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Page: 1

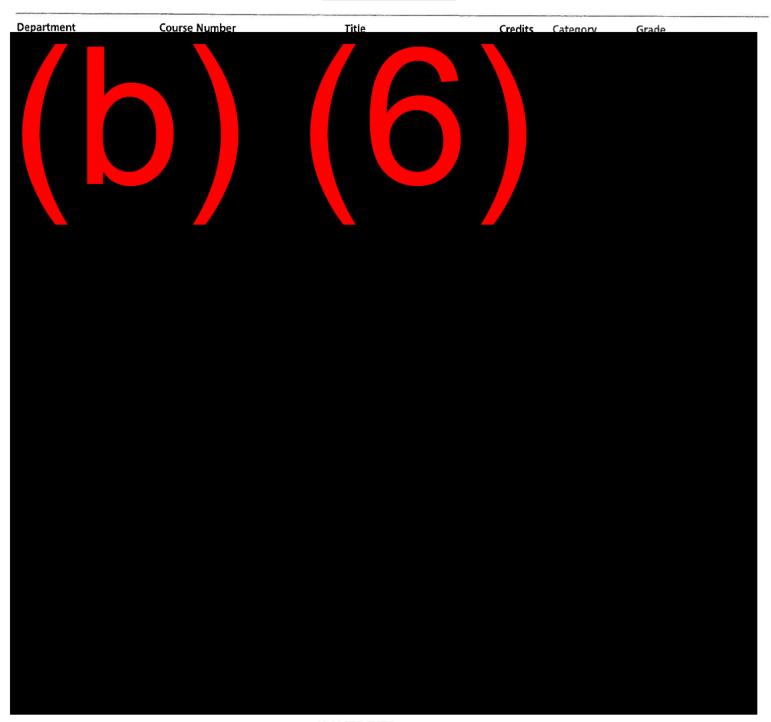
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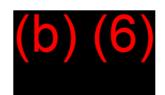
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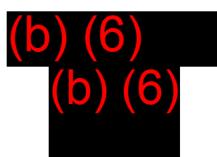
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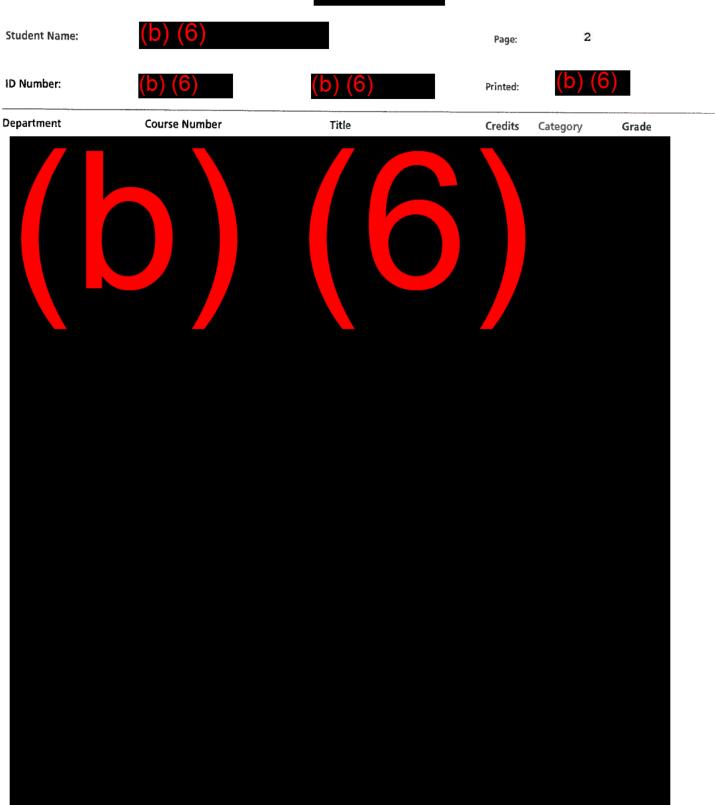
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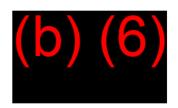


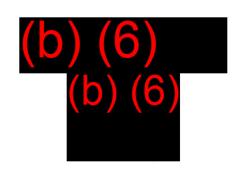






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Student Name:

(b) (6)

Page:

3

ID Number:

(b) (6)

UNDERGRADUATE

Printed:

(b) (6)

Department

Course Number

Title

Credits

Category

Grade

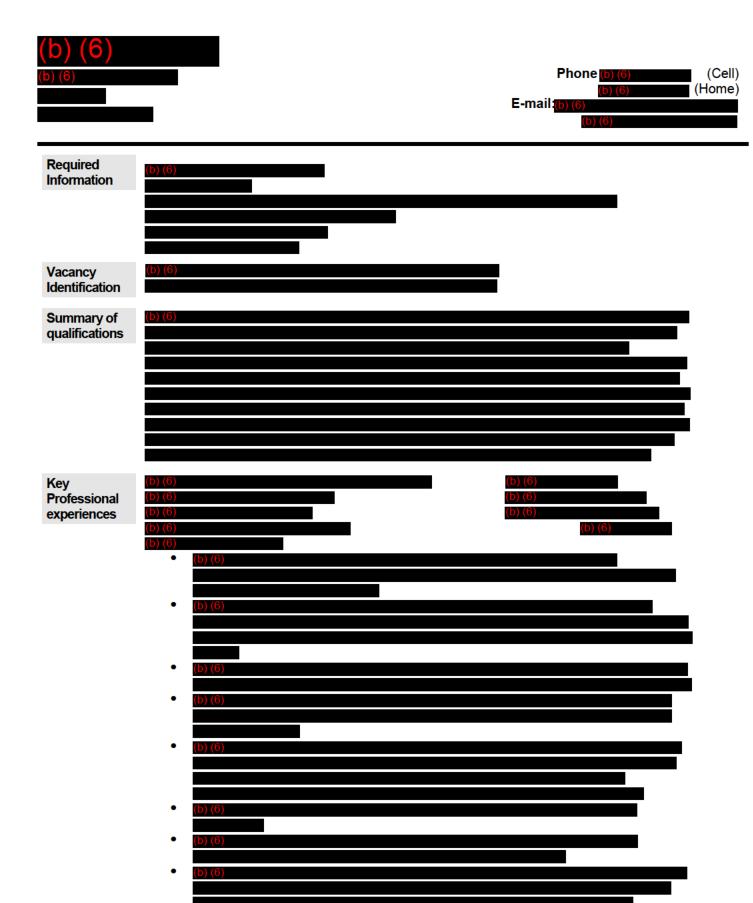


-----END OF THE UNDERGRADUATE TRANSCRIPT-----

OFFICIAL SCHOOL TRANSCRIPT - SECURITY PAPER

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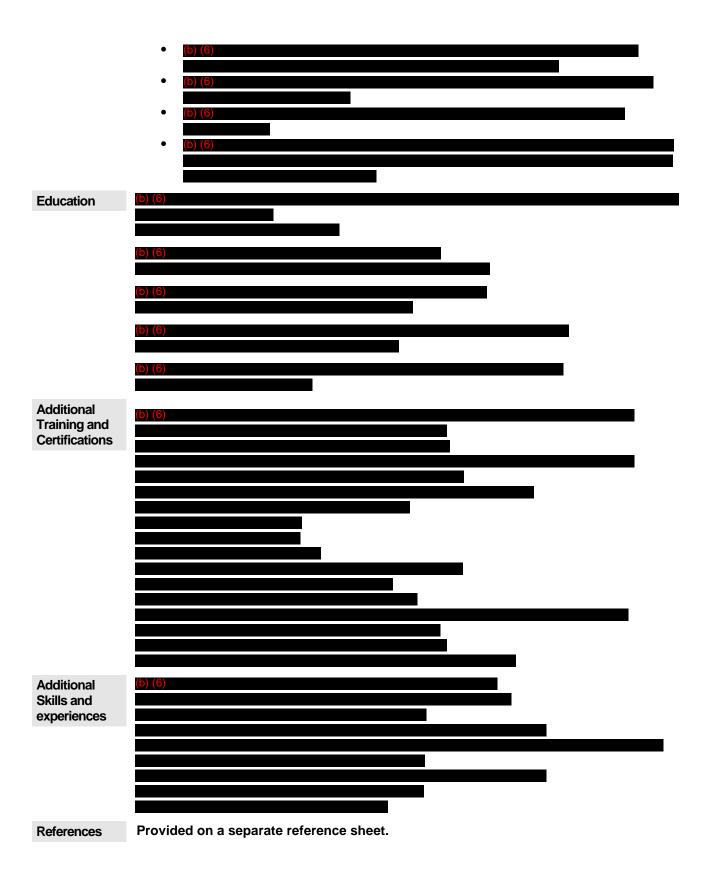
Resume Page 2 of 5

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Resume Page 3 of 5



Resume Page 4 of 5



Resume Page 5 of 5

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Name: (b) (6) SSN#: (b) (6

PRINTED: (D) (O)	======================================			
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	Certification	of Investigation		
	CLOSED:	(b) (6)		
SUBMITTING OFFICE:	(b) (6)	SECURITY	office: (b) (	<b>6</b> )
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NAME: (b) (6)		ā.		
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INVESTIGATION COND	DUCTED FROM: (b) (6)			
HAS BEEN COMPLETED	AT A BACKGROUND INVE O. THE RESULTS: OF THE RITY/SUITABILITY DET	IS INVESTIGATION	PERSON IDENTIF	IED ABOVE HE SECURITY
*****	******	******	*****	******
AGENCY CERTIFICATI A FINAL DETERMINAT	ON: THE RESULTS OF TION HAS BEEN MADE.	THIS INVESTIGATIO	N HAVE BEEN RE	
AGENCY CERTIFYING	OFFICIAL .	/	DATE	
	(b) (6)		(b) (6)	
FILE THIS CERTIFIC FOLDER AFTER THE F	CATE ON THE PERMANEN	T SIDE OF THE PER	SON'S OFFICIAL	PERSONNEL
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### Life Insurance Election

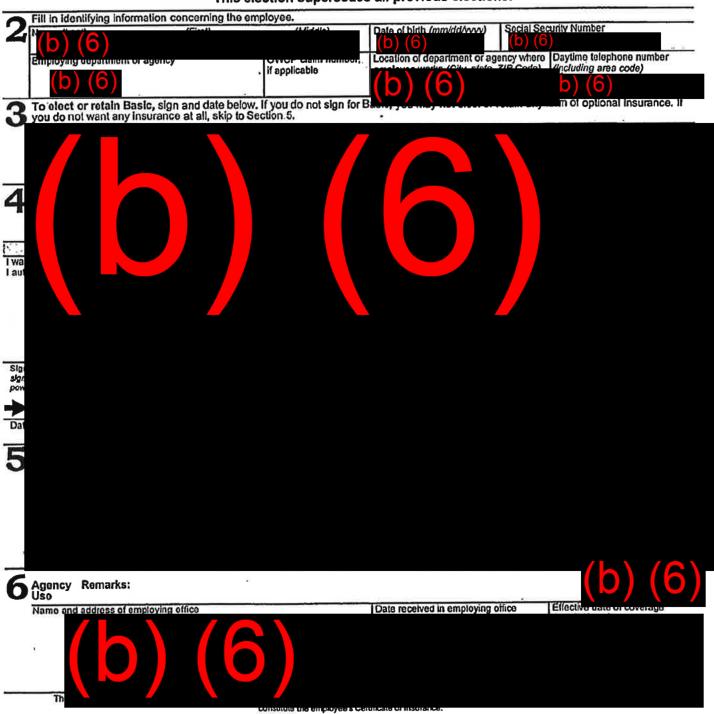
Form Approved: OM8 No. 3206-0230

Federal Employees' Group Life Insurance Program See Privacy Act Statement on back of Part 3

Gonoral Instructions
By law, unless you waive all coverage or are ineligible, you are
"automatically covered for Basic life Insurance as an employee. When
you first become eligible for FEGLI, you may (1) elect Basic and any
or all of the options, (2) elect Basic but waive all of the options, or (3)
waive all life Insurance coverage. If you are changing a previous
election, see the back of Part 3 - Employee Copy.

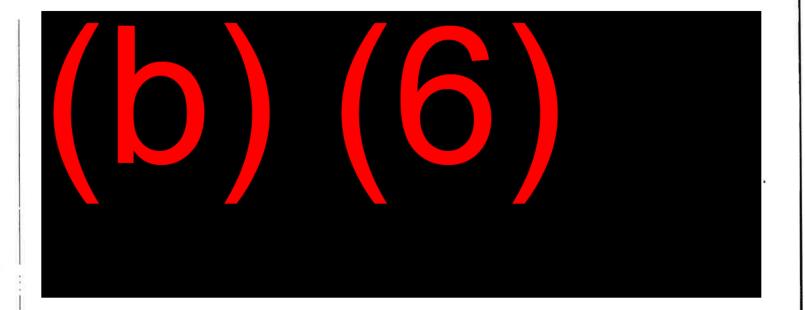
- Read the back of Part 3 Employee Copy carefully.
- Assignees completing this form should read Items 5 and 6 on the back of Part 3.
- Do not separate the parts. Give this form to your employing office which will complete the form and return your copy to you.

