

**LOCAL APPLICANT QUESTIONNAIRE
(NON – FAMILY MEMBER / NON – MILITARY)**

Authority: Title 5, Code of Federal Regulations, Section 5.2 and 5.3, :Title 5, USC, Sections 1303, 1304; Sections 8(b), 8(c), and 9(c) of Executive Order 10450; Title 42, USC, Section 1434 and 2385.

PURPOSE: Used by civilian personnel specialist to make determinations regarding eligibility for employment with the US Forces and employment referral priorities.

NOTE: COMPLETION OF THIS FORM IS NOT MANDATORY, FAILURE TO COMPLETE THIS FORM WILL NOT IN ITSELF BE GROUNDS FOR DENIAL OF EMPLOYMENT; HOWEVER, FAILURE TO PROVIDE INFORMATION REQUESTED ON THIS FORM RESULT IN THE CIVILIAN PERSONNEL OFFICE BEING ABLE TO DETERMINE ELIGIBILITY FOR EMPLOYMENT.

ROUTINE USES: Records from this system of records may be disclosed for any of the blanket routine uses published by the Department of Defense. Furnishing the information is voluntary. If you do not give the information, it may result in erroneous employment determinations and may be grounds for not employing you or dismissal after you begin work.

NAME: _____ **SOCIAL SECURITY NUMBER** _____
Last, First & MI

PLACE OF BIRTH _____ **DATE OF BIRTH** _____
City and State or Country Day/Month/Year

SECTION A: TO BE COMPLETED BY ALL APPLICANTS

1. STATUS AND REASON FOR BEING IN THE OVERSEAS AREA (Mark "X" and complete information where applicable)

- a. _____ **RETIRING/ RETIRED**
- b. _____ **OTHER** (Explain, e.g. tourist, student, employed by private company, et cetra If employed by a private company or a dependent of a person employed by a private company, be sure to include company name including address.)

2. US CITIZEN BY _____ **BIRTH** _____ **NATURALIZATION** (Give original citizenship) _____

3. PASSPORT NUMBER AND DATE OF ISSUE: _____

SECTION B: TO BE COMPLETED BY FORMER MILITARY MEMBERS

4. DATE OF SEPARATION: WAS _____ **PLACE OF SEPARATION: WAS** _____

5. REASON FOR SEPARATION: WAS _____ **WILL BE** _____

6. MILITARY TANSPORTATION ENTITLEMENTS

WAS USED _____ **WILL BE USED** _____ **WILL NOT BE USED** _____

SECTION C

7. LIST DATE OF ORGINAL ARRIVAL IN KOREA AND ALL ENTRANCES TO AND EXITS FROM KOREA FOR THE LAST FIVE YEARS

8. CURRENT RESIDENCE

_____ **OWNED HOUSE, APT, ETC.** (By applicant or family member, including in-laws)
_____ **RENTED HOUSE, APT, ETC, SINCE** _____ **CURRENT LEASE EXPIRES** _____
_____ **OTHER** (Give details in Section D)

9. DO YOU HAVE A PLACE OF RESIDENCE IN THE U.S. OR THIRD COUNTRY? ___ NO ___ YES ___ Give full street address including zip code _____

a. **IS THE U.S. OR THIRD COUNTRY RESIDENCE A HOUSE OR APARTMENT?** ___ HOUSE ___ APARTMENT

b. WHO IS LIVING IN THE U.S. OR THIRD COUNTRY RESIDENCE AT PRESENT? _____

c. WHAT IS THE RELATIONSHIP OF THAT PERSON OR PERSONS TO THE APPLICANT?

d. IF THE U.S. OR THIRD COUNTRY RESIDENCE IS A HOUSE WHO IS THE LEGAL OWNER OR WHOSE NAME IS ON THE TITLE? _____

e. IS THERE A PHONE IN THE U.S. OR THIRD COUNTRY RESIDENCE? ____ NO ____ YES
(Give phone #) _____ -

10. LOCAL RESIDENT: PERMIT TYPE AND EXPIRATION _____

11. VISA TYPE AND EXPIRATION _____

12. DO YOU HAVE OR HAVE YOU EVER HAD AL OCAL WORK PERMIT? ____ NO ____ YES (Give detailed in Section D)

13. HAVE YOU EVER WORKED ON THE LOCAL ECONOMY? ____ NO ____ YES (Give detailed in Section D)

14. IS YOUR HOUSEHOLD GOODS IN STORAGE? ____ NO ____ YES (If yes, Where?)

15. ____ I AM NOT MARRIED ____ I AM MARRIED AND MY SPOUSE ____ IS ____ IS NOT WORKING ON THE LOCAL ECONOMY, WHAT IS YOUR SPOUSES NATIONALITY AND RESIDENCE _____

16. DO YOU OR YOR SPOUSE OWN PROPERTY OR AN INTEREST IN A BUSINESS IN KOREA? ____ NO ____ YES (Give detailed in Section D)

17. DO YOU HAVE A DRIVERS LICENSE ISSUED BY KOREAN AUTHORITIES? ____ NO ____ YES

18. HAVE KOREAN AUTHORITIES EVER TAXED YOUR INCOME? ____ NO ____ YES

19. DO YOU HAVE A RETURN TICKET TO THE U.S.? ____ NO ____ YES (give Date of Flight) _____
IF OPEN TICKET EXPIRES (Give Date) _____

20. DO YOU HAVE A CURRENT U.S. OR THIRD COUNTRY VOTER REGISTRATION? ____ NO ____ YES
WHAT STATE/PROVIENCE/ETC? _____ (GIVE REGISTATION NUMBER)

21. DO YOU HOLD A CURRENT U.S. OR THIRD COUNTRY DRIVER'S LICENSE? ____ NO ____ YES
WHAT STATE/PROVIENCE? _____ (GIVE LICENSE NUMBER) _____

SECTION D: REMARKS

APPLICANTS' NAME (Printed) _____

SIGNATURE _____ DATE _____