**FEDERAL RESUME QUESTIONNAIRE**

CONTACT

FIRST NAME:

LAST NAME:

EMAIL:

PHONE:

GETTING STARTED

Are you or were you in the military? If so, do you have a veteran's preference?

ARE YOU A CURRENT FEDERAL EMPLOYEE? IF SO, WHAT IS YOUR GS LEVEL?

PLEASE ADD THE LINK TO THE POSITION TO WHICH YOU ARE APPLYING.

DO YOU ALREADY HAVE A RESUME?

PLEASE UPLOAD YOUR RESUME (SKIP IF YOU DON’T HAVE A RESUME.)

PROFESSIONAL SKILLS

LIST SKILLS RELATED TO YOUR EDUCATION, THOSE ACQUIRED THROUGHOUT YOUR CAREER, AND ANY PERSONAL SKILLS THAT YOU WANT TO HIGHLIGHT, I.E. FOREIGN LANGUAGE SKILLS, INCLUDING THE SKILL LEVEL (NOVICE, INTERMEDIATE, OR ADVANCED) IN READING AND/OR WRITING, TECHNOLOGY SKILLS, ETC.

PROFESSIONAL WORK EXPERIENCE

THE FOLLOWING **MUST** BE INCLUDED:

* POSITION & TITLE
* NAME OF ORGANIZATION AND LOCATION (FULL ADDRESS OF EMPLOYER IS REQUIRED)
* START & END DATE (MM/YYYY)
* SALARY (PER HOUR/MONTH/YEAR)
* HOURS PER WEEK, FULL-TIME OR PART-TIME
* SUPERVISOR (OR HR REP WHO CAN VERIFY EMPLOYMENT) - NAME AND PHONE NUMBER
* BRIEF DESCRIPTION OF DUTIES, AND IDENTIFY YOUR MAJOR ROLES, RESPONSIBILITIES AND ACCOMPLISHMENTS.

USE THE FOLLOWING TO DESCRIBE YOUR ACHIEVEMENTS:

C – CONTEXT – DESCRIBE WHO YOU WORKED WITH AND HOW MANY PEOPLE? (IE: CLIENTS, YOUTH, COWORKERS, TEAMMATES)

C – CHALLENGE – DESCRIBE THE SPECIFIC PROBLEM OR GOAL?

A – ACTION – DISCUSS THE SPECIFIC ACTIONS YOU TOOK TO ADDRESS THE CHALLENGE.

R – RESULTS – GIVE SPECIFIC EXAMPLES OF MEASURES/OUTCOMES THAT HAD SOME IMPACT ON THE ORGANIZATION.

LIST YOUR FULL-TIME, PROFESSIONAL WORK HISTORY. START WITH YOUR MOST CURRENT AND WORK BACKWARD.

EDUCATION

THE FOLLOWING **MUST** BE INCLUDED:

* TYPE OF DEGREE AND MAJOR
* COLLEGE OR UNIVERSITY AND CITY/STATE
* DATE OF GRADUATION (MONTH/YEAR)
* GPA
* HONORS OR AWARDS, IF ANY

START WITH YOUR HIGHEST-LEVEL DEGREE AND WORK BACKWARD.

CERTIFICATIONS

THE FOLLOWING **MUST** BE INCLUDED:

* NAME OF THE CERTIFICATION
* ORGANIZATION THAT GRANTED IT AND LOCATION (CITY/STATE)
* DATE(S) THE CERTIFICATION IS IN EFFECT (MONTH/YEAR)

LIST ANY CERTIFICATION OR LICENSES YOU CURRENTLY HOLD.

TRAINING

## ​THE FOLLOWING MUST BE INCLUDED:​

## NAME OF THE TRAINING AND LOCATION (CITY/STATE)

## THE SPONSORED ORGANIZATION

## START & END DATE (MONTH/YEAR)

## NUMBER OF HOURS

## LIST ANY FORMAL TRAINING INCLUDING ACCREDITATIONS.

Volunteer Experience/Community Service

## ​The following MUST be INCLUDED: ​

## Name of organization and location (city/state)

## Start & end date (MM/YYYY)

## Brief description of duties, and identify your major roles, responsibilities, and accomplishments

## LIST ANY VOLUNTEER WORK AND/OR COMMUNITY SERVICE THAT MAY SHOWCASE ANY ADDITIONAL SKILLS THAT YOU HAVE ACQUIRED APART FROM YOUR PROFESSIONAL CAREER. START WITH YOUR MOST CURRENT AND WORK BACKWARD.

## MILITARY APPLICANTS

## Please list your military service.

## The following MUST be included:

## Rank/Grade/Job Title

## Start and end date, or date of expected separation (month/year)

## Branch of military (Active or Reserve)

## Unit address

## Salary (base salary with locality, minus allowances)

## Full-time or part-time, if Reserve

## Supervisor/First Line Leader – name, title, and phone number

## Veterans’ Preference

| **Veterans Preference** | |
| --- | --- |
| **Types of Preference** | **Description** |
| None | Employee has no veterans’ preference. |
| 5-point | Employee has a 5-point veterans’ preference. |
| 10-point disability | Employee has a 10-point veterans’ preference due to disability. |
| 10-point/compensable | Employee is entitled to a 10-point preference due to a compensable service-connected disability of less than 30%. |
| 10-point other | Persons entitled to a 10-point preference in this category: (1) Both the Spouse and mother of veterans occupationally disabled because of a service-connected disability, and (2) the widow/widower and mother of a deceased wartime veteran. |
| 10-point/30% compensable | Veteran is entitled to 10-point preference due to a compensable service-connected disability or 30% or more. |
| No Points/Sole Survivorship Preference (SSP) | Veteran is not entitled to preference. |

## Brief description of your primary duties, identifying your responsibilities and accomplishments

## PLEASE LIST YOUR MILITARY SERVICE.

## OPTIONAL: REQUEST 72 HOUR RUSH DELIVERY FOR AN ADDITIONAL $250 (RUSH DELIVERY IS SUBJECT TO AVAILABILITY. A SEPARATE INVOICE FOR THE RUSH DELIVERY FEE WILL BE EMAILED TO YOU UPON CONFIRMATION.)

## OPTIONAL: REQUEST 5 DAY RUSH DELIVERY FOR AN ADDITIONAL $100 (RUSH DELIVERY IS SUBJECT TO AVAILABILITY. A SEPARATE INVOICE FOR THE RUSH DELIVERY FEE WILL BE EMAILED TO YOU UPON CONFIRMATION.)

## I UNDERSTAND THAT WORK CANNOT BEGIN ON MY RESUME UNTIL MY PAYMENT HAS BEEN PROCESSED AND ALL REQUESTED INFORMATION HAS BEEN SUBMITTED.

## I UNDERSTAND THAT ALL SERVICES ARE NON-REFUNDABLE.

## I UNDERSTAND THAT MY INFORMATION WILL REMAIN CONFIDENTIAL.

## I UNDERSTAND THAT USING RESUMES BY NEEN DOES NOT GUARANTEE A JOB OR AN INTERVIEW.