SOCIAL SECURITY BOARD
APPLICATION FOR EMPLOYMENT

All questions is this application must be answered in order for you to be considered an applicant for employment at Social Security. Please print all information clearly: a resume or any additional information you feel might favorably affect consideration of your application may be attached. Upon completion, kindly forward to the Manager, Human Resources Department, Social Security Headquarters, Post Office Box 18,

Position Applied for: _____

A. PARTICULARS OF APPLICANT:

1.) Full Name of Applicant: _____
Last First Middle

2.) Date of Birth: _____ 3.) Marital Status: _____

4.) Social Security Number: _____ 5.) Nationality: _____

6.) Male: _____ Female: _____ 7.) E-mail Address:_____

8.) Address: _____ 9.) Home Phone: _____
House Number Street Name

_____ 10.) Business Phone: _____
Village/Town/City District

11.) Number of Dependents: _____

12.) Do you have any physical or mental impairments that may interfere with performance of your duties?

If yes, please specify: _____

13.) Do you have any immediate family relative presently employed by Social Security? Yes: _____ No: _____

14.) Have you ever been convicted of a Yes: _____ No: _____

15.) Languages Spoken and Written: _____