U.S. OFFICE OF PERSONNEL MANAGEMENT
AUTOMATED APPLICANT REFERRAL SYSTEM WORKSHEET
FOR THE INTERAGENCY PLACEMENT PROGRAM

Worksheet Instructions: Enter code selections in the spaces provided.
Telephone Number: 912-757-3150

WORKSHEET NO. 0 7

I
P
P

AGENCY IDENTIFICATION
(Authorized by OPM)

REFERRAL LIST 1

PAY PLAN
1 = GS
2 = WG
3 = WL
4 = WS

SERIES

GRADE

GEOGRAPHIC LOCATION

FULL PERFORMANCE LEVEL
(Must be greater than or equal to grade.)

PART-TIME (32-hrs. or less/week)
1 = Yes
# = Bypass this item

ADDITIONAL REQUEST
1 = Verify worksheet
2 = Request another
3 = Exit Referral System

QUALIFICATION SUMMARY 2

SOCIAL SECURITY NUMBER

- -

I

ADDITIONAL REQUEST
1 = Verify SSN
2 = Request Another
3 = Exit Referral System

P

P

ADDITIONAL SSN(s):

- -
- -
- -
- -
- -
- -

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