This election supersedes all previous elections.



PART 1 - File in Official Personnel Folder

U.S. Office of Personnel Management Federal Employees' Group Life Insurance Handbook (RI 76-26) NSN 7540-01-231-4280 2817-105 April 1999 edition is usable. All other editions are obsolete and unusable. Standard Form 2817 Rev. June 2000





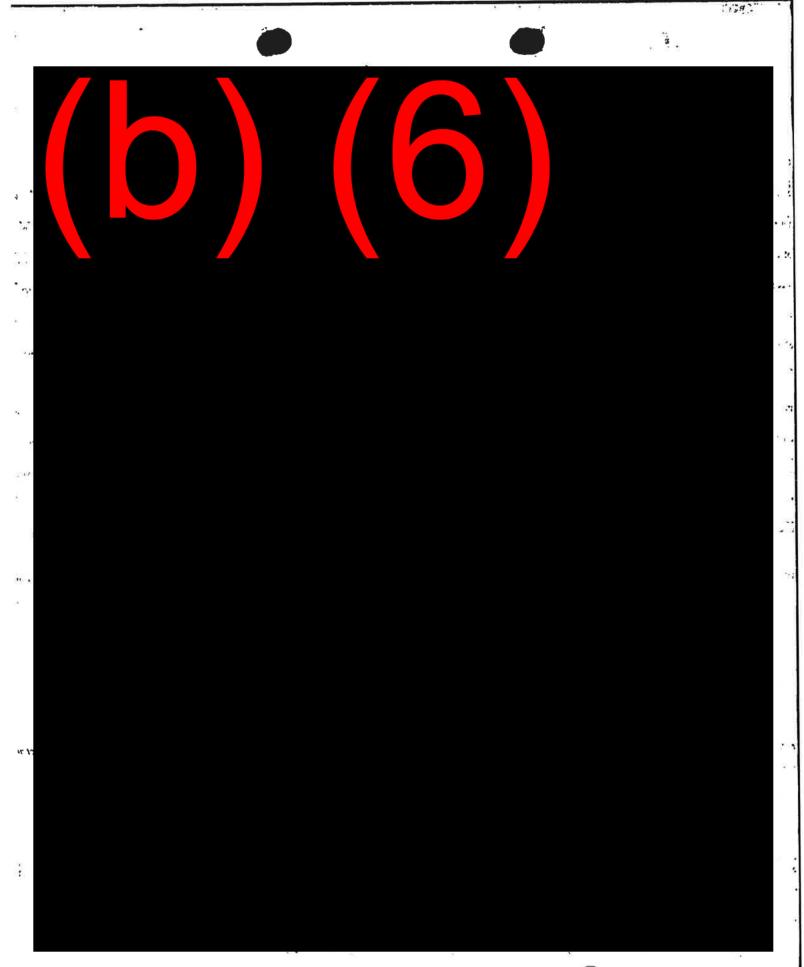






### **Health Benefits Election Form**

Part A - Enrollee and Family Member Information	(For additional family	y members use a separate sheet and attach.)	(b) (6)
0) (6)	(b) (6)	$(b)(b) \qquad (b)$	(6) $(n)$ $(6)$
Home mailing address (including ZIP Code)		7. Medicare (See note - page 2) 8. TR	9. Other insurance
b) (6)		A B D 10.Name of insurance	11.Insurance policy no
Name of family member (last, first, middle initial)	(b) (6)	(b) (6) (b)	(6) (6) (6) (6)
. Adaless (y ayjerem from enronce)		18. Medicare (See note - page 2) 19.TR  A B D D  21. Name of insurance	ICARE 20.Other insurance
2) (6)		Date of high	) (6) (b) (6)
Access (i) application can one cy	(b) (6)	Medicare (See note - page 2) TR	ICARE
		Name of insurance	Insurance policy n
0) (6)	Social Security r	(b) (b) (b	(6) Policia chi code (b) (6) Code
ddress (if different from enrollee)		Medicare (Sce note - page 2) TR  A B D  Name of insurance	Insurance policy n
o) (6)	(b) (6)	Date of high (b)	Relationship code (b) (6)
	(b) (b)		ICARE Other insurance
		Name of insurance	Insurance policy r
art B - Present Plan	<sup>2</sup> (b) (6)	Part C - New Plan  1. Plan name	2. Enrollment code
h) (6)		Part E - Employees Only (Election NO)  I do NOT want to enroll in the FEHB Prog	ram.
$(\mathbf{O})$	-	My signature in Part II certifies that Information on page 3 regarding this Part G - Suspension (Annultants/Form	s election.
I CANCEL my enrollment.  My signature in Part II certifies that I have read	and understand the	I SUSPEND my enrollment.  My signature in Part H certifies that	
information on page 3 regarding cancellation of art H - Signature	cnrollment.	information on page 4 regarding sus	pension of enrollment.
VARNING: Any intentionally false statement in this appli 10,000 or imprisonment of not more than 5 years, or both	cation or willful misrepre. (18 U.S.C. 1001.)	sentation relative thereto is a violation of the law	punishable by a fine of not more tha
<sup>4</sup> (b) (6)		2. Date (mm/dd/yyyy) 3. Daytin	ne telephone number
art (D)	ystem	(D) (O) (D) (D)	s 8 :
REMARKS			
		la de Manuel de	11









Federal Employees' Retirement System

Form Approved OMB No. 3206-0173

Important: Read all instructions before

Reterment System			11	ling in this lorm
A. Identification	41 8900	K-HC)	1	
(b) (6)  Place an "X" in the IIII X An en	nployee Retired or an	Former employee eligit for retirement in the	ble If you are retired give	Mining opening made for
appropriate box:	applicant for retirement	future		
Department or agency in which presently	employed for former department	or agency):		
	Bureau	Division	Location (City, state	and ZIP code)
(b) (6)		(b) (6)	(D) (b)	
I, the individual identified above, beneficiaries named below to receive at become payable under the Federal I (FERS) after my death. I understand that also for any lump-sum benefit which may Service Retirement System (CSRS) after designation of beneficiary cancels a designation of beneficiary, and that it rer writing or I receive payment of my emp CSRS, if applicable).	in lump-sum benefit which may Employees' Retirement System this designation of beneficiary is become payable under the Civil my death. I understand that this my previous FERS or CSRS mains in effect until I cancel it in	beneficiary is named, the me or who may be disquequally among the stated of the beneficiaries are https://www.nayment.be	rise indicated below, the share of any beneficiary adiffed for any other reason beneficiaries, or entirely alive and eligible to recomes payable, this designation of the order of present the present the order of the order	on, shall be distributed to the survivor. If none eive payment when a ignation is void, and
B. Information Concerning The Be			Relationship	Share to be paid to
First name, middle initial, and last	Address finclud	ling ZIP code) of eneficiary	neiationship	each beneficiary
C. Witnesses (A witness is not eligible). We, the undersigned, certify that the				
David Continued this designation the second				engage (r) a n . X ** 3 tild . Med Suid-Invested Sub-invested
(b) (6)				

See Back of Employee Copy For Instructions On Where To File This Form. (Retain until employee leaves Federal service and then send to OPM)

Important - The filing of this form will comple Civil Service Retirement System you may have lump sum payable at your death.	e previously filed. Be sure to name in t	his form all persons you wis	yees' Retirement System or under the h to designate as beneficiaries of any
Both of Walson	" Charles The Land		
	Examples of Design	ations r as Mrs. John H. Brown. If y	you want to designate your estate as
First name, middle initial, and last name of each beneficiary	Address (Including ZIP code) of each beneficlary	Relationship	Share to be paid to each beneficiary
(b) (6)	(b) (6)	(b) (6)	(b) (6)
2. HOW TO DESIGNATE MORE THAN ONE B		o be paid to the several bene	ficiaries add up to 100 percent.
First name, middle initial, and last name of each beneficiary	Address (Including ZIP code)     of each beneficiary	Relationship ,	Share to be paid to each beneficiary
b) (6)	(b) (6)	(b) (6)	(b) (6)
b) (6)	(b) (6)	(b) (6)	(b) (6)
(b) (6)	(b) (6)	(b) (6)	(b) (6)
			2 20 2 22 22 2
3. HOW TO DESIGNATE A CONTINGENT BE	NEFICIARY		4
First name, middle initial, and last name of each beneficiery	Address (Including ZIP code) of each beneficiary	Relationship	Share to be paid to each beneficiary
(b) (6)	(b) (6)	(b) (6)	(b) (6)
otherwise to: (b) (6)	(b) (6)	(b) (6)	(b) (6)
trest in a train	Burnshilter & For	150.75	
4. HOW TO CANCEL A DESIGNATION OF BE	NEFICIARY AND EFFECT PAYMENT U	NDER ORDER OF PRECEDEN	ICE (See back of duplicate)
First name, middle initial, and last name of each beneficiary	Address (Including ZIP code) of each beneficiery	Relationship	Share to be paid to each beneficiary
(b) (6)			
			,

This is an 'official document generated from the EHRI eOPI stem.

Standard Form 3102 (Reverse of Part 1) Revised June 2000



# Designation of Beneficiary Federal Employees' Group Life Insurance (FEGLI) Program (DO NOT gross or cross-out, Use a new form)

Form Approved OMB No. 3206-0136

Important: Read instructions on the

A. Information About the Insured (to		aradagnal (typegr milit)	Back of Part 2 by	efore completing this form.
The insured is:		Date of birth of Insured (mm/dd/y)  (b) (6)  If the Insured is retired or receiving	(b) (6)	
Place an "X" in the appropriate box. a compensal	tioner	CSI, or OWCP claim number:		in the second
Department or agency where the Insured works (If I	retired, last department or ago			100 1)
Department or agency		Bureau or division (b) (6)	Location (city, state	TON, DC-200
B. Mometon About the Beneficial	wor Beneficiaries (S			
First name, middle initial, and last name of each beneficiary	Social Security Number	Address (Including 21P code)	Relationship	Percent or fraction designated
(b) (6)	(b) (6)	(b) (6)	(b) (6)	(b) (6)
(b) (6)	(b) (6)	"	(b) (6)	
(b) (6)	(b) (6)	"	(b) (6)	
(b) (6)	(b) (6)	l,	(b) (6)	<u> </u>
	a Total if you designated ty	) (Do not use dollar amounts) opes of insurance. See example 4 on	Back of Part 1:)	(b) (6)
Venezania addass (Instituting 719 ands)	a (2) Back (brond)	Please check one:	Please check all three:	· Section (Contract)
(b) (6)		(b) (6)	I have not assigned Two people who w signature signed b	itnessed my elow.
		See Back of Part 2 for definitions	I did not name eith beneficiary.	er witness as a
I understand that if there is a valid assignment on file, of designate a beneficiary. If a valid assignment is not on file with the agency or the U.S. Office of Personnel Man designation I complete for the same benefits is not valid. I understand that if this Designation is valid; it will stay (See "When Is A Designation Canceled?" on the Back of	lle, but there is a valid court ord agement, as appropriate, any in effect unless it is canceled:	I understand that if this Designation er on Employees' Group Life Insurance w designation. If there isn't one, it will I am canceling any and all previous Employees' Group Life Insurance P named above.	ill pay benefits according to the pay according to the order lister Designations of Beneficiary und	next most recent valid d on the Back of Part 2. er the Federal
Signature of Insured/Assignce (Only the Insured/As attorney are not acceptable.)	signee may sign. Signatures &	by guardians, conservators or through a grant in this box.	power of Date (mm/dd/vrvv	<b>6)</b>
O' Wineses To Signature (Comme		iveapayment as otteneti	elenye)	
(b) (l	6)			

