

FSA-675**U. S. DEPARTMENT OF AGRICULTURE**

(07-02-99)

Farm Service Agency

1. STATE

2. COUNTY

APPLICATION FOR FSA COUNTY EMPLOYMENT

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1980, as amended. The authority for requesting the following information is 7 CFR Part 7. The information will be used for recruitment, screening and selection of candidates for FSA County Office employment. Furnishing the requested information is voluntary; however, persons not furnishing it will not be considered for employment. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0016. The time required to complete this information collection is estimated to average 64 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. RETURN THIS **COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

3. POSITION APPLIED FOR		4. LOWEST SALARY ACCEPTABLE \$		5. NO. DAYS NOTICE REQUIRED BEFORE REPORTING TO DUTY	
6. NAME (First)		(Middle)		(Maiden)	
6. NAME (First)		(Middle)		(Last)	
7. SOCIAL SECURITY NUMBER					
8. ADDRESS (street, rural route, city, state, zip code)				9. U.S. CITIZEN?	
				YES ☐ NO ☐	
				10. TELEPHONE NUMBER (Include area code)	
11. PLACE OF BIRTH (town or city, state)					
					YES
					NO
12. Have you ever been convicted of, or forfeited collateral for any firearms or explosive violation ?					
13. Are you now under charges for any violation of law?					
14. During the last 10 years have you forfeited collateral, been convicted, been imprisoned, been on probation, or been on parole? Do not include violations reported in 13 or 14, above.					
15. Have you ever been convicted by a military court-martial ? If no military service, answer " NO ".					
16. Are you delinquent on any Federal debt? (Include delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government plus defaults on Federally guaranteed or insured loans such as student and home mortgage loans.)					
17. If " YES " in: 15 - Explain each violation. Give place of occurrence and name/address of police or court involved. 16 - Explain the type, length and amount of the delinquency or default, and steps you are taking to correct errors or repay the debt. Give any identification number associated with the debt and the address of the Federal agency involved.					
NOTE: If you need more space, use a sheet of paper, and include the item number.					
ITEM NO.	DATE	EXPLANATION	MAILING ADDRESS		
			Name of Employer, Police, Court, or Federal Agency		
			City	State	ZIP Code
			Name of Employer, Police, Court, or Federal Agency		
			City	State	ZIP Code
					YES
					NO
18. Do any of your relatives work for the United States Government, the United States Armed Forces, or any County FSA Office? If "yes", include: father; mother; husband, wife; son; daughter; brother; sister; uncle; aunt; first cousin, nephew; niece; father-in-law; mother-in-law; son-in-law; daughter-in-law, brother-in-law, and sister-in-law.					
NAME		RELATIONSHIP	DEPARTMENT, AGENCY, OR BRANCH OF ARMED FORCES		
19. During the last 10 years , were you fired from any job for any reason, did you quit after being told that you would be fired , or did you leave by mutual agreement because of specific problems?					YES
					NO
20. Do you receive, or have you applied for retirement pay, pension or other based on military, Federal civilian, or District of Columbia Government service?					

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.

