

QUESTIONNAIRE

1. NAME: John Doe
2. ADDRESS: 123 Main St, Anytown, CA 90210
3. PHONE: 555-123-4567
4. OCCUPATION: Software Engineer

U.S. GOVERNMENT
DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF PERSONNEL MANAGEMENT
WASHINGTON, D.C. 20540

5. EDUCATION: B.S. Computer Science, State University
6. EMPLOYMENT HISTORY: ABC Corp, 1985-1990; DEF Inc, 1991-1995
7. REFERENCES: John Smith, ABC Corp; Jane Doe, DEF Inc

8. SKILLS: Programming, Management, Communication
9. SPECIAL ABILITIES: None
10. OTHER INFORMATION: None

11. STATE OF CURRENT RESIDENCE: California
12. SOCIAL SECURITY NUMBER: 123-45-6789

13. MARITAL STATUS: Single 14. NUMBER OF CHILDREN: 0
15. CURRENT EMPLOYER: None 16. CURRENT TITLE: None 17. CURRENT PAY: None

18. EDUCATION: High School Graduate
19. EMPLOYMENT HISTORY: See Section 6

20. REFERENCES: See Section 7

21. SKILLS: See Section 8

22. SPECIAL ABILITIES: See Section 9

23. OTHER INFORMATION: See Section 10

24. STATE OF CURRENT RESIDENCE: California

25. SOCIAL SECURITY NUMBER: 123-45-6789

26. MARITAL STATUS: Single 27. NUMBER OF CHILDREN: 0

28. CURRENT EMPLOYER: None 29. CURRENT TITLE: None 30. CURRENT PAY: None



11. **STATE:** _____
12. **DATE:** _____
13. **BY:** _____
14. **WITNESSES:** _____
15. **NOTARIAL PUBLIC:** _____

16. **STATE:** _____

17. **DATE:** _____
18. **BY:** _____
19. **WITNESSES:** _____
20. **NOTARIAL PUBLIC:** _____

21. **NOTARIAL PUBLIC:** _____

22. **STATE:** _____

23. **DATE:** _____

24. **BY:** _____

25. **WITNESSES:** _____

26. **NOTARIAL PUBLIC:** _____

27. **STATE:** _____

28. **DATE:** _____

29. **STATE:** _____

30. **DATE:** _____

31. **BY:** _____

32. **WITNESSES:** _____

33. **NOTARIAL PUBLIC:** _____

34. **STATE:** _____

P.O. BOX

35. **DATE:** _____



INSTRUMENTAL AND CERTIFICATE

RECEIVED OF _____
THE SUM OF _____
FOR _____

AMOUNT IN WORDS: _____

REMARKS:



NAME OF

NAME OF

FOR USE OF _____


