#125

Standard Form 173 (Rev. 1-79)
Office of Personnel Management
FPM Chapter 295

10-15-86

[redacted] QUALIFICATIONS STATEMENT

(Complete All Questions)

PLEASE USE A TYPEWRITER IF AVAILABLE, OR PRINT LEGIBLY IN INK

Permits 2-8-88

[redacted] 87 690459

Form Approved
OMB No. 50-R0051

RECEIVED

Results of Investigation Under Section 3(A) Of E.O. 10450 Furnished Requesting Agency.

159

Processed under E.O. 10450

Date: FEB 2 1988

1. Kind of job you are applying for: DATA TRANSCRIBER / CLERK	2. Announcement number of the job, if appropriate:
3. Name (Last, first, middle): Kirkland, Adrienne, Y.	4. Sex (for statistics only): ☐ Male ☒ Female
5. Other last names ever used: NA	
Street address or RFD no. (include apt. no. if any): [redacted] (b) (6)	6. Birth date (Month, day, year): [redacted] (b) (6)
7. Birthplace (City and State or foreign country): [redacted] (b) (6)	
8. Social Security Number: [redacted] (b) (6)	9. Telephone number where you can be reached: Area Code 404 Telephone Number 373-6080 294-6917

10. EXPERIENCE—If you are now employed, start with your present job and work back. If you are not now employed, start with your most recent job and work back.
If you are now employed, is it OK to check with your present employer? (A "NO" will not affect your consideration for employment opportunities.) ☐ YES ☒ NO

A Name and address (including ZIP Code) of employer: Kmart, 5615 Memorial Drive, Stone Mountain, Ga. 30083

Dates of work (Month and year): From 06-86 To NOW

Name of your job: Cashier

Average number of hours you worked per week: 30

Starting wages: [redacted] (b) (6) Present or Per ☒ Hour ☐ Year ☐ Week

Name of your supervisor: [redacted] (b) (6)

Why do you want to leave? [redacted] (b) (6)

What do you do? I am a cashier working with the IBM multi-key register and I am dealing with the public.

B Name and address (including ZIP Code) of employer: Stuart's, Avondale Mall, Decatur, Ga. 30032

Dates of work (Month and year): From 07-85 To 12-85

Name of your job: cashier

Average number of hours you worked per week: 20

Starting wages: [redacted] (b) (6) Final wages: Per ☒ Hour ☐ Year ☐ Week

Name of your supervisor: [redacted] (b) (6)

Why did you leave? [redacted] (b) (6)

What did you do? I was a cashier.

C Name and address (including ZIP Code) of employer:

Dates of work (Month and year): From To

Name of your job:

Average number of hours you worked per week:

Starting wages: Final wages: Per ☐ Hour ☐ Year ☐ Week

Name of your supervisor:

Why did you leave?

What did you do?

If you need more space to show your work experience, or for any other item, use Item 20 on the back of this form or use a plain sheet of paper and attach it to this form. Put your name, birth date and kind of job you are applying for at the top of each sheet.

11. A. EDUCATION—Did you graduate from high school or will you graduate within the next nine months, or do you have a GED high school equivalency certificate?

YES	Month and Year	NO	Highest Grade Completed
X	06-84		

11.B- Have you attended college or graduate school? If Yes, give Name and Location (City, State, Zip), Years attended, No. of credits earned, subjects covered, Type of Degree, Year of Degree. Show this information in Item 20 on reverse side of this form.

12. ACTIVE MILITARY SERVICE AND VETERAN PREFERENCE

A. Dates of active service (Month, day, year): From To

B. Branch of service (Army, Navy, Air Force, etc.): NA

C. Serial or service number:

D. Kind of discharge: ☐ Honorable or General ☐ Other

E. Do you claim Veteran Preference? ☐ YES ☐ NO If "YES," check type: ☐ Five-point preference ☐ Ten-point preference (Compensable disability 30% or more) ☐ Other ten-point preference (Complete and attach Standard Form 15, Claim for Ten-point Veteran Preference)

13. A. Special qualifications and skills (Skills with machines and tools, patents, inventions, etc.)

Typing, 10-key Calculator, CRT operator, Filing and Cashier operator

B. Kind of license or certificate (Licensed Practical Nurse, radio operator, driver's license, etc.)

C. Latest license or certificate: Year State or other licensing authority

D. Approximate number of words per minute: Typing Shorthand NA

THE FEDERA... ...ION USABLE

This is an 'official' document generated from the eOPF system.

