

No. _____ (For OGC Use Only)

Name		Position
Grade	Institution	Telephone Numbers (FTS and COMM)

Will the employment be: Compensated Voluntary

Place of employment and work schedule (Day of Week, Hours each day). If work is unscheduled, indicate approximately the expected frequency and duration of employment activity.

Nature of Work to be Performed (Describe briefly)

Does the employer have any contractual relationships with the U.S. Government?
 Yes No

Does this employment relate to the protection of persons or property?
 Yes No

Is the use of a weapon authorized? Yes No

Identify below the Employer (organization or Person) and other applicable information such as principal investors or backers, Supervisor(s), and/or Subordinate(s).

Role	Name	Address	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are any of the persons named above known by you to be present or former inmates of the Federal Bureau of Prisons or a relative/associate of an inmate? Yes
 No

If so, indicate names, relationship

Employee's Signature _____ Date _____

Approval by Supervisor _____ Date _____

Approval by CEO _____ Date _____

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(This form replaces BP-S166.033 dtd May 1994)