### Examples of Designations

First name, middle mutol, and last name of each beneficiary	Social Security Number	Address (Including 21P code)	Relationship	Percent or fraction designated
Mary E. Brown	000-00-0000	214 Central Avenue Munice, IN 47303	Niece	100%
How to designate more than one ber	neficiary Be sure that the or 1.0. Read i	ne shares to be paid to the several ben	eficiaries add up t	o 100 percent
First name, middle initial, and last name of each beneficiary	Social Security Number	Address (Including ZIP code)	Relationship	Percent or fraction
Jose P. Lopez (b) (6)	11-11-1111	360 Williams Street Red Band, NJ 07701	(b) (6)	<u> </u>
Rosa L. Rowe	222-22-2222	792 Broadway Whiting, IN 46392	Mother	one-half
. How to designate a contingent benef	ficiary (Someone to dies)	receive the benefits if the person you	designate dies be	fore the Insurce
First name, middle initial, and last name of each beneficiary	Social Security Number	Address (Including ZIP code)	Relationship	Percent or fraction designated
John M. Parrish, if living	333-33-3333	810 West 180th Street New York, NY 10033	Father	100%
h) (6)		0 West 180th Street w York, NY 10033	Sister	100%
D) ( $D$ )		insurance You cannot design	nate Option C - Fa	mily.
First name, middle initial, and last name of each beneficiary	Social Security Number	Address (Including ZIP code)	Relationship ,	Percent or fraction designated
Leroy D. White	555-55-5555	124 Elm Street Dayton, OH 45420	Father	100% Basic
Jane M. Smith	666-66-6666	421 Spring Avenue Portland, ME 04101	Sister	Option A
Elizabeth J. Allen	777-77-7777	234 Fifth Avenue New York, NY 10029	Daughter	50% Option B
Ann J. Borden	888-88-8888	678 Ninth Street Philadelphia, PA 19123	Daughter	50% Option B
b) (6)				
First name, middle initial, and last name of each beneficiary	Social Security Number	Acouress opening zar codes	Keradonamb	designated
(b) (6)				
Mary E. Brown	000-00-0000	214 Central Avenue Munice, IN 47303	Níece	100%
h) (6)				
rack beneficiary	Avoid Desiries Marines	stance in forestiming attender	,	designated
Trustee(s) or Successor Trustee(s) as provided in my Last Will and Testament, if valid, Otherwise to:	8.		Ťrustee	100%
(b) (6)		5909 Pacific Avenue, NW		
How to cancel all designations of be live mane, middle initial, and last name of	Social Security Number	Address (Including ZIP code)	Relationship	Percent or fraction
each heneficiary			-	designated
Cancel prior designations		sack of Pan 1		SF 28

# Dearation for Federal Engloyment

Porm Approved

GENERAL INFORMATION	
1. FULL NAME (First middle leet)	2. SOCIAL SECURITY MIMPED
(b) (6)	2. SOCIAL SECURITY NUMBER
3. Plante or british philadus chy and state or country)	4. DATE OF BIRTH (MM/DD/YYYY)
+ (b) (6)	. • (b) (6)
· ·	ame, nickname, etc) 8. PHO (Indicate area codes)
•	Day ( ( ) ( 6 )
Solonikus Samton Santon Santon	Night ◆
Selective Service Registration	
If you are a male born after December 31, 1959, and are at you must register with the Selective Service System, unless	east 18 years of age, civil service employment (\$3.5.5.5.55.55.5) requires that you meet certain exemptions.
7a. Are you a male born after December 31, 1959?	NO If "NO" skip 7h and 70 If "VEST 4- 7h
<ul><li>7b. Have you registered with the Selective Service System</li><li>7c. If "NO," describe your reason(s) in item #16.</li></ul>	NO If "NO" skip 7b and 7c. If "YES" go to 7b. NO If "NO" go to 7c.
Military Service	· · ·
8. Have you ever served in the United States military?	(b) (6)
If you answored "YES," list the branch, dates, and type	of discharge ( O )
if your only active duty was training in the Reserves or	Vallonal Guard, ensurer "NO "
Provide Branch Control of the Contro	SUIS (CORRESPONDED IN THE CORRESPONDED IN THE
The state of the s	nation was a series of the ser
<u> </u>	
Background Information	
The state of the s	tion under item 16 or on attached sheets. The circumstances of each event
FOR QUESTIONS 9.10. and 11. Voter answers should include answer	Editor
fines of \$300 or less, (2) any violation of law committed before if finally decided in juvenile court or under a Youth Offender law similar state law, and (5) any conviction for which the record with the re	10th birthday, (3) any violation of law committed before your 18th birthday
9. During the last 10 years, have you been convicted been	remeles and to the second seco
(includes felonies, firearms or explosives violations, misde to provide the date, explanation of the violation, place of department or court involved.	
10. Have you been convicted by a military court-martial in the "YES," use item 16 to provide the data, evaluation of the	past 10 years? /// no military condo
"YES," use item 16 to provide the date, explanation of the of the military authority or court involved.	violation, place of occurrence, and the name and address
Are you now under charges for any violation of law? If "YE violation, place of occurrence, and the name and address of the country of th	5," use item 16 to provide the date, explanation of the of the police department or court involved.
<ol> <li>During the last 5 years, have you been fired from any job for would be fired, did you leave any job by mutual agreement.</li> </ol>	or any reason, did you quit after being told that you
Federal employment by the Office of Personnel Manageme to provide the date, an explanation of the problem, reason in	
<ol> <li>Are you delinquent on any Federal debt? (Includes delinque benefits, and other debts to the U.S. Government, plus defa student and home mortgage loans.) If "YES." use item 16.</li> </ol>	encies arising from Federal taxes, loans, overpayment of utts of Federally guaranteed or insured loans such as
or default, and steps that you are taking to correct the error  S. Office of Personnel Management	si representa debit.

5U.S.C. 1302, 3301, 3304, 3326 6 6716

NSN 7540-01-368-7775

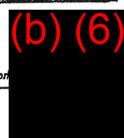
Optional Form 306 Revised January 2001 Previous editions obsolete and unusable



# Deceration for Federal Empeyment

CONTRACTOR AND	
Additional	Questions

Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, falher-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) If "YES," use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative work



15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service?

Continuation Space / Agency Optional Questions

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position and your agency is authorized to ask them).

Certifications / Additional Questions APPLICANT: If you are applying for a position and have not yet been selected, carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

APPOINTEE: If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment; Including any attached application materials, is true, correct, complete, and made in good faith. I understand that a false or fraudulent answor to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated . for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I consent to the release of Information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources release at a later date. place may be needed, and I may be contacted of information, a separate

Appointing Officer: Date of Appointment or Conversion Applicant's Signatur 17b. Appointee's Signature Date

Appointee (Only respond if you have been employed by the Federal Government before): Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

DATE: 18a. When did you leave your last Federal job?

18b. When you worked for the Federal Government the last time, did you wave basic Life insurance or any type of optional life insurance?

18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled.

Revised January 2005

U.S. Office of Personnel Management 5 U.S.C. 1302, 3301, 3304, 3328 & 8718

NSN 7540-01-368-7775

STANDARD FORM 144 (Rev. 10/95)
Office of Personnel Management
The Guide to Processing Personnel Actions

### Statement of Prior Federal Service

(PLEASE READ THE FOLLOWING INFORMATION BEFORE COMPLETING THIS FORM)

**Privacy Act Stat** 

Section 6303 of 5.U.S.C., "Annual Leave Accrual," aumonzes collection of information to determine and record service that may be creditable for accrual of annual leave. Part 351.503, 5 C.F.R., "Length of Service," authorizes collection of data to determine and record service that may be creditable for reduction-in-force retention purposes.

Information about prior Federal civilian and military service is collected and maintained in your Official Personnel Folder (OPF). The information you furnish may be disclosed to other Federal agencies

nection with your application for a job, license, graft, or other benefit. It may also be disclosed to a national, state, or local law enforcement agency where there is indication of a violation or potential violation of civil or criminal law or regulation, or to another Federal agency or court when the Government is party to a suit.

Furnishing this information is voluntary; however, failure to do so may result in your not receiving credit for prior Federal service.

### I. What Is Needed to Verify Prior Service

In order for your employing agency to credit your prior Federal service for benefits, such as leave accrual and reduction-in-force retention, the dates of your active uniformed service and the type(s) of appointment(s) and dates of civillan service must be verified. Dates of active uniformed service are verified from the records issued by the branch of service in which you served. Dates and types of appointments to civillan positions are usually verified from Notifications of Personnel Action (Standard Form 50 or CSC- or OPMapproved exceptions thereto), and payroll records (including records of deductions made under the Civil Service Retirement System-Standard Form 2806, or the Federal Employees Retirement System-Standard Form 3100). The information on the application or resume you submitted for the appointment you are receiving, along with the information on page 2 of this form, will be used by your agency to identify the Federal employers and periods of employment for which records must be obtained to verily the prior service.

When Notification of Personnel Action or payroll records cannot be located to verify a period of service, and the service was covered by Social Security, a detailed statement of earnings information (showing periods of employment and the name of the employer) from the Social Security Administration will be accepted as proof of service.

If no personnel, payroll, or Social Security records can be located, then your agency can accept secondary evidence of civilian employment, as explained below.

### II. Use of Secondary Evidence to Verify Federal Service

Secondary evidence may be considered as proof of Federal civilian service only when official Government records are lost, destroyed, or incomplete. Necessarily, the burden of proof is on the person claiming service that is not supported by official records in the custody of the U.S. Government. If you decide to claim credit for a period of service by submitting secondary evidence, it is important that you submit all documents in your possession that tend to prove you performed the service claimed, and that the service, if performed, was creditable for leave accrual and reduction-in-force purposes. No credit can be allowed for any service that is not substantiated by valid and conclusive secondary evidence. The following is applicable only if you are providing secondary evidence.

A. Documentary Evidence: Submit as many as possible of the documents listed in item 1 below. If your agency finds that these documents are insufficient to determine creditability, the documents listed in items 2 and 3 may be considered, but less weight will be given to such evidence.

- Copies of official documents or letters about the service. These
  may be notices on appointment/separation; notices of changes
  in position/salary, organization, or headquarters; travel orders;
  payroll cards; ID's, etc:
- Private records such as a diary, correspondence, copies of income tax returns, employment applications, credit applications, etc., that mention the Federal employer and the claimed service. Private records must have been made during or shortly after period of service.
- Any other documentary evidence tending to prove the service was actually performed and the starting and ending dates of the service.
- B. Affidavit Evidence: If you are not able to supply copies of official documents (as described in item 1 above) that are sufficient for your agency to make a determination of creditability, you must submit affidavits from yourself and at least two other persons (preferably your supervisors) who know the facts. If you can obtain no documentary evidence (items 1; 2, and 3, above) to support your claim, you may submit these affidavits only; however, your claim is more likely to be rejected without supporting documents. The required affidavits are from:
  - -- The employee, stating as many of the details on the affidavit as can accurately be remembered.
  - —At least two persons knowing the facts. Each person should show that he or she is in a position to know the facts sworn to, and give his or her age and mailing address.

Affidavits must be sworn to or affirmed before a notary public or other officer who is authorized by law to administer oaths.

C. Warning: Any submission may be investigated. Intentional false statements, willful concealments, or using documents you know are false, fictitious, or fraudulent is punishable by fine/imprisonment (18 U.S.C. 1001).

This is an 'official' document generated from the EHRLeOPE system

Previous Edition Usable

Standard Form 144 (Rev. 10/95) Page 2 Office of Personnel Management The Guide to Processing Personnel Actions

# STATEMENT OF PRIOR FEDERAL SERVICE

				Linpio					
1. Name (Last, First, Middle Initial)		2. Socia	i Secur	ity Numb	er	3. Da	te of Birth (M	onth, Day, Yea	v) . •
b) (6)							0)(6		
4. Does the application or resume that you submitt	led, for the			/		Integrise an or your rough government			
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				141 443 50 1	172 . 110+17.*				
5. List below your prior civilian service. Include se		4.2	vernme	nt on app		mado			**** ** *
NAME AND LOCATION OF AGENCY	Year Month Day		Year Month Day		TYPE OF APPOINTMENT AND WORK SCHEDULE				
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6. During periods of employment shown in Item 5,	dld you ha	ve a total	of moré	than 6'm	ionths ab	sence v	without pay d	uring any one	calondar
year? Yes — If "Yes", ilst the following information.				•; go to l	**************************************	N. INC.			
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. TYPE OF ABSENCE, IF KNOWN .(LWOP, Furlough) Suspension: AWOL,	1. Jan 1.	FROM			то		2.250	TOTAL	1
or Placement In Nonpay Status).	, Year	Month	Day	Your	Month	Day	YEARS	монтна	DAYS
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7. List all unitormed service below. List active serv	ico in any,	ranch of	the Arm	ed Force	s of the U	nited St	atos, Inclúdin	g active duty	as à
7. List all uniformed service below. List active serv roservist, and active service in the commissioned o	corps of the	Public He	the Arm	ed Force	he Nation	nited St	latos, Includin	g active duty sphèric Admin	as à listration.
7. List all uniformed service below. List active service in the commissioned commis	corps of the	FROM:	ealth Se	rvico or ti	TO TO	al Ocea	nic and Atmo	DISCHARGE	istration.
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roservist, and active service in the commissioned c	corps of the	FROM:	ealth Se	rvico or ti	TO TO	al Ocea	nic and Atmo	DISCHARGE	istration.
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BRANCH OF SERVICE  (b) (6)	Year which has r	Public He FROM: Month	Day serified?	Year Year	TO Month	Day	(Honor	spheric Admin	norable)
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# **APPOINTMENT AFFIDAVITS**

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(b) (6) (Department or Agency) (Bureau or Division)	(b) (6) (Place of Employment)
ı, (b) (6)	, do solemnly swear (or affirm) that-
A. OATH OF OFFICE	
I will support and defend the Constitution of the United Stat that I will bear true faith and allegiance to the same; that I take reservation or purpose of evasion; and that I will well and faith I am about to enter. So help me God:	e this obligation freely, without any mental
B. AFFIDAVIT AS TO STRIKING AGAINS I am not participating in any strike against the Government and I will not so participate while an employee of the Government thereof.	of the United States or any agency thereof,
C. AFFIDAVIT AS TO THE PURCHASE AI	ND SALE OF OFFICE
I have not, nor has anyone acting in my behalf, given, trans for or in expectation or hope of receiving assistance in securir	sferred, promised or pald any consideration
*	(Signature of Appointee)
Subscribed and sworn (or affirmed) before me this	<b>(6)</b>
(b) (6) (State)	(b) (6)
(SEAL)	
Commission expires	(b) (6) (Title)

Note - if the appointee objects to the form of the oath on religious grounds, certain modifications may be permitted pursuant to the Religious Freedom Restoration Act. Please contact your agency's legal counsel for advice.

