MILITARY SPOUSE PPP SELF-CERTIFICATION CHECKLIST

OMB No. 0704-0667 Expires 20260630

The public reporting burden for this collection of information, 0704-0667, is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C 136, Under Secretary of Defense for Personnel and Readiness; DoD Instruction 1400.25, Volume 1800, "DoD Civilian Personnel Management System: DoD Priority Placement Program (PPP)," January 16, 2020.

PURPOSE: To determine eligibility for priority consideration for competitive service and excepted service positions at DoD activities in the U.S., and in U.S. territories and possessions.

ROUTINE USES: Disclosure of records are generally permitted under 5 U.S.C. 522a(b) of the Privacy Act of 1974, as amended. To refer applicants, including current and former Federal employees to Federal agencies for consideration for employment, transfer, reassignment, reinstatement, or promotion. Additional routine uses are listed in the applicable System of Records Notice, OPM GOVT-5, Recruiting, Examining, and Placement Records at: https://www.opm.gov/information-management/privacy-policy/sorn/opm-sorn-govt-5-recruiting-examining-and-placement-records.pdf

DISCLOSURE: Voluntary. However, failure to provide the requested information may prohibit participation in the Priority Placement Program.

IMPORTANT: This form must be submitted with your application each time you apply to a Department of Defense (DoD) position on USAJOBS to receive military spouse preference (MSP) consideration. Please ensure that you review your self-certification checklist and make any required updates or changes as needed. This form may be signed electronically, using adobe signature or by signing a physical paper copy that is scanned and loaded with your application package.

SECTION I - PERSONAL INFORMATION
APPLICANT'S NAME:
MILITARY SPONSOR'S NAME:
DATE OF MARRIAGE TO MILITARY SPONSOR:
MILITARY SPONSOR'S LAST OR CURRENT DUTY STATION:
MILITARY SPONSOR'S NEW (OR FUTURE SEQUENTIAL) DUTY STATION:
DATE OF RELOCATION OR ANTICIPATED RELOCATION TO SPONSOR'S NEW DUTY STATION:
SECTION II - SELF-CERTIFICATION ACKNOWLEDGEMENTS
INSTRUCTIONS: Read each section and complete accordingly. Read items 1-14 and click on each drop-down menu Choose the response that describes your status as a military spouse or add your initials to acknowledge having read and understood the statement, whichever is applicable. Completion of each item is verification that you have read and understand that the information you provide is truthful and can be used to help verify your eligibility as an MSP applicant. Upon completion of this form, we recommend saving a copy to this checklist along with all documents that may be required to be submitted with each application on your USAJOBS account.
1 a US citizen.
an active duty military member of the U.S. Armed Forces (including the U.S. Coast Guard and full-time National Guard or Reserves) and my sponsor has been serving on active duty for more than 180 consecutive days.
3. My sponsor's permanent change of station (PCS) orders in conjunction with retirement or separation from active duty.
that I must create an account with login.gov, a USAJOBS account, and apply to job opportunity announcements in order to receive MSP priority placement consideration.
that preference only applies to positions within the commuting area of my sponsor's current permanent duty station.
that loss of spousal status due to divorce, death of my sponsor, or my sponsor's retirement or separation from active duty will result in terminating my eligibility for MSP.
that the acceptance or declination of a temporary position does not impact my priority placement status. "Temporary" positions include: a. Positions filled by temporary or term appointment, including non-appropriated fund (NAF) time-limited appointments, regardless of duration or work schedule; b. Positions filled by permanent appointment with intermittent or seasonal work schedules; and c. NAF positions with a "flexible" work schedule, or any NAF position for which the employment category is identified as "flexible."

8.	that I am only eligible for preference for ONE job offer of a permanent position per PCS move. A "permanent position" is defined as an appropriated fund or NAF with any Federal agency, which has a fixed full-time or part-time work schedule.
9.	that accepting or declining a permanent position will result in terminating my eligibility for MSP at my current location.
10.	accepted or declined a permanent position in the Federal service in the in the commuting area of my sponsor's new permanent duty station including a NAF position (includes positions in the military exchange services), whether or not MSP was applied.
11.	accepted a permanent appropriated or NAF position outside the commuting area of my sponsor's new duty station, after relocating with my sponsor to a new duty station.
12.	currently occupying a permanent appropriated or NAF position at the current duty station.
13.	on a remote work agreement with my current Federal job that allows me to continue working on a permanent basis after relocating to my military sponsor's current duty station.
14.	Have you already relocated with your sponsor to the new duty station?
15.	had on-the-job performance or conduct problems within the last 12 months. If so, provide a detailed explanation:
<u> </u>	OTION III. OF DITIEIO ATION OT ATEMENT
SE	CTION III - CERTIFICATION STATEMENT
	I,, certify that I have read and understand the information contained in this self-certification checklist and my
	responses are accurate and truthful.
	SIGNATURE: DATE: (YYYYMMDD)
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