

**USE ONLY THE ELECTRONIC VERSION OF THIS CP 11 RESUME**

Privacy act statement: Title 5 of the US Code, sections 1302, 3304, is the authority for gathering employment data. The principal purpose of this form is to collect information needed to determine qualifications for position change (*reassignment, promotion, etc.*) It is in your best interest to furnish all necessary information to receive appropriate credit, although it is not mandatory to do so. Disclosure of your SSN is mandatory to obtain the services, benefits, or processes you are seeking and authorized by E.O. 9397. The SSN is an identifier used throughout the period your application is valid. The use of the SSN is necessary due to large number of applicants with identical names and birth dates. The information gathered through usage of the SSN occurs only when necessary in personnel administration processes carried out in accordance with established regulations and published notices of systems of records.

NAME ( <i>Last, First, MI</i> )		DSN NUMBER	LAST 4 - SOCIAL SECURITY NUMBER	DOD FM CERTIFICATION LEVEL
EMPLOYING OFFICE ADDRESS ( <i>Include office symbol and ZIP Code</i> )			AREA CODE AND COMMERCIAL NO.	
			COMMAND/AGENCY	NAME ( <i>Last, First, MI</i> ) OF IMMEDIATE SUPERVISOR
E-MAIL ADDRESS AND OFFICE SYMBOL		DSN AND COMMERCIAL NO. OF IMMEDIATE SUPERVISOR		DATE

**PART I - EXPERIENCE**

Describe present and previous positions held in government, industry, or military service. Start with PRESENT position and work back. List separately those positions characterized by differences in grade or in major duties, or in employing office. Include significant temporary promotion or detail for periods over 30 days (*clearly identify as such in experience block used*). In space provided for block 5, identify and summarize additional periods of relevant career field related experience. If needed, additional experience blocks are available on the CP 11 Resume Form *Continuation Sheet*.

1	FROM ( <i>Mo - Yr</i> )	TO ( <i>Mo - Yr</i> ) PRESENT	SERIES	GRADE	POSITION TITLE	ORGANIZATIONAL TITLE ( <i>If Supervisor</i> )
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DESCRIPTION OF WORK

2	FROM ( <i>Mo - Yr</i> )	TO ( <i>Mo - Yr</i> )	SERIES	GRADE	POSITION TITLE	EMPLOYING OFFICE AND LOCATION
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DESCRIPTION OF WORK

3	FROM ( <i>Mo - Yr</i> )	TO ( <i>Mo - Yr</i> )	SERIES	GRADE	POSITION TITLE	EMPLOYING OFFICE AND LOCATION
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DESCRIPTION OF WORK

4	FROM ( <i>Mo - Yr</i> )	TO ( <i>Mo - Yr</i> )	SERIES	GRADE	POSITION TITLE	EMPLOYING OFFICE AND LOCATION
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DESCRIPTION OF WORK

NAME (Last, First, M I)	LAST 4 - SOCIAL SECURITY NUMBER	DATE
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**PART I - EXPERIENCE** (Continued)

5	FROM (Mo - Yr)	TO (Mo - Yr)	SERIES	GRADE	POSITION TITLE	EMPLOYING OFFICE AND LOCATION
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DESCRIPTION OF WORK

**PART II - EDUCATION** (Show only formal education beyond high school)

FROM (Mo - Yr)	TO (Mo - Yr)	HOURS		DEGREE	MAJOR	SCHOOL AND LOCATION (City and State)
		SEM	QTR			

**PART III - MANDATORY CP 11 TRAINING, ELECTIVE TRAINING, PROFESSIONAL DEVELOPMENT** (Include Army sponsored courses)

FROM (Mo - Yr)	TO (Mo - Yr)	DAYS	DESCRIPTION	LOCATION (City and State)

**PART IV - PROFESSIONAL CERTIFICATES, AWARDS AND RECOGNITION**

FROM (Mo - Yr)	TO (Mo - Yr)	KIND OF AWARD OR NATURE OF ACHIEVEMENT / CERTIFICATION	AWARDING / CERTIFYING AGENCY (City and State)

STATEMENT OF EMPLOYEE THE INFORMATION I HAVE FURNISHED ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND HAS BEEN SUBMITTED IN GOOD FAITH.	DATE	SIGNATURE OF EMPLOYEE
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