PERSONAL DATA STATEMENT

PRIVACY ACT INFORMATION

In compliance with the Privacy Act of 1974 the following information is provided; Under authority of 5 USC 4103, the Civil Service Commission allows agencies to establish and operate training programs. The information you provide will be used by managers, supervisors and personnelists in career counseling and planning. This information is also used to monitor and document the performance and status of GSA career development programs. This form becomes a part of your career folder and contains vital information concerning your employment background, training and career objectives. The routine uses of the form as defined in 5 USC 552(a)(7) and provided for in 552a(b)(3) are described in the Appendix following the GSA notice published in the Federal Register. Copies of the Appendix may be obtained from any GSA personnel office. Disclosure of the information on this form by you is voluntary; however, if all appropriate information is not provided, proper career counseling and planning will not be possible.

NAME (Last, first, middle initial)	OFFICE MAILING SYMBOL

Check one ▶ ☐ **FIRST SUBMISSION OF THIS FORM** ☐ **UPDATE (Complete only those items for which you have new or changed data)**

If your last name has changed since last submission, give previous last name. ▶

YOUR PRESENT POSITION	TITLE	SERIES GRADE
YOUR PRESENT WORK LOCATION	SERVICE OR STAFF OFFICE, DIVISION AND BRANCH	
	CITY AND STATE	REGION NO. ☐ C.O.

If more space is required for any section, use full sheets of paper and indicate section to which data applies.

SPECIFICALLY IDENTIFY THE POSITION OR POSITIONS WHICH ARE YOUR CAREER OBJECTIVES

AVAILABILITY FOR DEVELOPMENTAL ASSIGNMENTS AND OR PROMOTIONS

Check appropriate box(es) ☐ IN PRESENT COMMUTING AREA ☐ OUTSIDE PRESENT AREA Specify location ▶

SECTION I - WORK EXPERIENCE

(Begin with job prior to present one. Include significant detail assignments and military service.)

EMPLOYMENT DATES FROM	EMPLOYMENT DATES TO	POSITION TITLE OR TYPE OF WORK (If applicable show highest grade)	ORGANIZATION

SECTION II - SPECIAL QUALIFICATIONS, SKILLS AND ACTIVITIES

SPECIAL SKILLS YOU POSSESS AND ANY MACHINES, EQUIPMENT, SCIENTIFIC OR PROFESSIONAL DEVICES YOU CAN USE

SECTION II - SPECIAL QUALIFICATIONS, SKILLS AND ACTIVITIES, Continued

SPECIAL QUALIFICATIONS (Your more important publications, patents and inventions, public speaking and public relations experience; membership in professional or scientific societies and offices held; or honors, fellowships and awards)

SPECIAL ACTIVITIES NOT SHOWN ELSEWHERE (Such as boards, commissions, special committees, etc. that you have served on in connection with you work, either in GSA or elsewhere; major community activities, volunteer work, and offices held; or hobbies)

LICENSES AND CERTIFICATES CURRENTLY IN EFFECT	TYPE	STATE OR OTHER GRANTING AUTHORITY

SECTION III - EDUCATION

HIGH SCHOOL (Check highest year completed)	COLLEGE OR UNIVERSITY	DATES ATTENDED FROM	DATES ATTENDED TO	SEMESTER CREDITS	QUARTER CREDITS	TYPE OF DEGREE AND MAJOR
☐ 1ST ☐ 2ND ☐ 3RD ☐ 4TH ☐ G.E.D.						

CHIEF COLLEGE UNDERGRADUATE COURSES	SEMESTER HOURS	QUARTER HOURS	CHIEF COLLEGE GRADUATE COURSES	SEMESTER HOURS	QUARTER HOURS

SECTION IV - TRAINING

Include schools not shown above, and training such as government, business, trade, vocational, Armed Forces, etc.

COURSE TITLE	ORGANIZATION WHICH CONDUCTED TRAINING	DATES ATTENDED FROM	DATES ATTENDED TO	NO. OF CLASSROOM HOURS	COURSE COMPLETED YES	COURSE COMPLETED NO
					☐	☐
					☐	☐
					☐	☐
					☐	☐
					☐	☐

SECTION V - REMARKS OR OTHER INFORMATION

I certify that the statements made by me above are true, complete and correct to the best of my knowledge and belief, and are made in good faith.	EMPLOYEE **Sign here** ▶	DATE