



Education

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Upon request from the employing Federal agency, you must provide documentation or proof that your degree(s) is from a school accredited by an accrediting body recognized by the Secretary, U.S. Department of Education, or that your education meets the other provisions outlined in the OPM Operating Manual. It will be your responsibility to secure the documentation that verifies that you attended and earned your degrees(s) from this accredited institution(s) (e.g., official transcript). Federal agencies will verify your documentation.

For a list of postsecondary educational institutions and programs accredited by accrediting agencies and state approval agencies recognized by the U.S. Secretary of Education, refer to the U.S. Department of Education Office of Postsecondary Education website at <http://www.ope.ed.gov/accreditation/>.

For information on Educational and Training Provisions or Requirements, refer to the OPM Operating Manual available at <http://www.opm.gov/qualifications/SEC-II/s2-e4.asp>

Do not list degrees received based solely on life experience or obtained from schools with little or no academic standards.

1. **Last High School (HS)/GED school.** Give the school's name, city, state, ZIP Code (if known), dates attended: From(MM/DD/YY)
To (MM/DD/YY) and diploma or GED received:

2. Mark highest level completed: Some HS ☐ HS/GED ☐ Associate ☐ Bachelor ☐ Master ☐ Doctoral ☐

3. Colleges and universities attended.			Total Credits Earned		Major(s)	Degree Dates: From(MM/DD/YY) To (MM/DD/YY)
			Semester	Quarter		
3a. Name:						Degree Type: _____
City:	State:	Zip Code:				From: (_ / _ / _) To: (_ / _ / _)
3b. Name:						Degree Type: _____
City:	State:	Zip Code:				From: (_ / _ / _) To: (_ / _ / _)
3c. Name:						Degree Type: _____
City:	State:	Zip Code:				From: (_ / _ / _) To: (_ / _ / _)

APPLICANT CERTIFICATION

I certify that, to the best of my knowledge and belief, all of the information is true, correct, complete, and made in good faith. I understand that false or fraudulent information may be grounds for not hiring me or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated.

SIGNATURE:

Date: (MM/DD/YY)