

**APPLICATION FOR MILITARY SPOUSE PREFERENCE
WHEN APPLYING THROUGH OPM OR DELEGATED EXAMINING UNIT**
(Read Privacy Act statement on reverse before filling out form)

NAME: _____ Telephone: _____
Social Security Number: _____ Typing: _____ wpm Steno: _____ wpm

POSITION FOR WHICH APPLYING

Title/Series/Grade: _____
Announcement Number: _____ Open/Close Dates: _____

I hereby apply for Military Spouse Preference (MSP) in accordance with the Military Family Act of 1985. I understand that preference, if allowed, is only valid for the position identified above.

If you are currently registered in the Priority Placement Program: I understand that acceptance or declination of any position, expected to be continued for one year or longer with the Federal Government (including NAF), could result in my removal from consideration for military spouse preference. Furthermore, I understand that spouses seeking preference with less than 6 months time remaining in the area may be nonselected for permanent continuing positions. If my telephone number or address should change, I will notify the Directorate of Civilian Personnel (DCP) immediately.

**DOCUMENTATION TO BE PROVIDED UPON RETURN OF INQUIRY AS TO AVAILABILITY
OR SUBMISSION OF APPLICATION FOR FEDERAL EMPLOYMENT**

The following information is provided to establish my eligibility for MSP:

Sponsor's Reporting Date: _____ (Attach copy of Sponsor's orders from last duty station to Fort Sill)
Approximate length of sponsor's tour of duty at this installation: _____
Approximate date of sponsor's retirement if within next 5 years: _____
Date of Marriage: _____ (Copy of marriage license must be attached)

**DOCUMENTATION TO BE PROVIDED TO DIRECTORATE OF CIVILIAN PERSONNEL UPON SELECTION
FOR EMPLOYMENT TO VERIFY MILITARY SPOUSE PREFERENCE ELIGIBILITY**

Date Military Family Member ID Card Verified: _____

****** SIGNATURE OF ALL APPLICANTS REQUIRED ON REVERSE AFTER READING THIS DOCUMENT ******

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FOR USE BY THE DIRECTORATE OF CIVILIAN PERSONNEL

Spouse Preference: Approved Disapproved
If disapproved, specify reason: _____

Signature of Approving Official Date

PRIVACY ACT INFORMATION

Executive Order 9397 (Numbering System for Federal Accounts Relating to Individual Persons) authorizes the collection of your Social Security Number (SSN). Your SSN is used to identify this form with your basic application. It may be used for the same purposes as stated on the application for employment. The information you provide will be used primarily to determine your military spouse preference eligibility and qualifications for Federal employment. Other possible uses or disclosures of the information provided may be used for statistical purposes concerning the Military Spouse Preference Program (MSP). Providing the information requested on this form, including your SSN, is voluntary. However, we cannot process your application for military spouse preference (which is pertinent to receiving priority consideration for Federal employment) if you do not give us the information we request.

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ATTENTION - THIS STATEMENT MUST BE SIGNED

Read the following paragraph carefully before signing this statement

A false answer to any question in the statement may be grounds for not awarding you military spouse preference. All the information you give will be considered in reviewing your statement and is subject to investigation.

CERTIFICATION

I certify that all of the statements made in this statement are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

SIGNATURE DATE