U.S. Office of Personnel Management: The Guide to Processing Personnel Actions

NSN 7540-00-624404

Standard Form 61 Revised August 2002 Previous editions not usable

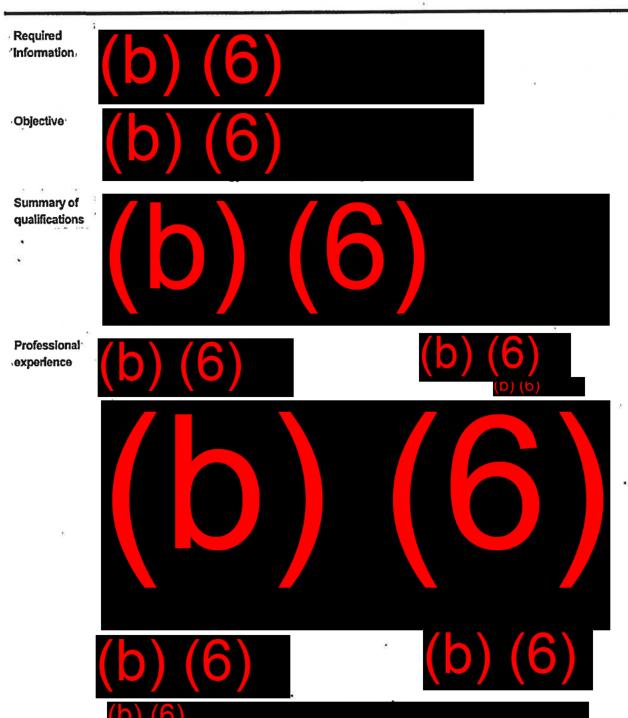


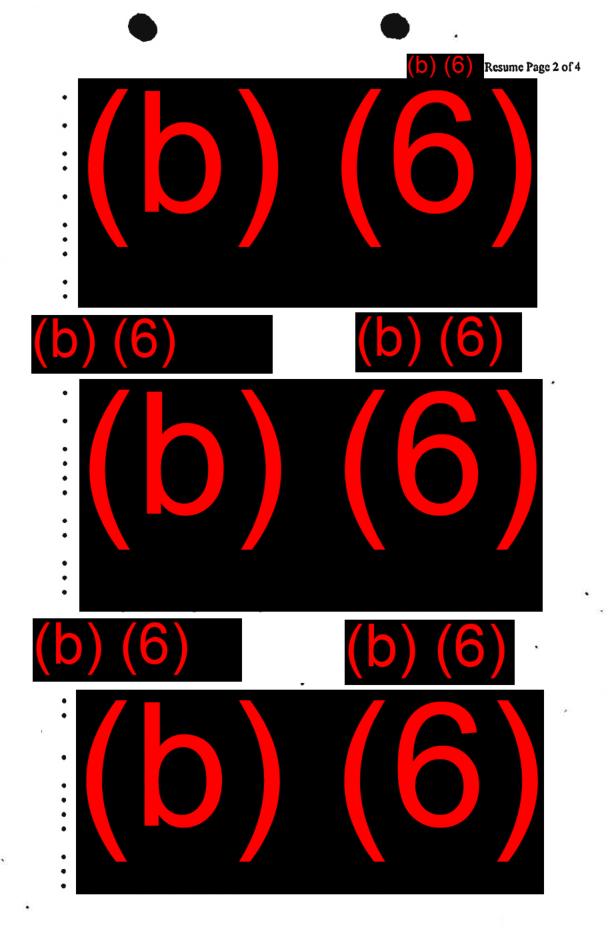
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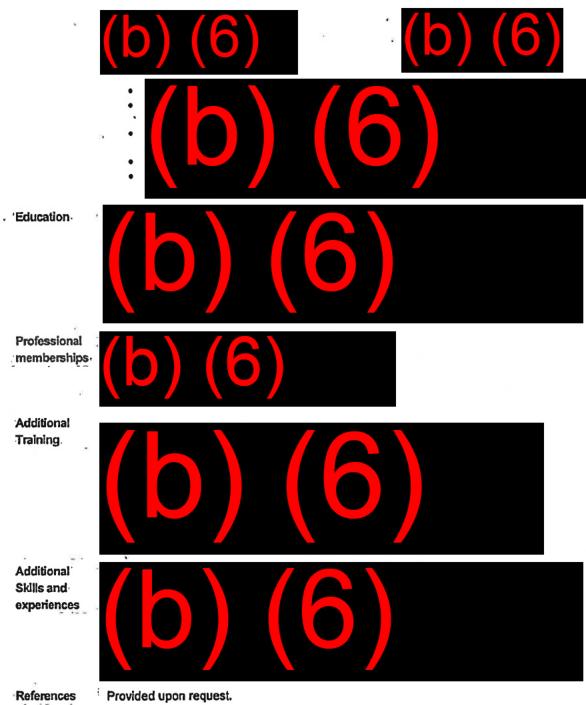
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Resume Page 3 of 4

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Provided upon request.

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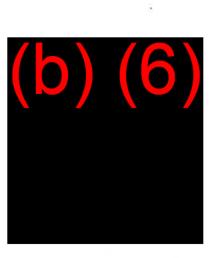
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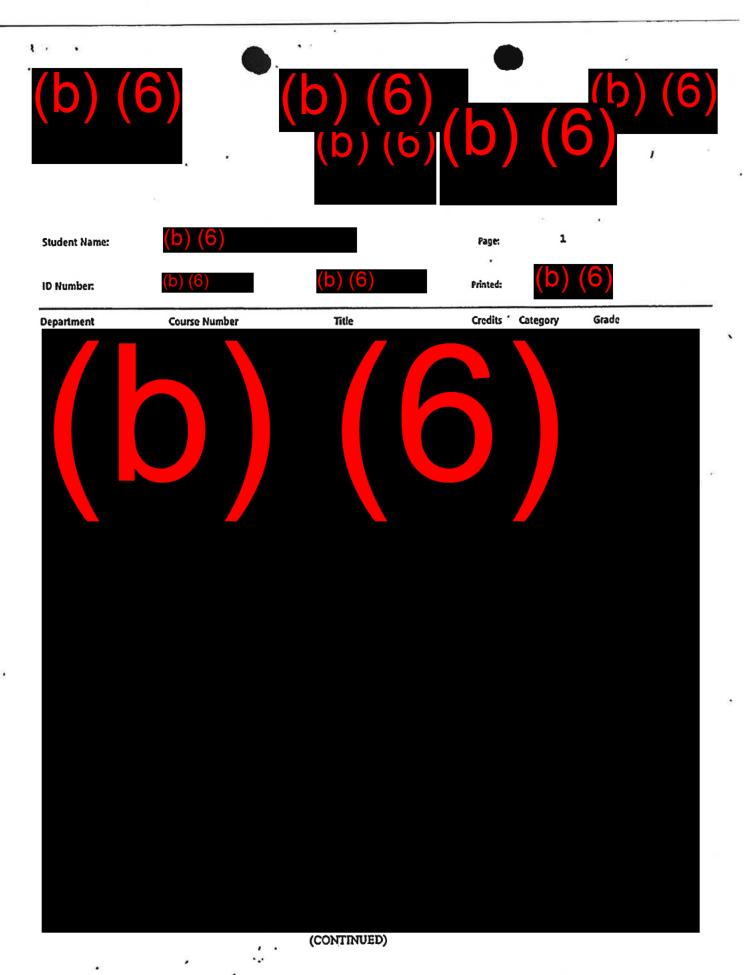
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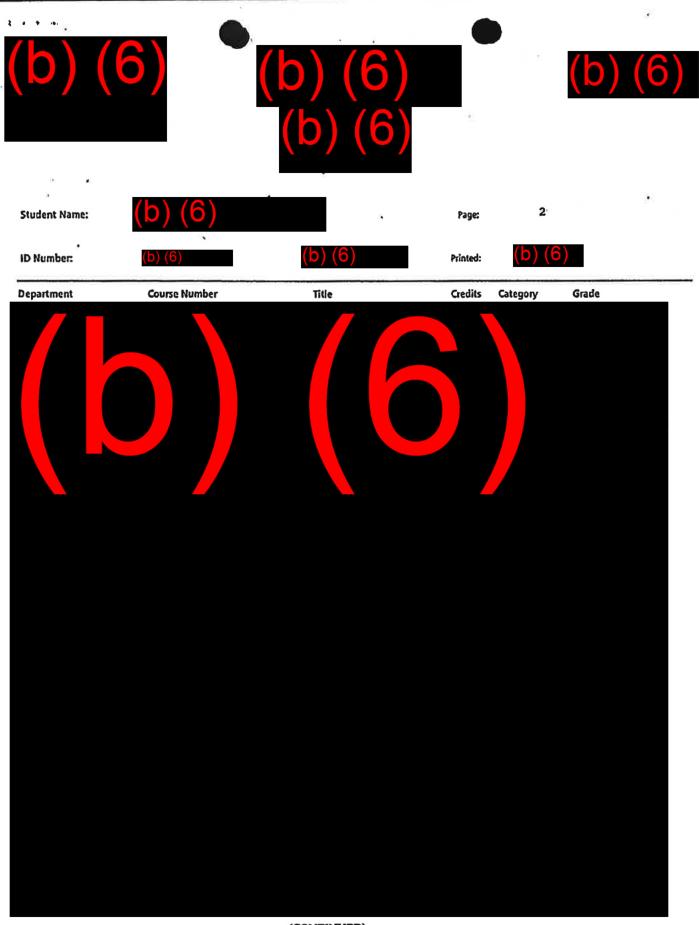














