**Pre-Employment Questionnaire to Determine Eligibility for Employment**

**INSTRUCTIONS: TO BE COMPLETED BY APPLICANTS WHO ARE RESIDING IN THE OVERSEAS AREA. The purpose of this questionnaire is to obtain information in order to determine the eligibility of applicants for Department of Defense Dependents Schools (DoDDS) positions serviced by the DoDDS Pacific Personnel Division. This form is not intended to establish overseas entitlements. Please complete all questions and return the completed form with your application for employment. Enter "N/A" if a statement is not applicable.**

**1. Are you a citizen of the United States? ( ) Yes ( ) No**
**Also list additional countries you are a citizen of: _____**

**2. I have resided in Japan/Korea/Okinawa: _____**
**(Date and Location)**
**3. My reason for being in Japan/Korea/Okinawa: _____**

**4. __ I arrived in this country to be with my military sponsor, but my trip was not at Government expense (i.e., I am not command sponsored).**

**5. I am an employee or family member of an employee of a private firm doing work in Japan/Korea/Okinawa. The firm's name is: _____, and the expiration date of this assignment is: _____.**

**6. __ I am on contract or a family member of a person hired on contract to support the U.S. Forces. The contract is with _____, and the contract provides me with an U.S. Forces identification card. The contract expiration date is _____.**

**7. __ I am retired or retiring from active military service. The date of retirement was/is: _____.**

**8. I have __ or have not __ been issued a work permit in Japan/Korea/Okinawa.**

**9. I have __ or have not __ been employed since being in Japan/Korea/Okinawa.**

**Name of employer(s), dates and location(s) of work:**

_____
_____
_____

**10. I own __ or do not own __ a residence in Japan/Korea/Okinawa.**

**11. I have __ or have not __ paid income taxes to Japan/Korea/Okinawa.**

**12. Other: Please use the space below to explain answers.**

**I understand that a false statement on any part of this questionnaire may be grounds for not hiring me or grounds for removal after I begin work. I understand it is my responsibility to notify the servicing personnel office of any changes in the information provided in this questionnaire.**

_____
**Signature and Date**

**Printed Name: _____**