RESUMIX SELF-NOMINATION FORM

DATE: _____

Name: _____SSN: _____

Announcement Number: _____

Position Title, Pay Plan, Series, and Grade of Vacancy: _____

Work Phone Number: _____ Home Phone Number : _____

Email Address:_____

Complete the following items that are applicable to the vacancy announcement:

Lowest Grade Acceptable (complete for multiple grade level positions only): _____

E-mail Info to: selfnom@cpsrxtp.belvoir.army.mil

OR

Mail Form to: Northeast Civilian Personnel Operations Center
Central Resume Processing Center
314 Johnson Street
Aberdeen Proving Ground, MD 21005-5283

OR

Fax Form to: (410) 306-0229 or (410) 306-0139

PRIVACY ACT STATEMENT

This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), 31 Dec 1974 for individuals completing Federal records and forms soliciting personal information. AUTHORITY: Sections 1302, 3301, and 7201 of Title 5 U.S. Code

This information will be used to update your Resume for employment purposes. Collection of your Social Security number is authorized by Executive Order 9397. Furnishing the information on this form, including your Social Security Number is voluntary, but failure to do so may result in non-referral.