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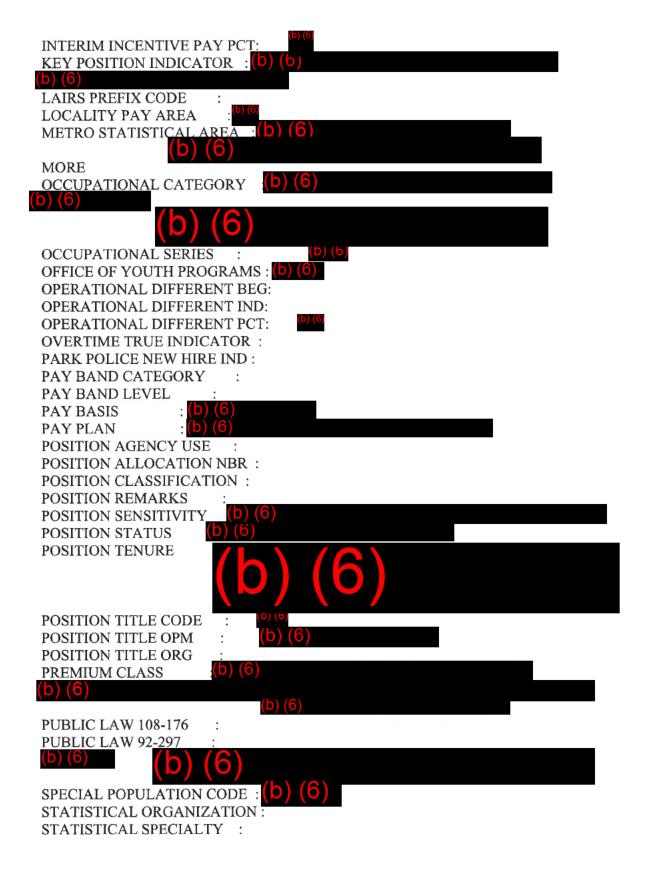
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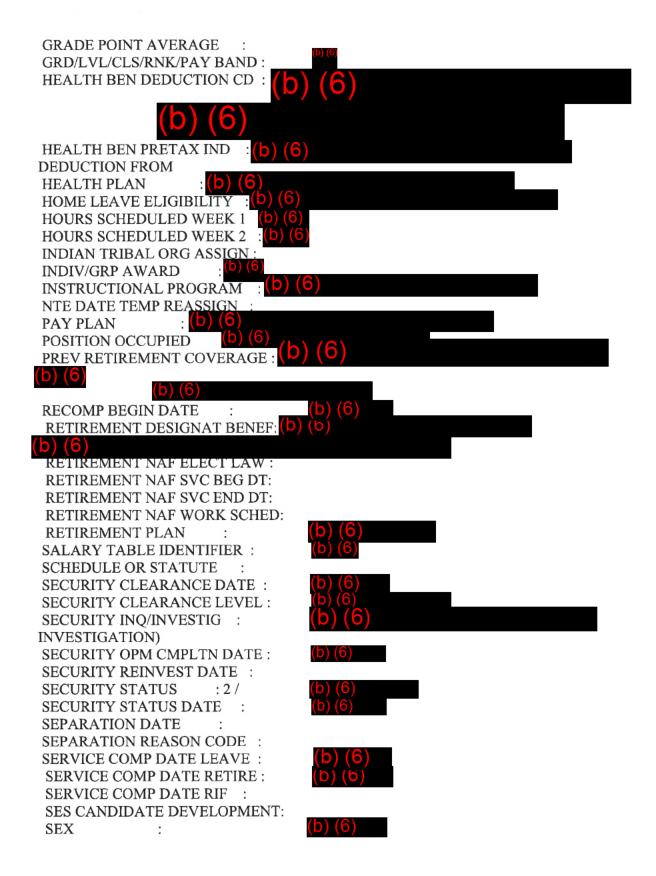
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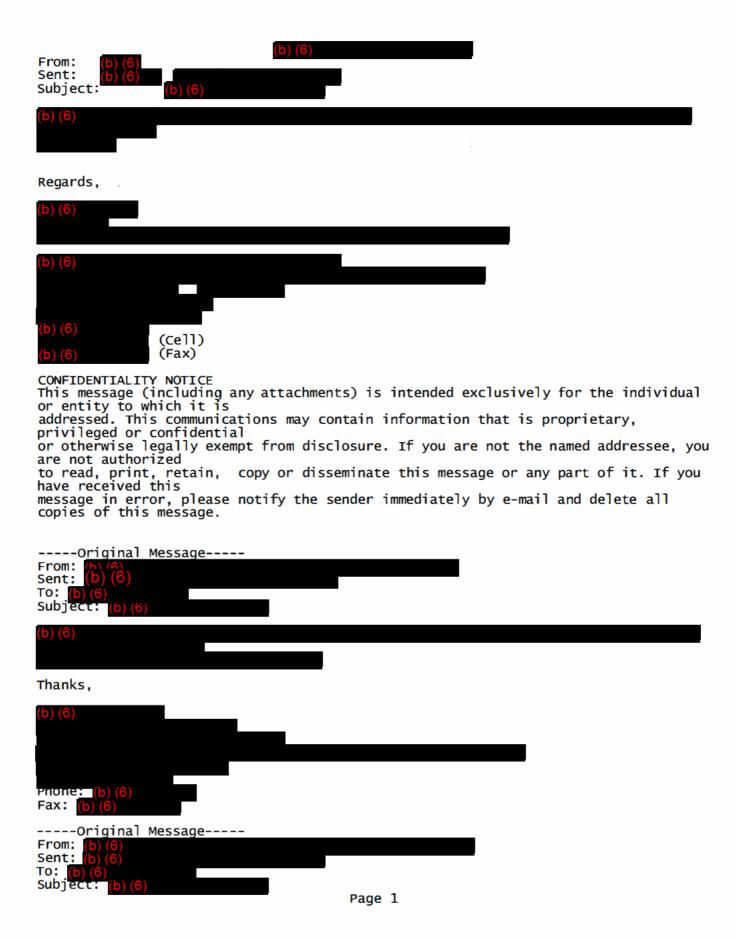
WAGE AREA

WORK SCHEDULE









(b) (6) Regards, (Cell) (Fax) CONFIDENTIALITY NOTICE This message (including any attachments) is intended exclusively for the individual or entity to which it is addressed. This communications may contain information that is proprietary, privileged or confidential or otherwise legally exempt from disclosure. If you are not the named addressee, you are not authorized to read, print, retain, copy or disseminate this message or any part of it. If you have received this message in error, please notify the sender immediately by e-mail and delete all copies of this message. ----Original Message----From: (b) Sent (b) (6) To: (b) (6) Subject: (b) (6) Thanks, Phone: Fax: Original Message----From: (b) (6) Page 2

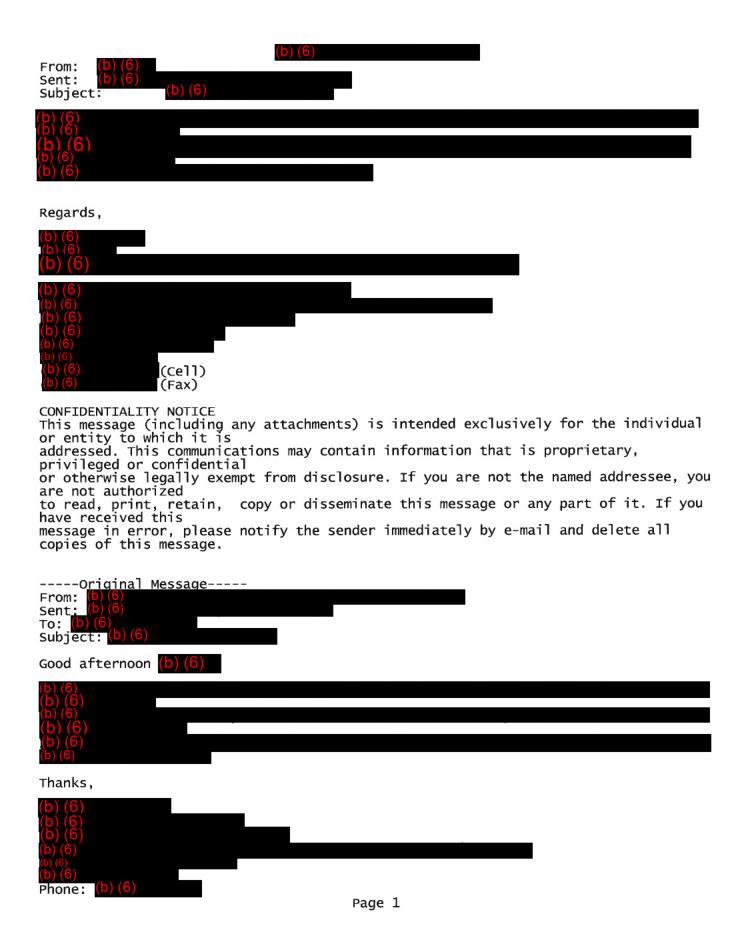
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Sent:
то:
Subject: (b) (6)
Regards,
                 (cell)
                 (Fax)
CONFIDENTIALITY NOTICE
This message (including any attachments) is intended exclusively for the individual
or entity to which it is addressed. This communications may contain information that is proprietary,
privileged or confidential
or otherwise legally exempt from disclosure. If you are not the named addressee, you
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to read, print, retain, copy or disseminate this message or any part of it. If you
have received this
message in error, please notify the sender immediately by e-mail and delete all
copies of this message.
----Original Message----
From:
Sent: (b) (6)
To: (b) (6)
Subject: (b) (6)
Thanks!
----Original Message-
From: (b) (6)
Sent: (b) (6)
To: (b) (6)
Subject:
---- Original Message -----
From: (b) (6)
To: (b) (6)
Sent: (b)
Subject: (b) (6)
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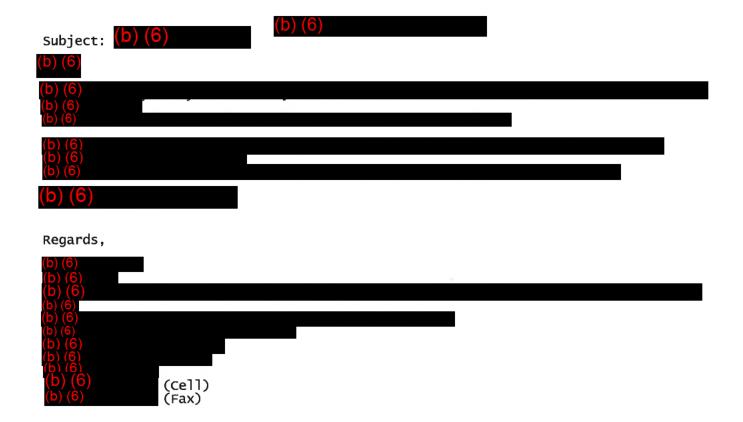
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style='font-size:11.0pt;color:#1F497D'><o:p>&nbsp;</o:p></span>
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style='font-size:10.0pt;font-family:"Helv", "sans-serif"'>V/r, <br>
<br>
<b><o:p></o:p></b></span>
<span</pre>
 style='font-size:10.0pt;font-family:"Helv","sans-serif"'>(6)
 b) (6) <br>
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Page 5



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      Original Message----
From:
Sent: (b)
To: (b) (6
Subject:
Regards,
                  (Ce11)
                  (Fax)
CONFIDENTIALITY NOTICE
This message (including any attachments) is intended exclusively for the individual
or entity to which it is addressed. This communications may contain information that is proprietary,
privileged or confidential
or otherwise legally exempt from disclosure. If you are not the named addressee, you
are not authorized
to read, print, retain, copy or disseminate this message or any part of it. If you have received this
message in error, please notify the sender immediately by e-mail and delete all copies of this message.
----Original Message----
From: (b) (c) Sent: (b) (c) (c) (c) (d)
Subject: (b) (6)
Thanks!
(b) (6)
----Original Message----
From:
Sent:
To: (b)
Subject: (b)(6)
---- Original Message -----
From: (b)
Sent: (b)
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Page 2

