

Pre-Employment Information

SECTION A:

1. Name (Last, First, Middle): _____, _____, _____
 Previously Used Name(s): _____
2. Social Security Number: _____ 3. Date of Birth: _____
4. Requesting Agency Name and Address: _____
5. Name of Person Requesting Information: _____ Phone Number: _____

SECTION B:

1. Currently employed _____ Separated _____ (Specify Date) _____
2. Agency Name and Location of Official Personnel Folder (complete address): _____
3. Grade/Level _____ Step/Rate _____ Salary _____ Pay Basis _____
4. If Salary Includes Cost of Living Adjustment (COLA), Indicate Base Salary and COLA
 Base: _____ COLA: _____
5. Service Computation Date (SCD) _____
6. Retirement Plan _____
 If retirement code is C, E, I, or 6: Date First Covered _____
 If retirement code is K or M: Elected FERS _____ Automatically covered _____ Date First Covered _____

SECTION C—RETIREMENT DATA

1. MILITARY:
 - A. Branch of Service _____ B. Retired Rank _____
 - C. Check One and *Specify Date*: Retired _____ Transferred to Fleet Reserve _____ (Date) _____
2. FEDERAL CIVILIAN:
 - A. Civilian Retirement Date _____ B. Retirement System Paying Annuity _____

SECTION D—GRADE AND PAY DATA

1. Date Entered Current Grade and Step/Rate _____
- 2A. Date of Last Within-Grade Increase (WGI) _____ 2B. If WGI Was Denied, Date of Denial _____
- 3A. Highest Previous Grade/Step Held _____ 3B. Dates Held: From: _____ To: _____ Salary: _____
4. Was Salary Based on Special Rate or Locality? Yes No
- 5A. Is Applicant on Grade Retention? Yes No
- 5B. Retained Grade/Step: _____ 5C. Date Grade Retention Began _____
6. Is Applicant on Pay Retention? Yes No
7. If Not Listed Above, Highest Salary Held on a Federal Appointment _____
 Dates Held: From: _____ To: _____

SECTION E—APPOINTMENT DATA

1. Is there an INS Form I-9 on file? Yes No (Date Certified) _____
2. Is the applicant a U.S. citizen? Yes No If No, list country citizen of _____

SECTION F—UNFAVORABLE DATA

1. Does OPF Contain Removal, Suspension, Within-Grade Denial, Discharge or Change to Lower Grade Actions?
Yes No (Type of Action) _____
2. Is There Unfavorable Information in Other Files, e.g. Letters of Warning, Admonishment, Reprimand, Suitability or Letter of Decision on an Adverse Action? Yes No Don't Know _____
3. If "Yes" to Question 1 or 2, Name and Phone Number of Person to Contact for More Information:

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SECTION G—BENEFITS DATA (HEALTH INSURANCE, LIFE INSURANCE)

1. FEHB (Health) Waived _____ Canceled—Show Date: _____
Ineligible _____ Enrolled—Show Code: _____
2. FEGLI (Life) Enrollment Code _____ If "B" Waived—effective date _____
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SECTION H—SERVICE OBLIGATION

1. Does OPF Show Employee Has an Obligation to Remain in Government Service for a Specific Period Because of Training Received?
No _____ Yes—Date Obligation Expires: _____
2. Does Employee Have an Obligation Because of a Government-Paid Move? No _____ Yes—Date Obligation Expires: _____
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SECTION I—PAYROLL & THRIFT SAVINGS PLAN DATA

1. A. Employees Payroll Office Address: _____
- B. Leave Balances: Annual _____ Sick _____
Is Employee Currently on LWOP? No _____ Yes—Beginning Date: _____ NTE Date: _____
- C. Person to Contact for Leave and Pay Information: _____
(Name) (Phone Number)
2. Year-To-Date FICA Deductions \$ _____ As Of: _____
(Date)
3. Does Employee Have Severance Pay Entitlement? No Yes—Beginning Date: _____
4. Thrift Savings Plan A. TSP SCD _____ B. TSP Vesting Code _____
C. TSP Status Code _____ D. TSP Status Date _____
5. TSP Allocation A. Percent of Base Pay— _____ .00%
B. Whole \$ Amount— _____ .00
6. Year-To-Date TSP Contributions \$ _____
7. TSP Loan Account Number: _____ Payroll Deduction Account: _____
8. Name and Title of Official Certifying TSP Information _____
(Name) (Title)
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SECTION J—LOSING AGENCY RELEASE DATE

1. A. Requested Release Date: _____
B. Name and Phone Number of Person to Call For Release Date _____
(Name) (Phone Number)
2. Name, Title, and Phone Number of Person Giving Information _____

(Name) (Title) (Phone Number)