

# 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 Coast 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:  
\_\_\_\_\_

**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 \_\_\_\_\_

**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: \_\_\_\_\_

**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  
C. G Fund Government Securities Investment— \_\_\_\_\_ .00%  
D. F Fund Fixed Income Index Investment— \_\_\_\_\_ .00%  
E. C Fund Common Stock Index Investment— \_\_\_\_\_ .00%  
Total— 100 .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)

**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)