



IETA RESUME

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone number (work): \_\_\_\_\_ Mobile number (work): \_\_\_\_\_

E-mail address (work): \_\_\_\_\_ Job Series: \_\_\_\_\_

HHS Agency or Office: \_\_\_\_\_

Job title: \_\_\_\_\_ Grade or CC rank: \_\_\_\_\_

Officer category (if applicable): \_\_\_\_\_

Do you have a U.S. Government security clearance?

Yes No
If YES, Level:

Expiration Date:

Do you have a U.S. Government official passport (maroon)?

Yes No
If YES, Expiration Date:

Do you have a U.S. Department of State medical clearance?

Yes No
If YES, Date of Clearance:

SKILLS

Select all of your relevant education, training, skills, and experiences for which you are able to provide expert technical assistance.

- Behavioral and Social Science
Biostatistics
Clinical Trial Design/Management
Clinician, (specify type):
Communications and Public Affairs
Compliance
Contract Management: Current level:
Cooperative Agreement/Grant Management
Economics
Emergency Preparedness and Response
Engineer
Environmental Science
Epidemiology/Surveillance
Financial Management
Global Health
Health Education/Health Promotion
Human Resources
Informatics
Information Technology
Instructional Design and Facilitation
Laboratory Science
Law
Management and Operations
Monitoring and Evaluation
Partnership Engagement
Policy
Program Implementation/Management
Quality Control
Scientific Review and Clearance
Scientific Writing
Strategic Planning
Study Design/Management
Workforce Diversity, Equity, Inclusion and Accessibility (DEIA)
Other:





## WORK EXPERIENCE

Describe your current position and up to two additional past positions of your choice. You have the option to include a temporary duty assignment as one of those positions.

### **POSITION 1**

**Dates:** \_\_\_\_\_ **Grade/Billet:** \_\_\_\_\_ (*other, specify:* \_\_\_\_\_)

**Position Title:** \_\_\_\_\_

**Agency or other employer organization:** \_\_\_\_\_

#### List up to 5 Duties:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

#### List up to 7 Accomplishments in this Position:

1.
2.
3.
4.
5.
6.
7.



**POSITION 2**

Dates: \_\_\_\_\_ Grade/Billet: \_\_\_\_\_ (other, specify: \_\_\_\_\_)

Position Title: \_\_\_\_\_

Agency or other employer organization: \_\_\_\_\_

**List up to 5 Duties:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**List up to 7 Accomplishments in this Position:**

1.
2.
3.
4.
5.
6.
7.



**POSITION 3**

Dates: \_\_\_\_\_ Grade/Billet: \_\_\_\_\_ (other, specify: \_\_\_\_\_)

Position Title: \_\_\_\_\_

Agency or other employer organization: \_\_\_\_\_

**List up to 5 Duties:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**List up to 7 Accomplishments in this Position:**

1.
2.
3.
4.
5.
6.
7.



## LANGUAGES

List the language(s) that you speak and/or read and your proficiency level:

Proficiency level	Language capability requirements
1-Elementary	Sufficient capability to satisfy basic survival needs and minimum courtesy and travel requirements.
2-Limited working	Sufficient capability to meet routine social demands and limited job requirements. Can deal with concrete topics in past, present, and future tense.
3-General professional	Able to use the language with sufficient ability to participate in most formal and informal discussion on practical, social, and professional topics. Can conceptualize and hypothesize.
4-Advanced professional	Able to use the language fluently and accurately in all levels normally pertinent to professional needs. Has range of language skills necessary for persuasion, negotiation, and counseling.
5-Functionally native	Able to use the language at a functional level equivalent to that of a highly articulate, well-educated native speaker.

Source: [U.S. Government Interagency Language Roundtable, GAO-17-316](#)

Language	Speaking Ability	Reading Ability
1.		
2.		
3.		
4.		
5.		

## AGENCY AND/OR USPHS DEPLOYMENTS (LIST UP TO 4)

### DEPLOYMENT 1

Agency/USPHS: \_\_\_\_\_

Mission: \_\_\_\_\_

Role: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Location: \_\_\_\_\_

### Accomplishments (up to 3)

1.
2.
3.



**DEPLOYMENT 2**

Agency/USPHS: \_\_\_\_\_

Mission: \_\_\_\_\_

Role: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Location: \_\_\_\_\_

**Accomplishments (up to 3)**

- 1.
- 2.
- 3.

**DEPLOYMENT 3**

Agency/USPHS: \_\_\_\_\_

Mission: \_\_\_\_\_

Role: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Location: \_\_\_\_\_

**Accomplishments (up to 3)**

- 1.
- 2.
- 3.



**DEPLOYMENT 4**

Agency/USPHS: \_\_\_\_\_

Mission: \_\_\_\_\_

Role: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Location: \_\_\_\_\_

**Accomplishments (up to 3)**

- 1.
- 2.
- 3.

**CERTIFICATIONS AND PROFESSIONAL LICENSURE**

Description	Organization	Expiration Date
1.		
2.		
3.		
4.		
5.		

**EDUCATION**

Degree	Speciality	College/University	Month/Year Received (Actual/Projected)
1.			
2.			
3.			
4.			

**ADDITIONAL INFORMATION (UP TO 5 LINES)**