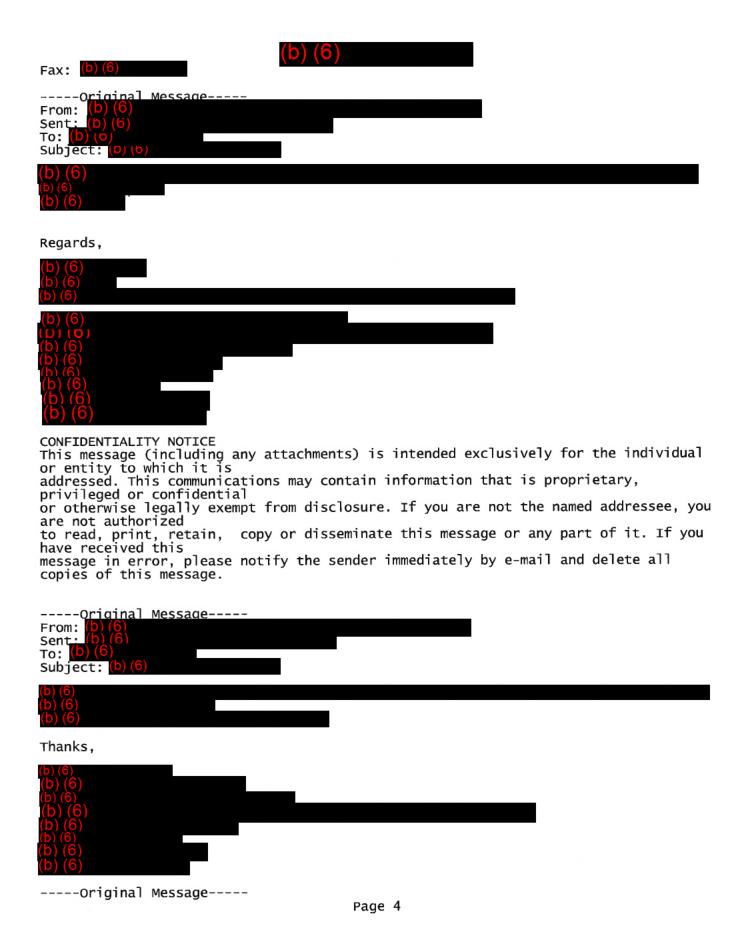


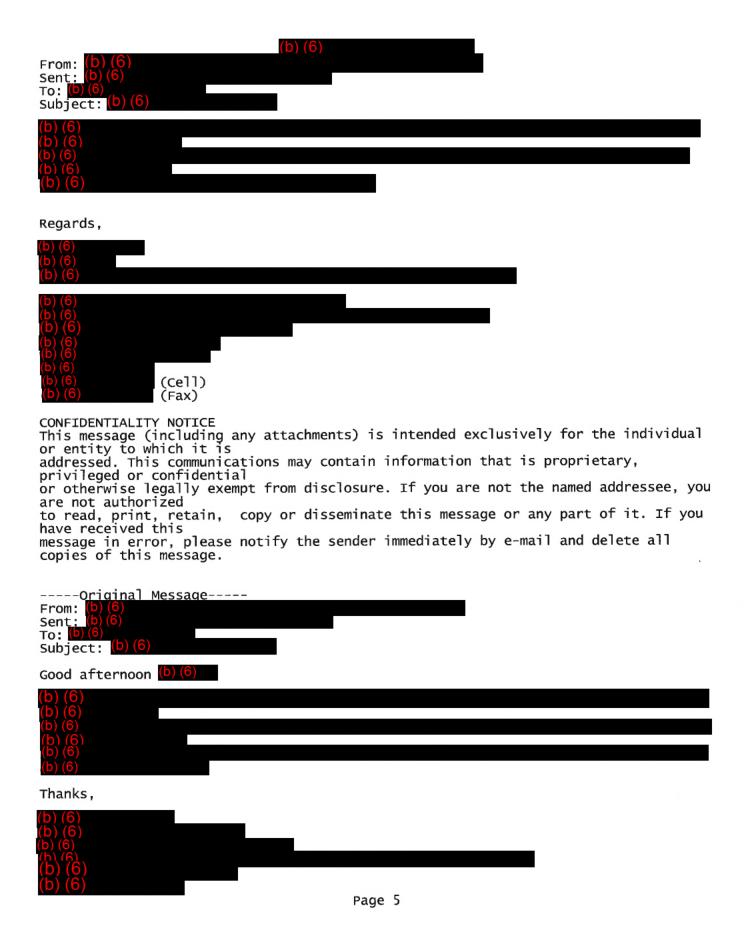
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From:
Sent:
Subject:
Regards,
                    (Cell)
                    (Fax)
---- Original Message -----
From: (b)
To: (b) (6)
Sent: (b)
Subject:
Regards,
                    (cell)
                    (Fax)
CONFIDENTIALITY NOTICE
This message (including any attachments) is intended exclusively for the individual
or entity to which it is addressed. This communications may contain information that is proprietary, privileged or confidential or otherwise legally exempt from disclosure. If you are not the named addressee, you
are not authorized
to read, print, retain, copy or disseminate this message or any part of it. If you
have received this
message in error, please notify the sender immediately by e-mail and delete all
copies of this message.
```

----Original Message---From: (b) (6)
Sent: (b) (6)
Page 1

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To: (b) (6)
Subject: (b) (6)
Thanks,
----<u>Original Message---</u>--
From:
Sent: (b) (
To: (b) (6)
Subject: (b) (6)
Importance: (b) (6)
Thank you.
Regards,
                 (cell)
                 (Fax)
CONFIDENTIALITY NOTICE
This message (including any attachments) is intended exclusively for the individual
or entity to which it is addressed. This communications may contain information that is proprietary,
privileged or confidential
or otherwise legally exempt from disclosure. If you are not the named addressee, you
are not authorized
to read, print, retain, copy or disseminate this message or any part of it. If you
have received this
message in error, please notify the sender immediately by e-mail and delete all
copies of this message.
----Original Message----
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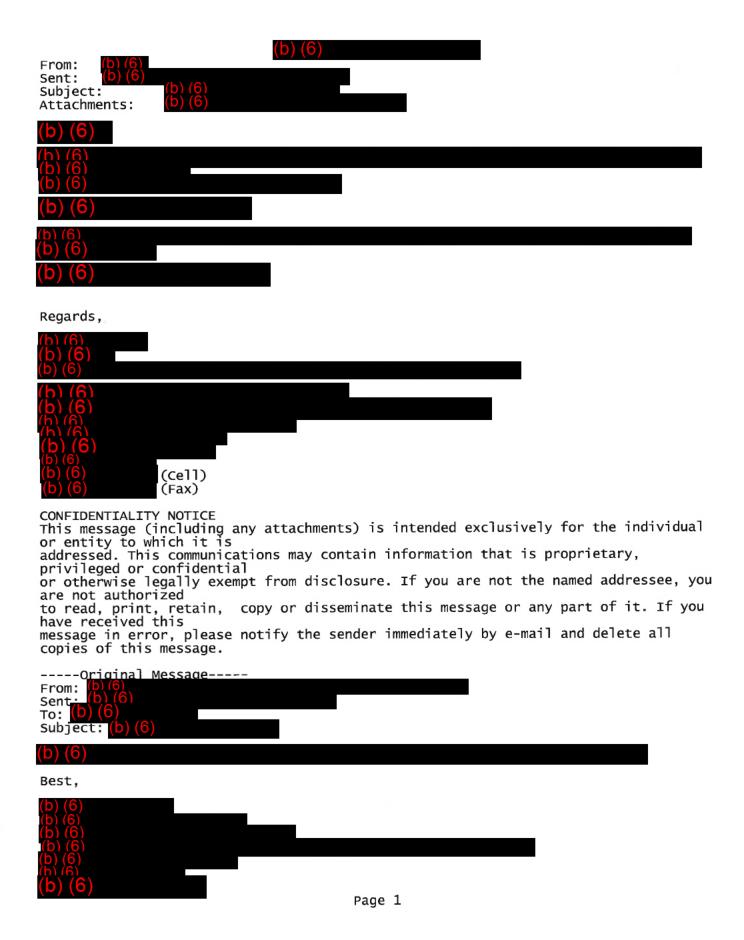
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(b) (6)
From:
Sent: (b) (6)
To: (b) (6)
Subject: (b) (6)
Thanks,
Phone: (b) (6)
Fax: (b) (6)
          Original Message----
(b) (6)
Sent; (b) (6)
To: (b) (6)
Subject: (b) (6)
Regards,
                             (Cell)
(Fax)
---- Original Message
From: (b) (6)
To: (b) (6)
Sent: (b) (6)
sent: (b) (6)
Subject: (b) (6
(b) (6)
Best,
                                                                            Page 3
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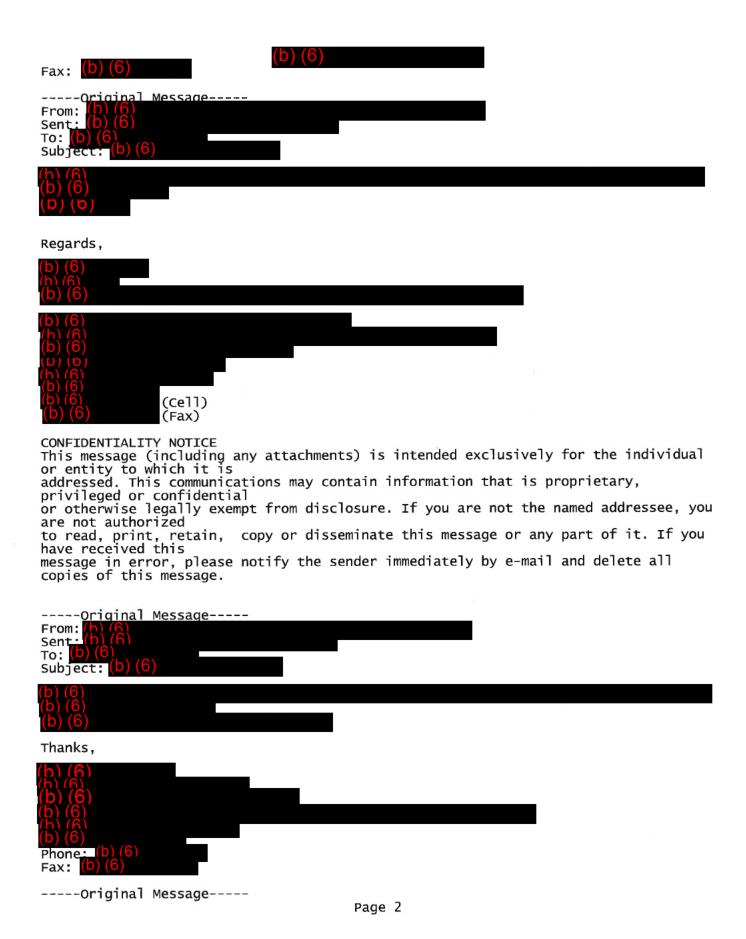


