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| CONTRACTOR BIOGRAPHICAL DATA SHEET The Privacy Act Statement is found at the end of this form. | | | | | | | | | | | | |
| 1. Name *(Last, First, Middle)* | | | | | 2. Contractor’s Name | | | | | | | |
| 3. Employee’s Address *(include ZIP code)* | | | | | 4. Contract Number | | 5. Position Under Contract | | | | | |
| 6. Proposed Salary | | 7. Duration of Assignment | | | | | |
| 8. Telephone Number *(include area code)* | | | 9. Place of Birth | | 10. Citizenship (*If non-U.S. citizen, give visa status)* | | | | | | | |
| 11. 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 |
|  | |  | |  |  |  | | | | |  |  |
|  | |  | |  |  |  | | | | |  |  |
| **14. EMPLOYMENT HISTORY** *(List last three (3) positions held by the individual)* | | | | | | | | | | | | |
| POSITION TITLE | EMPLOYER’S NAME AND ADDRESS  POINT OF CONTACT &TELEPHONE # | | | | | Dates of Employment *(M/D/Y)* | | | | | | |
| From | | | | To | | |
|  |  | | | | |  | | | |  | | |
|  |  | | | | |  | | | |  | | |
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| **15. SPECIFIC CONSULTANT SERVICES** *(give last three (3) years).* *Continue on a separate sheet of paper, if required, to provide this information.* | | | | | | | | | | | | |
| SERVICES PERFORMED | EMPLOYER’S NAME AND ADDRESS  POINT OF CONTACT &TELEPHONE # | | | | | Dates of Employment *(M/D/Y)* | | | | | | |
| From | | | To | | | |
|  |  | | | | |  | | |  | | | |
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| **16. RATIONALE FOR PROPOSED SALARY** *(Provide the basis for the salary proposed in Block 6 with supporting rationale for the market value of the position. Continue on a separate sheet of paper, if required) Salary definition – basic periodic payment for services rendered. Exclude bonus*es, profit-sharing arrangements, commissions, consultant fees, extra or overtime work payments, overseas differential or quarters, cost of living or dependent education allowances. | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **17. CONTRACTOR'S CERTIFICATION** | | | | | | | | | | | | |
| To the best of my knowledge, the above facts are stated true and correct. Contractor certifies in submitting this form that it has taken reasonable steps (in accordance with sound business practices) to verify the information in this form. Contractor understands that IYF may rely on the accuracy of such information in negotiating and reimbursing personnel under this contract. Certifications that are false, fictitious, or fraudulent, or that are based on inadequately verified information, may result in appropriate remedial action by IYF, taking into consideration all the pertinent facts and circumstances, ranging from refund claims to criminal prosecution. | | | | | | | | | | | | |
| Signature of Contractor | | | | | | | | Date | | | | |