PERSONAL DATA SUMMARY SHEET

(The original copy must be submitted to the requesting agency's personnel office. Retain a copy for your records.)

TITLE OF JOB FAMILY AND LEVEL FOR WHICH CERTIFICATION IS REQUESTED: _____

NAME: _____ **SSN:** _____

Last First Middle

INFORMATION ON THIS FORM IS SUBJECT TO VERIFICATION.

Education	Name	Location	Dates Attended	Hours Completed	Hours Completed or Degrees and Majors
Other					
Registration, certification or licensure: Type:		Granted By:			Effective Dates:

QUALIFYING EXPERIENCE: -- (*List only jobs that include relevant experience for the proposed Job Family and Level.)*

Employer and Location	Position Held	Hours Per Week	Date Employed	Date Separated	Description of Duties

I certify, subject to the penalties provided by law, that all information listed above is correct to the best of my knowledge.

_____ DATE: _____

Signature of Employee or Personnel Officer

I authorize the hiring agency to review and photocopy any and all of my performance evaluations for their consideration in this hiring decision. _____

Signature of Employee

OPM 4-B (11/99)

IF YOU NEED ADDITIONAL SPACE, FILL OUT A BLANK SHEET IN THE SAME FORM AS THAT ABOVE.