21. Do you hold any office or serve in any position with a general or specialized farm or commodity organization.	YES	NO	If yes, give the names of the organization and the offices and positions held. You may be required to give up these positions if you are accepted for employment with FSA. <i>(Attach a separate sheet, if necessary.)</i>				
22. During any past FSA service, have you ever been removed from office or are you at present disqualified for future FSA employment?			If yes, give details and attach a separate sheet.				
23. EDUCATION							
A. Did you graduate from high school? <i>If you have a GED high school equivalency or will graduate within the next nine months, answer "YES".</i>	YES		If "YES", give month, and year graduated or received GED equivalency.		MONTH	YEAR	
	NO		If "NO", give the highest grade you completed.		HIGHEST GRADE COMPLETED		
B. DESCRIBE ANY SPECIAL TRAINING YOU RECEIVED WHICH MAY BE HELPFUL TO YOU IN WORKING FOR THE COUNTY FSA OFFICE.							
C. List All Other Schools Attended Above High School Level and Give the Following Information:							
1. NAME AND LOCATION	2. DATES ATTENDED		3. COMPLETED		4. CHECK		5. DEGREES RECEIVED
	FROM	TO	SCHOOL YEARS	CREDIT HOURS <i>(Semester or Quarters)</i>	DAY	NIGHT	
D. Major field of study at highest level of college work:							
1. CHIEF UNDERGRADUATE COLLEGE SUBJECTS STUDIED AND/OR DEGREE LEVEL	2. CREDIT HOURS EARNED		3. CHIEF GRADUATE COLLEGE SUBJECTS STUDIED	4. CREDIT HOURS EARNED			
	SEMESTER	QUARTER		SEMESTER	QUARTER		
24. MILITARY SERVICE							
A. BRANCH OF SERVICE	B. DATE OF ENTRY	C. DATE OF DISCHARGE	D. TYPE OF DISCHARGE				
25. REFERENCES <i>(Give name, address and occupation of two persons not related to you who have knowledge of your qualifications and abilities)</i>							
A. NAME	ADDRESS			OCCUPATION			
B. NAME	ADDRESS			OCCUPATION			
26. FARM/AGRI-BUSINESS EXPERIENCE <i>(Give dates, nature, type, and extent of your experience)</i>							

27. EXPERIENCE (Start with current or last position and work back)							
1	A. DATE OF EMPLOYMENT		B. SALARY				C. TITLE OF POSITION
FROM (Mo., Yr..)		TO (Mo., Yr..)	STARTING \$	PER	FINAL \$	PER	
D. NAME AND ADDRESS OF EMPLOYER							E. NO. HOURS PER WEEK WORKED (If other than full time)
							F. REASON FOR LEAVING
G. DESCRIPTION OF WORK							

2	A. DATE OF EMPLOYMENT		B. SALARY				C. TITLE OF POSITION
FROM (Mo., Yr..)		TO (Mo., Yr..)	STARTING \$	PER	FINAL \$	PER	
D. NAME AND ADDRESS OF EMPLOYER							E. NO. HOURS PER WEEK WORKED (If other than full time)
							F. REASON FOR LEAVING
G. DESCRIPTION OF WORK							

3	A. DATE OF EMPLOYMENT		B. SALARY				C. TITLE OF POSITION
FROM (Mo., Yr..)		TO (Mo., Yr..)	STARTING \$	PER	FINAL \$	PER	
D. NAME AND ADDRESS OF EMPLOYER							E. NO. HOURS PER WEEK WORKED (If other than full time)
							F. REASON FOR LEAVING
G. DESCRIPTION OF WORK							

4	A. DATE OF EMPLOYMENT		B. SALARY				C. TITLE OF POSITION
	FROM (Mo., Yr..)	TO (Mo., Yr..)	STARTING \$	PER	FINAL \$	PER	
D. NAME AND ADDRESS OF EMPLOYER							E. NO. HOURS PER WEEK WORKED (If other than full time)
							F. REASON FOR LEAVING
G. DESCRIPTION OF WORK							

5	A. DATE OF EMPLOYMENT		B. SALARY				C. TITLE OF POSITION
	FROM (Mo., Yr..)	TO (Mo., Yr..)	STARTING \$	PER	FINAL \$	PER	
D. NAME AND ADDRESS OF EMPLOYER							E. NO. HOURS PER WEEK WORKED (If other than full time)
							F. REASON FOR LEAVING
G. DESCRIPTION OF WORK							

NOTE: It is important that all periods of County FSA employee service and Civil Service employment be reflected in this application. If you have service of this type which has not already been noted in this application, attach a separate sheet citing each period of such service.

28. CERTIFICATION

I certify that the statements made by me in this application are true, complete, and correct and made in good faith. A false statement on any part of your application may be grounds for not hiring you, or for firing you after you begin work.

SIGNATURE OF APPLICANT	DATE
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29. APPROVALS

A. MEETS QUALIFICATION STANDARDS		B. APPROVED FOR EMPLOYMENT	
NAME		NAME	
TITLE	DATE	TITLE	DATE