0008766209 0

14 REFERENCES—Give the names of three persons living in the United States who know you well. Do not list the names of relatives or supervisors you gave under Item 10

NAME	OFFICE OR HOME ADDRESS	ZIP CODE
[redacted]		

(b) (6)

ANSWER ITEMS 15 THROUGH 19 BY PLACING AN "X" IN THE PROPER COLUMN

15 Are you a citizen of the United States? ....
If NO, give the country of which you are a citizen

NOTE: A conviction is a finding that the respondent was guilty of the offense charged. The offense must be described and the year and place is important. Give all the facts so that a decision can be made.

16 Within the last five years have you been fired from any job for any reason?

17 Within the last five years have you quit a job after being notified that you would be fired?
If your answer to 16 or 17 above is "YES", give details in Item 20. Show the name and address (including ZIP Code) of employer, approximate date, and reasons in each case. This information should agree with your answers in Item 10, Experience.

18 A. Have you ever been convicted, forfeited collateral, or are you now under charges for any felony or any firearms or explosives offense against the laws of the United States? (A felony is defined as: Any offense punishable by imprisonment for a term exceeding one year, but does not include any offense classified under the laws of a State as a misdemeanor which is punishable by a term of imprisonment of two years or less.)

B. During the past seven years have you been convicted, imprisoned, on probation or parole or forfeited collateral, or are you now under charges for any offense against the law not included in A above?

NOTE: When answering A and B above you may omit: (1) traffic fines for which you paid a fine of $50.00 or less; (2) any offense committed before your 18th birthday which was finally adjudicated in a juvenile court or under a youth offender law; (3) any conviction the record of which has been expunged under Federal or State law; and (4) any conviction set aside under the Federal Youth Corrections Act or similar State authority.

19 While in the military service were you ever convicted by a general court-martial?
If your answer to 18A, 18B or 19 is "YES", give details in Item 20. Show for each offense: (1) date, (2) charge, (3) place, (4) court, and (5) action taken.

20 Item No.	Space for detailed answers. Indicate item numbers to which answers apply
11B	04-86 to Present Dekalb Area Tech (JTPA)
	Clarkston, Ga. 30021
	Studied typing, filing, 10-key and data entry. Certificate.
	Clark College 1986
	111 James Brewley Drive S.W.
	Atlanta, Ga.
	Stillman College 1965
	P.O. Box 1430
	Tuscaloosa, Alabama 35403

ATTENTION—THIS STATEMENT MUST BE SIGNED

Read the Following Paragraphs Carefully Before Signing This Statement

A false answer to any question in this Statement may be grounds for not employing you, or for dismissing you after you begin work, and may be punishable by fine or imprisonment (U.S. Code, Title 18, Section 1001). All the information you give will be considered in reviewing your Statement.

AUTHORITY FOR RELEASE OF INFORMATION

I have completed this Statement with the knowledge and understanding that any or all items contained herein may be subject to investigation prescribed by law or Presidential directive and I consent to the release of information concerning my capacity and fitness by employers, educational institutions, law enforcement agencies, and other individuals and agencies, to duly accredited Investigators, Personnel Staffing Specialists, and other authorized employees of the Federal Government for that purpose.

CERTIFICATION	Signature of applicant (Sign in ink)	Date signed
I certify that all of the statements by me are true, complete, and correct to the best of my knowledge and belief and are made in good faith.	Adrienne Kirkland	10-15-86

DO NOT WRITE BELOW THIS LINE

NOTATIONS	OPTION	CODE	RATING EARNED	PREFERENCE	AUCM RATING	SIGNATURE	AGENCY
APPROVED MM 10/30/86							
APP REVIEW	DOL	3	74.5	☐ 10 OTHER			
	BT	3	74.5	☐ 5 PT			
				☐ 10 COMP DIS. OVER 30%			
				☐ 10 COMP DIS. LESS THAN 30%			
				☐ BENG INV			
				INITIALS & DATE			

(DATE)

The information in answer to Item 12 has been verified with the discharge certificate which shows that the separation from active duty was under honorable conditions.

ITEM 12.
Five-point veterans preference disc

This is an 'official' document generated from the eOPF system.

