

Attachment to OF-612

| | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------------|-------------|-----------------------------------------------------------|-----------------|
| 1. Date of birth (DOB): month, day, year | | 2. Place of birth (POB): city, country | | Attach photograph taken within past 12 months | |
| 3. Sex: Male Female | | 4. Marital status | | | |
| 5. Spouse | | | | | |
| 5a. Full name of spouse (if wife, maiden name) | | 5b. DOB | 5c. POB | | 5d. Citizenship |
| 5e. Address | | 5f. Occupation | | | |
| 6. Children | | | | | |
| 6a. Name in full | | 6b. DOB | 6c. Address | 6d. Occupation | |
| | | | | | |
| | | | | | |
| | | | | | |
| 7. Do you have permanent U.S. resident status? Yes No | | | | | |
| 8. Does the U.S. Embassy Baku employ any relative of yours (either by blood or marriage)? Yes No If "Yes", for each please provide name and position held. | | | | | |
| Name | | Relationship | | Position | |
| | | | | | |
| | | | | | |
| | | | | | |
| 9. Travel - if you have ever traveled in any other countries please provide following information: | | | | | |
| Country | Dates (from to) | | Purpose | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 10. Memberships in any organizations | | | | | |
| 11. Military Service (outline military service , giving country of service, branch of service, rank held, dates of service) | | | | | |
| 12. Languages (Name all languages and indicate the extent of your competence, i.e. excellent, good, fair) | | | | | |
| Language | Speak | Read | Write | Understand | |
| | | | | | |
| | | | | | |
| | | | | | |
| 13. Reason for wanting to leave your current job | | | | | |
| 14. Have you ever been discharged or forced to resign for misconduct or unsatisfactory service from a position? | | | | | |
| 15. References. List three persons not related to you by blood or marriage who are qualified to supply defined information regarding your character and ability. Please, provide their phone numbers and occupation. | | | | | |
| Name | | Phone number or e-mail address | | Occupation | |
| | | | | | |
| | | | | | |
| | | | | | |