

**RECORD OF QUALIFICATIONS (NON-US)**

**A. IDENTIFICATION DATA**

1. APPLICANT'S NAME	2. DOB OR EMPLOYEE CONTROL NO.
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3. POSITION FOR WHICH CONSIDERED

4. SERIES	5. GRADE	6. QUALIFICATION STANDARD
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**B. EDUCATION, TRAINING AND EXPERIENCE**

7. EDUCATION AND TRAINING

8. EDUCATION AND TRAINING LEVEL OF STANDARD

9. OTHER INFORMATION REFLECTING PROFICIENCY (Training/courses, supervisory experience, etcetera)

**10. EXPERIENCE**

POSITION TITLE OR DESCRIPTION	PERIOD (YYYYMMDD) FROM - TO	GENERAL		SPECIAL		SPECIFIC	
		YR	MONTH	YR	MONTH	YR	MONTH
<b>TOTAL YEARS/MONTHS OF EXPERIENCE</b>							
<b>EXPERIENCE REQUIRED BY REFERENCED QUALIFICATION STANDARD</b>							

**C. LICENCES/DIPLOMAS REQUIREMENTS**

11a. TYPE	11b. AVAILABLE
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12a. TYPE	12b. AVAILABLE
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### **About the ITAOP/savePDF Method**

The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

The field creation process is about 10,000 times faster than the traditional method; the list of ITAOP features is not even available for the traditional method.

ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).

D. RESULTS OF TESTS					
	REQUIRED	ACHIEVED	TEST PASSED?		REMARKS
			YES	NO	
13. TYPING			<input type="checkbox"/>	<input type="checkbox"/>	
14. ENGLISH LANGUAGE PROFICIENCY LEVEL			<input type="checkbox"/>	<input type="checkbox"/>	
15. OTHER LANGUAGES (Specify):					
a.			<input type="checkbox"/>	<input type="checkbox"/>	
b.			<input type="checkbox"/>	<input type="checkbox"/>	
c.			<input type="checkbox"/>	<input type="checkbox"/>	
d.			<input type="checkbox"/>	<input type="checkbox"/>	
E. QUALIFICATION EVALUATION					
16. QUALIFIED FOR POSITION CONSIDERED <input type="checkbox"/> YES <input type="checkbox"/> NO, GIVE REASONS:					
17. HIGHEST GRADE FOR WHICH QUALIFIED					
18. ADDITIONAL REQUIREMENTS TO QUALIFY FOR NEXT HIGHER GRADE					
19a. EVALUATED BY (Full Name and Initials)				19b. DATE (YYYYMMDD)	
20a. REVIEWED BY (Full Name and Initials)				20b. DATE (YYYYMMDD)	
F. DOCUMENTATION OF WAIVER (USAFEI 36-703)					
21. JUSTIFICATION					
	NAME (Last, First, Middle Initial)		SIGNATURE		DATE (YYYYMMDD)
22. SUPERVISOR'S					
23. CPF APPROVAL					
24. WORKS COUNCIL COORDINATION					