14 REFERENCES—Give the names of three persons living in the United States who know you well. Do not list the names of relatives or supervisors you gave under Item 10

(b) (6)

[redacted]

ANSWER ITEMS 15 THROUGH 19 BY PLACING AN "X" IN THE PROPER COLUMN

(b) (6)

15 Are you a citizen of the United States? ....
If "NO," give the country of which you are a citizen

NOTE: A conviction of a firing does not necessarily mean you cannot be appointed. The circumstances of the occurrence(s) and how long ago it (they) took place is important. Give all the facts on that a decision can be made.

16 Within the last five years have you been fired from any job for any reason? ....

17 Within the last five years have you quit a job after being notified that you would be fired? ....
If your answer to 16 or 17 above is "YES", give details in Item 20. Show the name and address (including ZIP Code) of employer, approximate date, and reasons in each case. This information should agree with your answers in Item 10, Experience.

18 A. Have you ever been convicted, forfeited collateral, or are you now under charges for any felony or any firearms or explosives offense against the law? (A felony is defined as any offense punishable by imprisonment for a term exceeding one year, but does not include any offense classified under the laws of a State as a misdemeanor which is punishable by a term of imprisonment of two years or less.) ....

B. During the past seven years have you been convicted, imprisoned, on probation or parole or forfeited collateral, or are you now under charges for any offense against the law not included in A above? ....

NOTE: When answering A and B above, you may omit: (1) traffic fines for which you paid a fine of $50.00 or less; (2) any offense committed before your 18th birthday which was finally adjudicated in a juvenile court or under a youth offender law; (3) any conviction the record of which has been expunged under Federal or State law; and (4) any conviction set aside under the Federal Youth Corrections Act or similar State authority.

19 While in the military service were you ever convicted by a general court-martial? ....
If your answer to 18A, 18B, or 19 is "YES", give details in Item 20. Show for each offense: (1) date, (2) charge, (3) place, (4) court, and (5) action taken.

20 Item No.	Space for detailed answers. Indicate item numbers to which answers apply
11 B	04-86 to Present Dekalb Area Tech (JTPA)
	Clarkston, Ga. 30021
	Istudied typing, filing, 10-key and data entry. Certificate
	Clark College
	111 James Brawley Drive S.W. 1 semester hour
	Atlanta, Ga.
	Stillman College
	P.O. Box 1430 1 yr
	Tuscaloosa, Alabama 35403

ATTENTION—THIS STATEMENT MUST BE SIGNED

Read the Following Paragraphs Carefully Before Signing This Statement

A false answer to any question in this Statement may be grounds for not employing you, or for dismissing you after you begin work, and may be punishable by fine or imprisonment (U.S. Code, Title 18, Section 1001). All the information you give will be considered in reviewing your Statement.

AUTHORITY FOR RELEASE OF INFORMATION

I have completed this Statement with the knowledge and understanding that any or all items contained herein may be subject to investigation prescribed by law or Presidential directive and I consent to the release of information concerning my capacity and fitness by employers, educational institutions, law enforcement agencies, and other individuals and agencies, to duly accredited Investigators, Personnel Staffing Specialists, and other authorized employees of the Federal Government for that purpose.

CERTIFICATION	Signature of applicant (Sign in ink)	Date signed
I certify that all of the statements by me are true, complete, and correct to the best of my knowledge and belief and are made in good faith.	Adrienne Kirkland	10-15-86

DO NOT WRITE BELOW THIS LINE

NOTATIONS	OPTION	GRADE	RATING EARNED	PREFERENCE	AUGM. RATING
APP. REVIEW	DT	3	74.5	☐ 5 PT	
APPROVED	OCK	3	74.5	☐ 10 OTHER	
				☐ 10 COMP. DIS. OVER 30%	
				☐ 10 COMP. DIS. LESS THAN 30%	
				☐ BEING INV. INITIALS & DATE	

The information in answer to Item 12 has been verified with the discharge certificate which shows that the separation from active duty was under honorable conditions.

SIGNATURE AGENCY DATE

SF 173 (Rev. 1-79)

ITEM 12.
Five-point general

This is an 'official' document generated from the eOPF system.

Folder Side: Temporary
Name: PIERRE, ADRIENNE
Account Number: [redacted] (b) (6)

This is an 'official' document generated from the eOPF system.