

SUPPLEMENTAL QUALIFICATIONS INFORMATION

FOR THE AIR FORCE AUTOMATED PROMOTION SYSTEM

LAST NAME	FIRST NAME, MIDDLE INITIAL	SSN
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WORK EXPERIENCE

Describe any paid and nonpaid experience. Do not attach job description

#1	Job Title (If Federal or Military, include series and grade or rank, and if promoted, the date of last promotion)			
Job Title (If Federal or Military, include series and grade or rank, and if promoted, the date of last promotion)				
From (MM/YY)	To (MM/YY)	Hours Per Week	Number Supervised	Salary
Employer's Name and Address:			Supervisor's Name & Phone Number	
Description of Work: Describe your specific duties, responsibilities and accomplishments in this job. If you describe more than one type of work (ex: carpentry and painting, personnel and budget), write the approximate percentage of time you spent doing each.				
#2	Job Title (If Federal or Military, include series and grade or rank, and if promoted, the date of last promotion)			
Job Title (If Federal or Military, include series and grade or rank, and if promoted, the date of last promotion)				
From (MM/YY)	To (MM/YY)	Hours Per Week	Number Supervised	Salary
Employer's Name and Address:			Supervisor's Name & Phone Number	
Description of Work: Describe your specific duties, responsibilities and accomplishments in this job. If you describe more than one type of work (ex: carpentry and painting, personnel and budget), write the approximate percentage of time you spent doing each.				

EDUCATION AND TRAINING

You must attach transcripts or OPM Form 1170/17 to receive credit for education

Name and Location (City, State and Zip Code of College or University)	Hrs (Sem/Qtr)	Degree	MM/YY
1			
2			
3			

Major Undergraduate Studies	Hrs (S/Q)	Major Graduate Studies	Hrs (S/Q)
1		1	
2		2	
3		3	

If you have completed any other courses or training (trade, vocational, Armed Forces, business) please provide the name and location of the school attended, the month and year attended, classroom hours completed and subjects

1
2
3
4

SPECIAL SKILLS, ACCOMPLISHMENTS AND AWARDS

Give the title and year of any honors, awards or fellowships you have received. Some examples are skills with computers or other machines, most important publications, public speaking and writing experience, membership in professional or scientific societies, patents or inventions, etc.

Licenses: Licenses or certificates that you have (such as registered nurse, attorney, radio operator, driver's, pilot's, etc).

Type of License or Certificate	Date of Latest License / Certificate	State or Licensing Agency

Languages: If you speak or read a language other than English, including sign language, please provide the following information

Language	Can Prepare and Give Lectures		Can Speak and Understand		Can Translate Articles		Can Read for Pleasure	
	Fluently	With Difficulty	Fluently	With Difficulty	Fluently	With Difficulty	Fluently	With Difficulty

SIGNATURE, CERTIFICATION AND RELEASE OF INFORMATION

- A false statement on any part of this supplemental qualification information may be grounds for not hiring me or for firing me after I begin work. Also, I realize I could be punished by fine or imprisonment (US Code, Title 18, Section 1001).
- I understand that any information I give may be investigated 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 staffing specialists, and other authorized employees of the Federal Government.
- I certify that, to the best of my knowledge and belief, all the statements on the supplement and my original application are correct, complete and made in good faith.

Signature (sign in dark ink)

Date Signed (month, day, year)