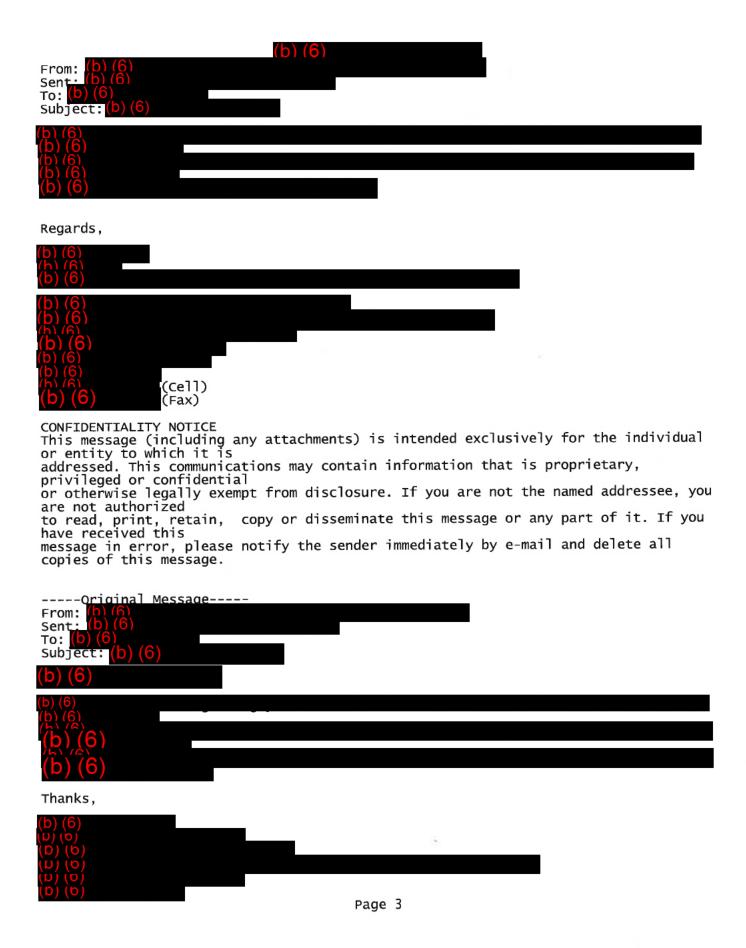


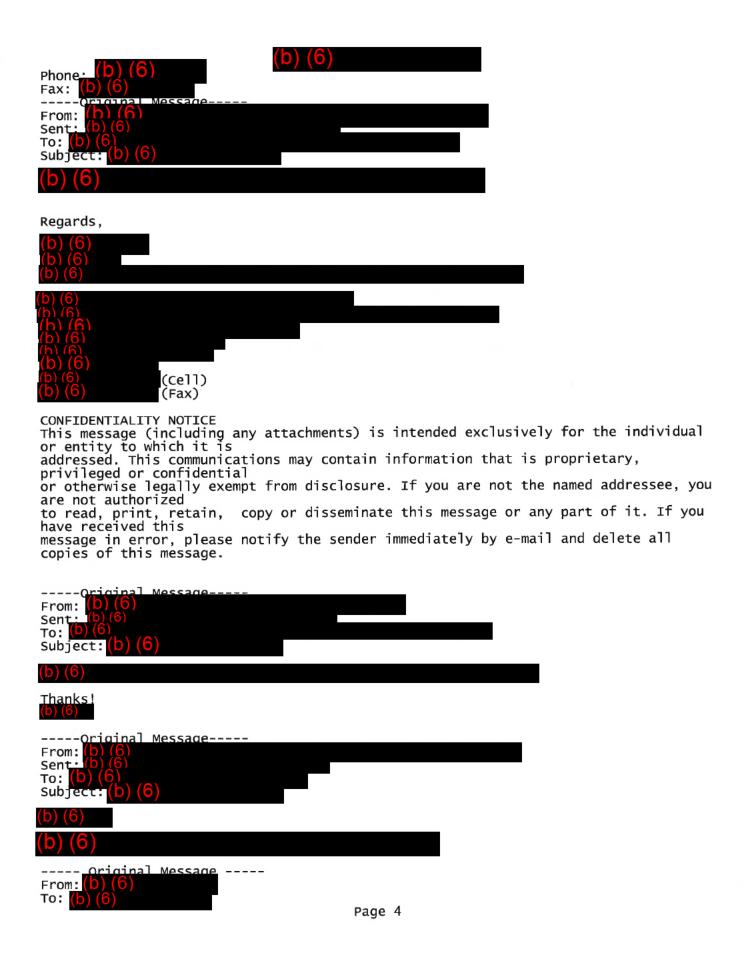
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Phone: (b) (6)
Fax: (b) (b)
     Original Message-
From:
sent:
To: (b)
Subject:
Regards,
                 (Cell)
                 (Fax)
CONFIDENTIALITY NOTICE
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are not authorized
to read, print, retain, copy or disseminate this message or any part of it. If you
have received this
message in error, please notify the sender immediately by e-mail and delete all
copies of this message.
----Original Message----
From:
Sent: (b) (c)
Subject: (b) (6)
Thanks!
----Original Message----
From: (D)
Sent: (b) (b)
Subject:
---- Original Message ----
From: (b) (6)
To: (b) (6)
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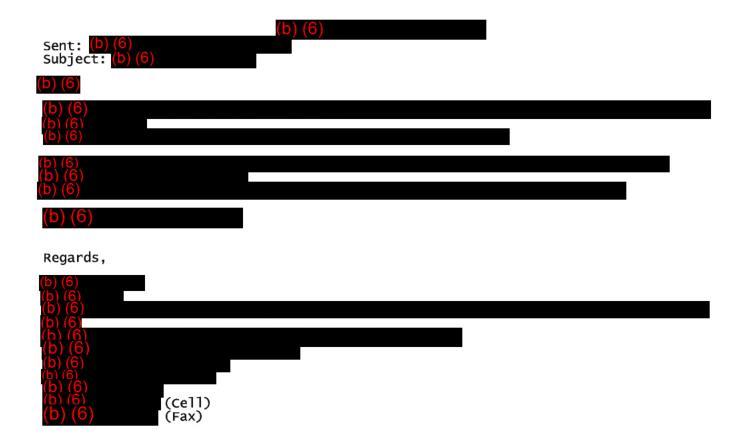


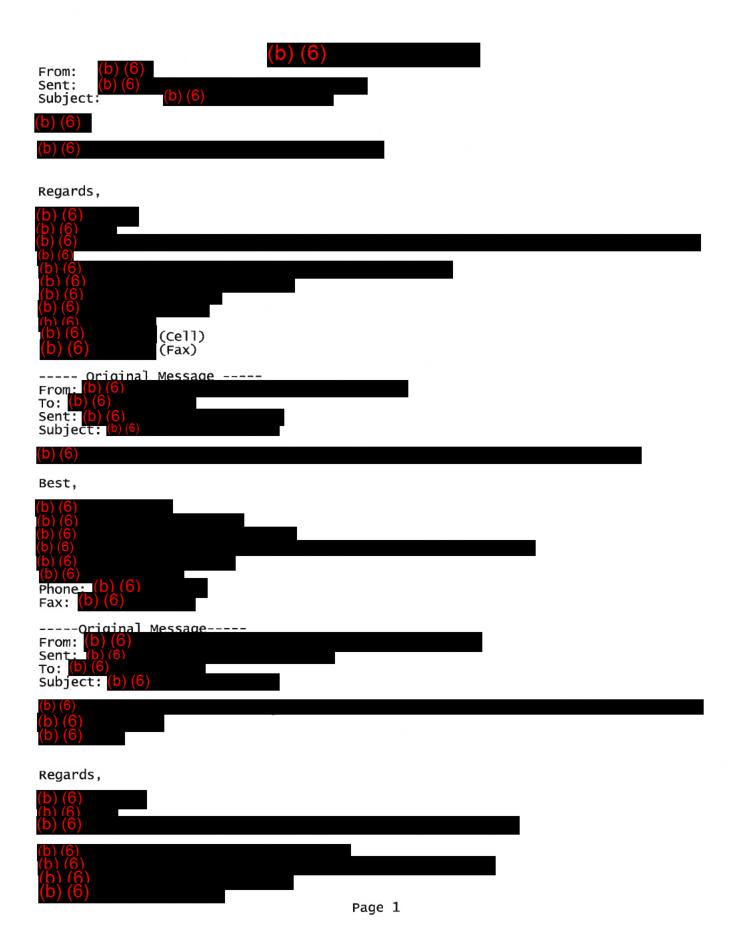












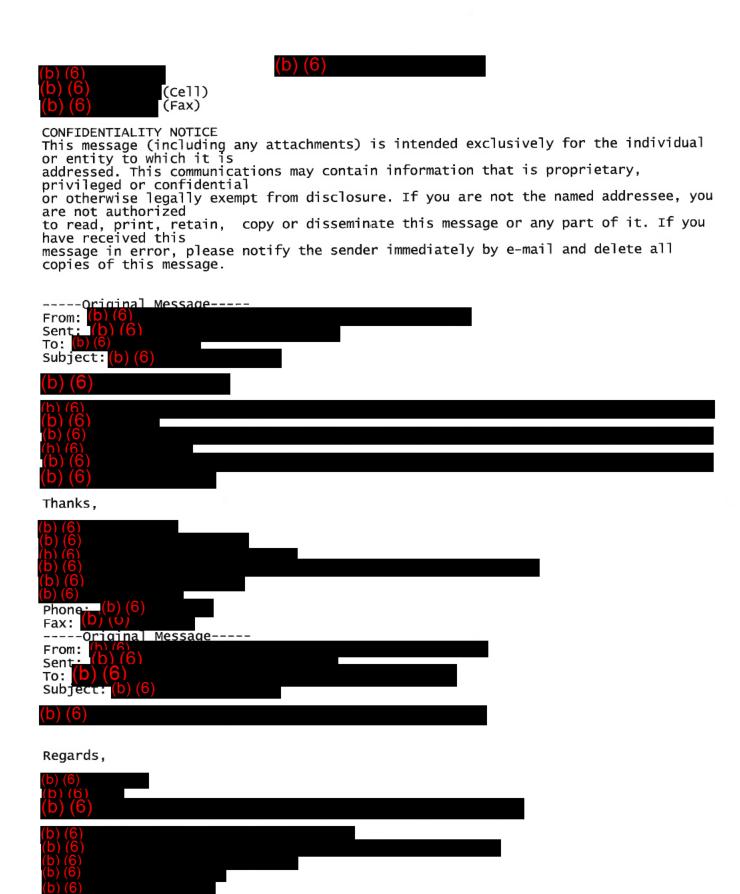
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(b) (6)
(cell)
(b) (6)
(confidential or entity to which it is addressed. This communications may contain information that is proprietary, privileged or confidential or otherwise legally exempt from disclosure. If you are not the named addressee, you are not authorized to read, print, retain, copy or disseminate this message or any part of it. If you have received this message in error, please notify the sender immediately by e-mail and delete all

copies of this message.

Regards,

From: (b) (6)
Sent: (b) (6)
Subject: (b) (6)

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Page 3

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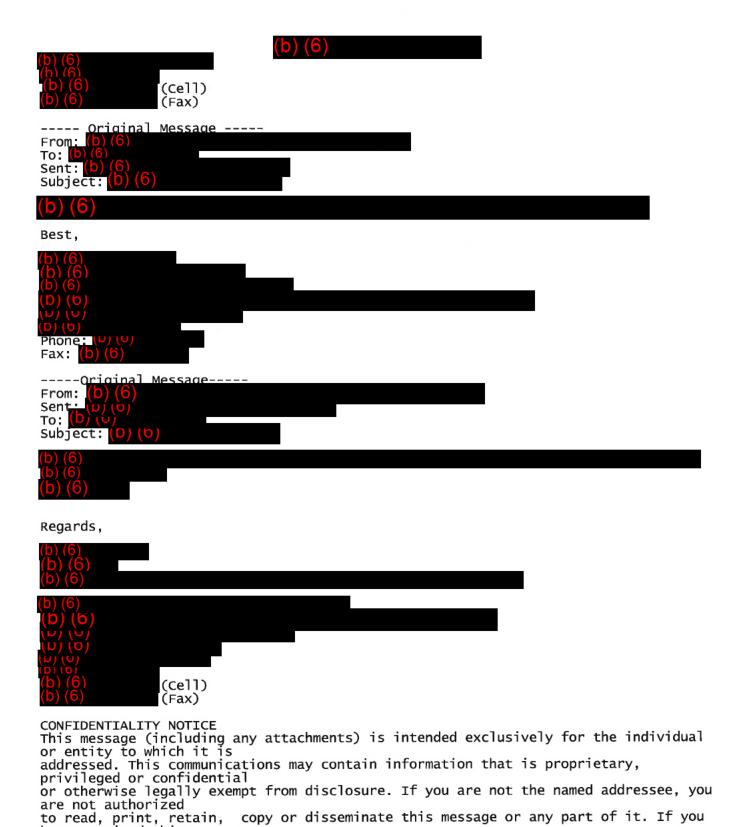
(b) (6) (Cell) (b) (6) (Fax)

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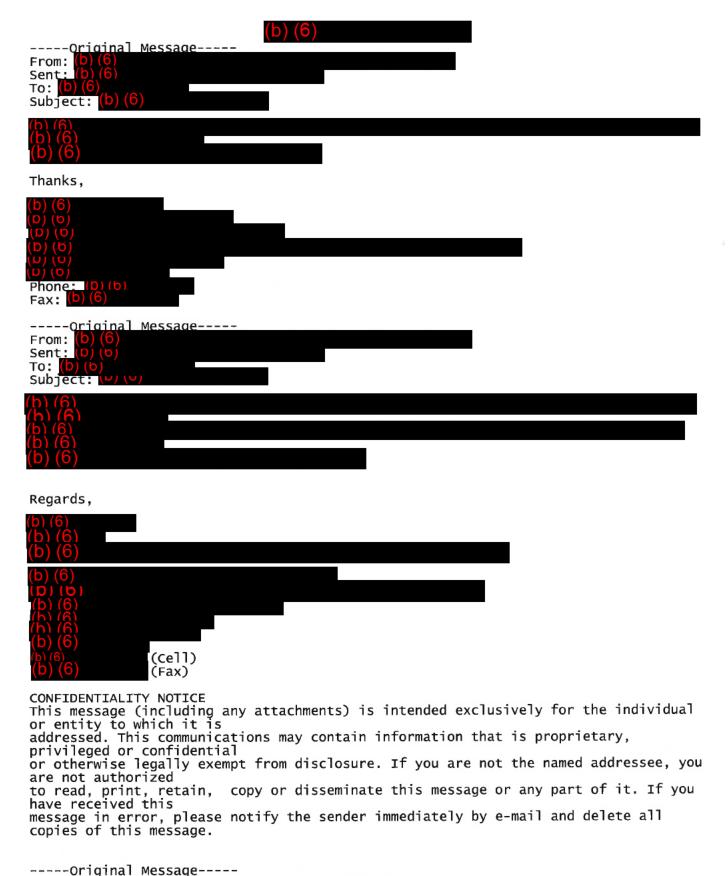
Original Message From: (b) (6) Sent: (b) (6) To: (b) (6) Subject: (b) (6)	
Thanks! (b) (6)	
Original Message From: (b) (6) Sent: (D) (b) To: (b) (6) Subject: (b) (6)	
(b) (6)	
(b) (6)	
Original Message From: (b) (6) To: (b) (6) Sent: (b) (6) Subject: (b) (6)	
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Regards,	
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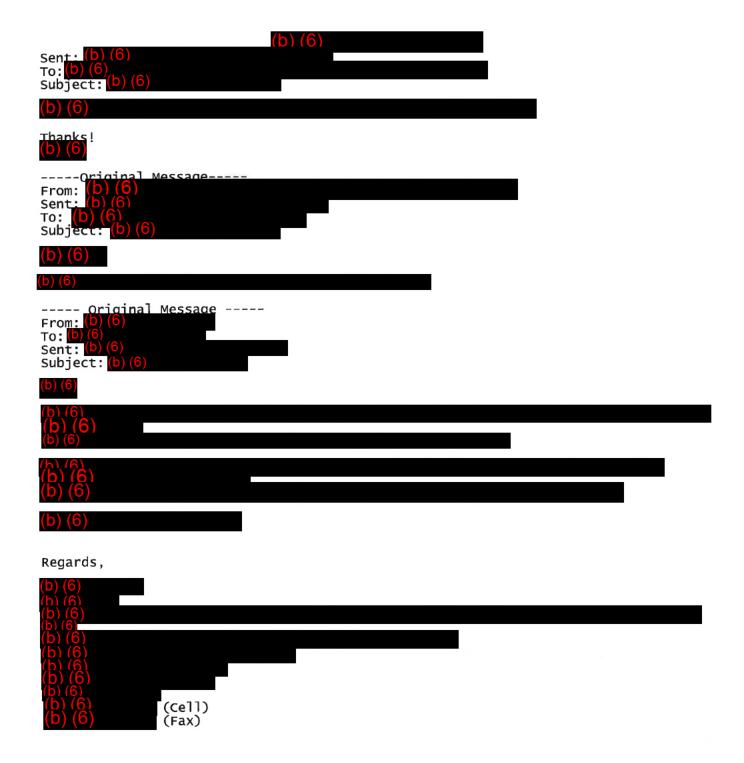


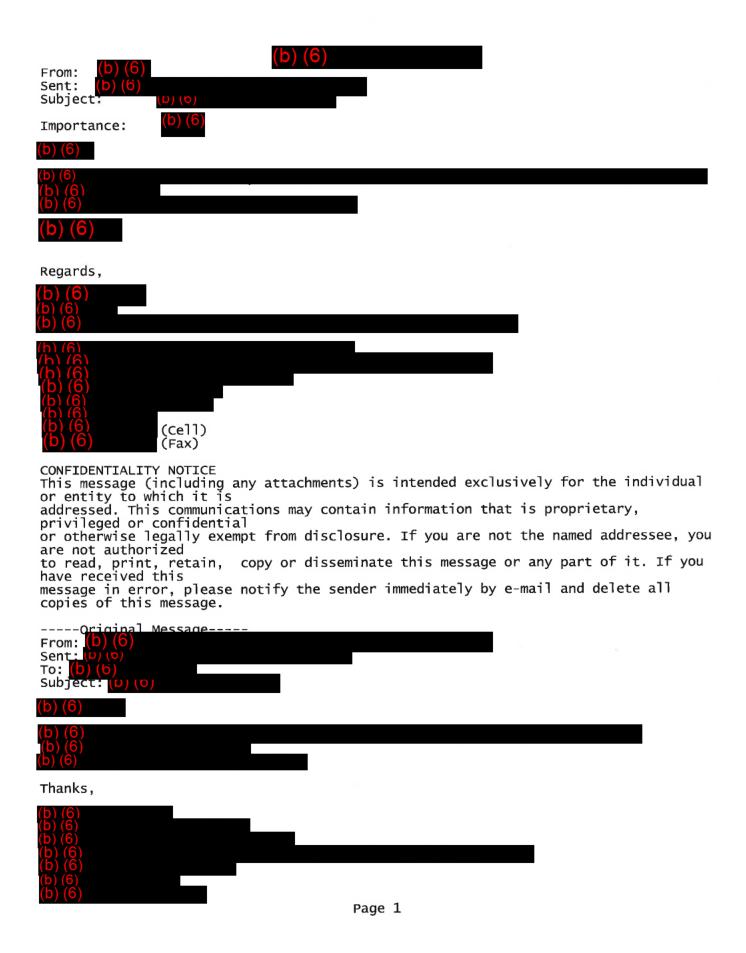




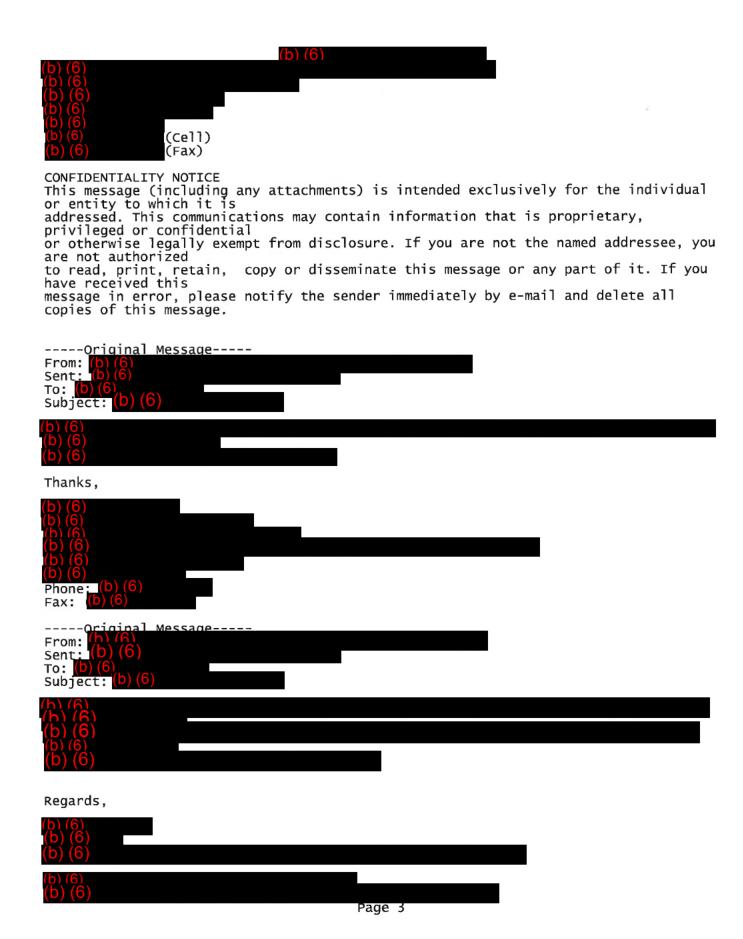
