA:
5.	Service Computation Date (SCD)
6.	Retirement Plan
	If retirement code is C, E, 1, or 6: Date First Covered
	If retirement code is K or M: Elected FERS Automatically covered Date First Covered
SEC	TION C—RETIREMENT DATA
1.	MILITARY:
	A. Branch of Service B. Retired Rank
	C. Check One and Specify Date: Retired Transferred to Fleet Reserve (Date)
2.	FEDERAL CIVILIAN:
	A. Civilian Retirement Date B. Retirement System Paying Annuity
CEC	THOM B. CDADE AND BAY DATA
<u>SEC</u> 1.	TION D—GRADE AND PAY DATA Date Entered Current Grade and Step/Rate
2A.	Date of Last Within-Grade Increase (WGI) 2B. If WGI Was Denied, Date of Denial
3A.	Highest Previous Grade/Step Held 3B. Dates Held: From: To: Salary:
	Was Salary Based on Special Rate or Locality? Yes No
4.	
5A.	Is Applicant on Grade Retention? Yes No
5B.	Retained Grade/Step: 5C. Date Grade Retention Began
6.	Is Applicant on Pay Retention? Yes No
7.	If Not Listed Above, Highest Salary Held on a Federal Appointment
	Dates Held: From: To:
SEC	TION E—APPOINTMENT DATA
1.	Is there an INS Form I-9 on file? Yes No (Date Certified)
2.	Is the applicant a U.S. citizen? Yes No If No, list country citizen of
	The state of the s

(SEE REVERSE)

SEC	CTION F—UNFAVORABLE DATA
1.	Does OPF Contain Removal, Suspension, Within-Grade Denial, Discharge or Change to Lower Grade Actions? Yes No (Type of Action)
2.	Is There Unfavorable Information in Other Files, e.g. Letters of Warning, Admonishment, Reprimand, Suitability or Letter of Decision on an Adverse Action? Yes No Don't Know
3.	If "Yes" to Question 1 or 2, Name and Phone Number of Person to Contact for More Information:
SEC	CTION G—BENEFITS DATA (HEALTH INSURANCE, LIFE INSURANCE)
1.	FEHB (Health) Waived Canceled—Show Date:
	Ineligible Enrolled—Show Code:
2.	FEGLI (Life) Enrollment Code If "B" Waived—effective date
SEC	CTION H—SERVICE OBLIGATION
1.	Does OPF Show Employee Has an Obligation to Remain in Government Service for a Specific Period Because of Training Received?
	No Yes—Date Obligation Expires:
2.	Does Employee Have an Obligation Because of a Government-Paid Move? No Yes—Date Obligation Expires:
SEC	CTION I—PAYROLL & THRIFT SAVINGS PLAN DATA
1.	A. Employees Payroll Office Address:
	B. Leave Balances: Annual Sick
	Is Employee Currently on LWOP? No Yes—Beginning Date: NTE Date:
	C. Person to Contact for Leave and Pay Information:
	(Name) (Phone Number)
2.	Year-To-Date FICA Deductions \$ As Of:
3.	Does Employee Have Severance Pay Entitlement? No Yes—Beginning Date:
4.	Thrift Savings Plan A. TSP SCD B. TSP Vesting Code
	C. TSP Status Code D. TSP Status Date
5.	TSP Allocation A. Percent of Base Pay—00%
	B. Whole \$ Amount—00
	C. G Fund Government Securities Investment— .00%
	D. F Fund Fixed Income Index Investment— .00%
	E. C Fund Common Stock Index Investment— .00% Total— 100 .00%
6.	Year-To-Date TSP Contributions \$
7.	TSP Loan Account Number: Payroll Deduction Account:
8.	Name and Title of Official Certifying TSP Information(Name) (Title)
SEC	CTION J—LOSING AGENCY RELEASE DATE
1.	A. Requested Release Date:
	B. Name and Phone Number of Person to Call For Release Date
2.	Name, Title, and Phone Number of Person Giving Information (Name) (Phone Number)
	(Name) (Title) (Phone Number)