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| **CONTRACTOR EMPLOYEE BIOGRAPHICAL DATA SHEET** | | | | | | | | | | | | | | |
| 1. Name (Last, First, Middle) | | | | | Contractor’s Name *Office Use Only* | | | | | | | | | |
|  | | | | |  | | | | | | | | | |
| 2. Employee’s Address *(include postal code)* | | | | | Contract Number | | | Position Under Contract | | | | | | |
|  | | | | |  | | |  | | | | | | |
| Proposed Salary | | | Duration of Assignment | | | | | | |
|  | | |  | | | | | | |
| 3. Telephone Number | | | 4. Place of Birth | | 5. Citizenship | | | | | | | | | |
|  | | |  | |  | | | | | | | | | |
| 6. Names, Ages, and Relationship of Dependents to Accompany Individual to Country of Assignment | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| 12. EDUCATION *(include all college or university degrees)* | | | | | | 13. LANGUAGE PROFICIENCY *(see Instruction on Page 2)* | | | | | | | | |
| Name and Location of Institution | | Major | | Degree | Date | Language | | | | | Proficiency Speaking | | | Proficiency Reading |
|  | |  | |  |  |  | | | | |  | | |  |
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| 14. EMPLOYMENT HISTORY | | | | | | | | | | | | | | |
| 1. Give last three (3) years. List salaries separate for each year. Continue on separate sheet of paper if required to list all employment related to duties of proposed assignment.  2. Salary definition – basic periodic payment for services rendered. Exclude bonuses, profit-sharing arrangements, commissions, consultant fees, extra or overtime work payments, overseas differential or quarters, cost of living or dependent education allowances. | | | | | | | | | | | | | | |
| Position Title | Employer’s Name and Address Point Of Contact &Telephone # | | | | | Dates of Employment *(M/D/Y)* | | | | | | Annual Salary  *(US Dollars)* | | |
| From | | | To | | |
|  |  | | | | |  | | |  | | |  | | |
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| 15. SPECIFIC CONSULTANT SERVICES *(give last three (3) years)* | | | | | | | | | | | | | | |
| Services Performed | Employer’s Name and Address Point of Contact &Telephone # | | | | | Dates of Employment | | | | Days  at Rate | | | Daily Rate  *(US Dollars)* | |
| From | To | | |
|  |  | | | | |  |  | | |  | | |  | |
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| 16. CERTIFICATION: To the best of my knowledge, the above facts as stated are true and correct. | | | | | | | | | | | | | | |
| Signature of Employee | | | | | | | | | Date | | | | | |
|  | | | | | | | | |  | | | | | |
| 17. CONTRACTOR'S CERTIFICATION *(To be signed by responsible representative of Contractor)* | | | | | | | | | | | | | | |
| Contractor certifies in submitting this form that it has taken reasonable steps (in accordance with sound business practices) to verify the information contained in this form. Contractor understands that the funding agency may rely on the accuracy of such information in negotiating and reimbursing personnel under this contract. The making of certifications that are false, fictitious, or fraudulent, or that are based on inadequately verified information, may result in appropriate remedial action by the funding agency, taking into consideration all of the pertinent facts and circumstances, ranging from refund claims to criminal prosecution. | | | | | | | | | | | | | | |
|  | | | | | | | | | Date | | | | | |
|  | | | | | |