have received this message in error, please notify the sender immediately by e-mail and delete all copies of this message.

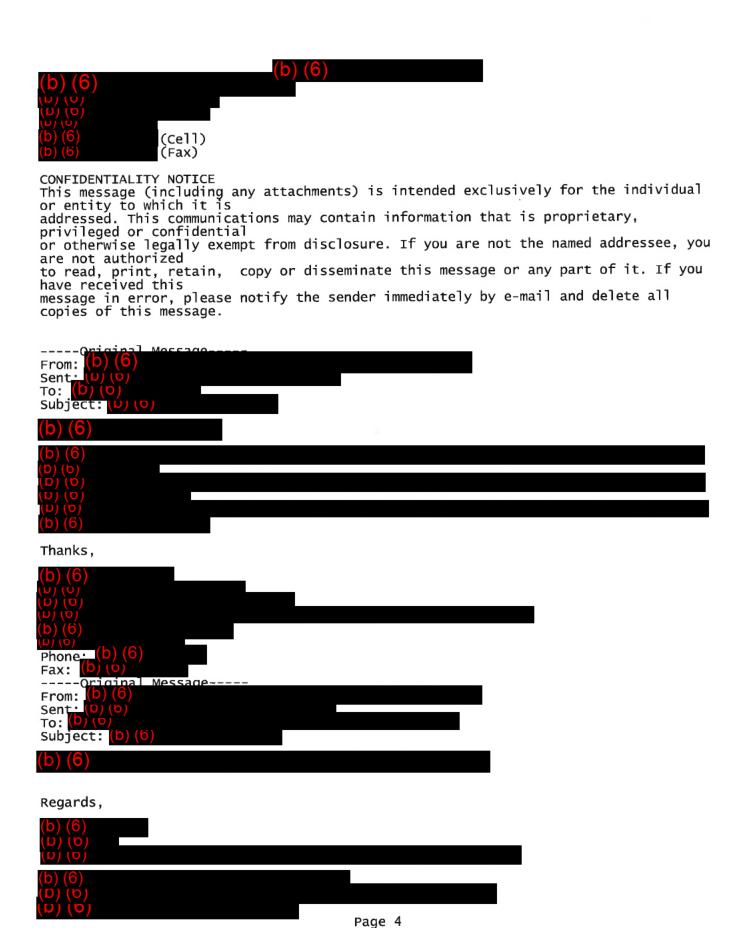






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Fax: (b) (6)
          Original Message
From:
Sent: (b) (6)
To: (b) (6)
Subject: (b)
Regards,
                             (Cell)
(Fax)
From: (b) (6)
To: (b) (c)
Sent: (b) (6)
Subject:
Subject: (b) (6)
Best,
Phone: (b) (6)
Fax: (b) (6)
----Original Message----
From: (b) (6)
Sent: (b) (6)
To: (b) (6)
Subject: (b) (b)
Regards,
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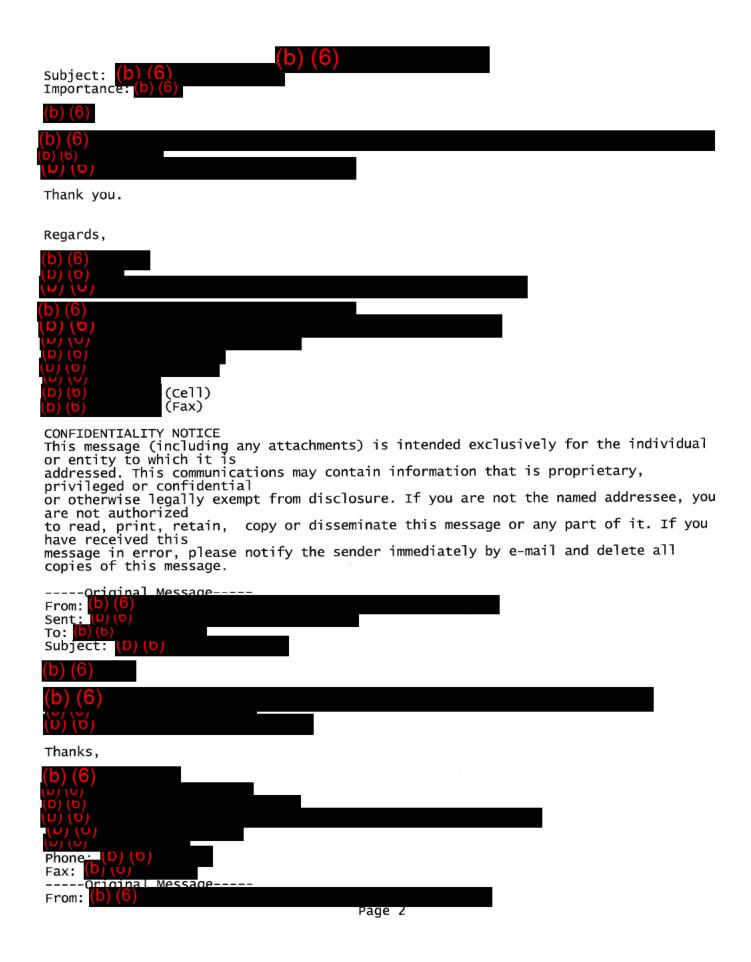
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From: Sent: Subject: (v) (v) Thanks! ninal Message-From: Sent\_ To: (D) Subject: From: (b) (6)
To: (b) (b)
Sent: (D) (b) Subject: Regards,



From: Sent: Subject: Regards, (Ce11) (Fax) CONFIDENTIALITY NOTICE
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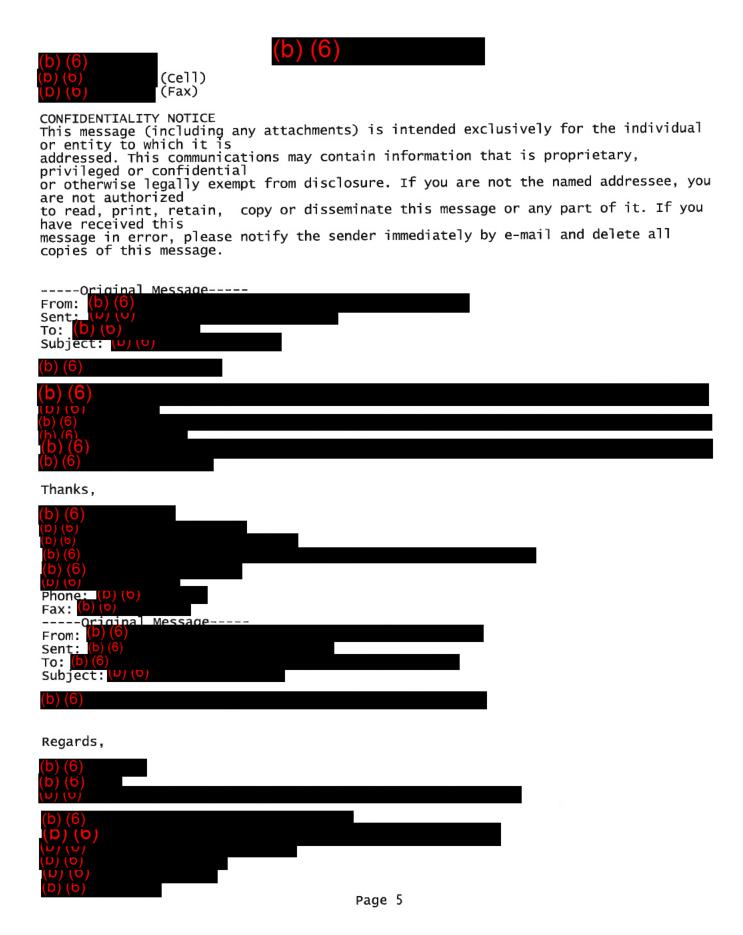


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(b) (6)
Sent: (b)
To: (b) (c)
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                                (Cell)
(Fax)
From: (b) (6)
To: (b) (v)
Sent: (b) (c)
Subject: (b) (b)
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Best,
Phone: (b) (b)
Fax: (b) (c)
From: (b) (6)
Sent: (b) (c)
To: (b) (c)
Subject: (b) (c)
Regards,
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(b) (6) (Cell) (Fax) CONFIDENTIALITY NOTICE This message (including any attachments) is intended exclusively for the individual or entity to which it is addressed. This communications may contain information that is proprietary, privileged or confidential or otherwise legally exempt from disclosure. If you are not the named addressee, you are not authorized to read, print, retain, copy or disseminate this message or any part of it. If you have received this message in error, please notify the sender immediately by e-mail and delete all copies of this message. ----Original Message----From: Sent To: (0) Subject: (b Thanks, Phone: (b

Sent: (b) (6)
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From:



(b) (6)

(b) (6) (Cell) (Fax)

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----Original Message From: Sent: (b) Subject: (b) (6) (b) (6) Thanks! <u>Original Message----</u> From: (b) (6 Sent (D) (D) то: (р) Subject: Original Message ----From: (b) Sent: Subject: Regards, Page 6

