Form Approved
OMB No. 3206-0040

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, and information on the Privacy Act and Public Burden Statements. The instructions will be repeated in case this cover sheet becomes separated. The scan form itself is made up of six pages total. When submitting the completed OPM Form 1203-FX, ***do not*** include this cover page.

Follow the instructions on the vacancy announcement to complete the attached form.

- For optimum accuracy, it is recommended that characters be written in block style.
- Do not write on or outside the boxes.
- Do not use special characters.
- PRINT your responses in the boxes, lines, and/or blacken in the appropriate ovals.
- Use black ink. Do not staple this form.
- You may obtain an electronic copy of this form on http://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 put on this form to see 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 see whether you are affected by laws we must follow in deciding who may be employed by the Federal government.

We must have your Social Security Number (SSN) to identify your records because other people may have the same name and birthdate. The OPM may also use your SSN to make requests for information about you from employers, schools, banks, and others who know you, but only as allowed by law or Presidential directive. We request your SSN under the authority of Public Law 104-134 (April 26, 1996). This law requires that any person doing business with the Federal government furnish an SSN or tax identification number. This is an amendment to title 31, Section 7701.

The information we collect by using your SSN will be used for employment purposes and also for studies and statistics that will not identify you. Information we have about you may also be given to Federal, State and local agencies for checking on law violations or for other lawful purposes. We may send your name and address to State and local Government agencies, Congressional and other public offices, and public international organizations, if they request names of people to consider for employment. We may also notify your school placement office if you are selected for a Federal job. 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. In addition, incomplete addresses and Zip Code(s) will slow processing.

We may confirm information from your records with prospective nonfederal employers concerning tenure of employment, civil service status, length of service, and date and nature of action for separation as shown on personnel action forms of specifically identified individuals.

Public Burden Statement

We estimate the public reporting burden for this collection will vary from 20 to 45 minutes with an average of 30 minutes per response, 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), OPM Forms Officer (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 vacancy announcement(s).

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OMB No. 3206-0040

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

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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.

Social security number ___ - __ - ____

Vacancy identification number _____

Follow the instructions on the vacancy announcement.

- For optimum accuracy, it is recommended that characters be written block style following the examples below.
- Do not write on or outside the boxes.
- Do not use special characters. Use only the characters shown.
- PRINT your responses in the boxes and/or blacken in the appropriate ovals.
- Use black ink. Do not staple this form.
- You may obtain an electronic copy of this form at http://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)
A. Notify me by e-mail:
○ Yes ○ No B. _____

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Vacancy identification number

4. Work information (if applicable)

A. Place of employment

B. Work address

C. Work city

D. Work 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.

E. Work zip code + 4 (optional)

F. Work country

G. Work 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 nights/month?	○	○

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 vacancy announcement instructions)

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

8. Other information

(see vacancy announcement instructions)

A. Gender ○ Male ○ Female

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

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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
- ○ 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 vacancy 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 ○

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Vacancy identification number _____

20. Occupational specialties (see vacancy announcement instructions)

1	2	3	4	5

6	7	8	9	10

21. Geographic availability (see vacancy announcement instructions)

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 vacancy announcement instructions)

Years: ___ Months: ___

24. Personal background information (see vacancy announcement instructions)

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

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25. Occupational questions (see vacancy announcement instructions)

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Social security number ___ - __ - ____

Vacancy identification number _____

	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.	○	○	○	○	○	○	○	○	○

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25. Occupational questions (continued)

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.

Social security number ___ - __ - ____

Vacancy identification number _____

	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.

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