COMPETITIVE
VACANCY ANNOUNCEMENT

INDIAN HEALTH SERVICES
DIVISION OF HUMAN RESOURCES
PO BOX 1201
PINE RIDGE, SOUTH DAKOTA 57770

KYLE HEALTH CENTER IS A SMOKE FREE ENVIRONMENT
September 19, 2006

POSITION: Pharmacist
KY2117

LOCATION: PHS Health Center
Kyle, SD

SALARY: GS-660-11, $61,589 per annum

VACANCY NUMBER: NP-06-0222-KY-DEU

OPENING DATE: September 21, 2006

CLOSING DATE: OPEN UNTIL FILLED

Applications and related documents must be received at the above address by 4:30 p.m. on closing date of this announcement. For information contact Annabelle Black Bear at (605) 867-3016. All applications are subject to retention, no requests for copies will be honored. E-MAIL and FAX applications will be accepted. It is the responsibility of the applicant to ensure that a successful transmission of his/her application has occurred. FAX NUMBER: (605) 867-3271; E-MAIL ADDRESS: Annabelle.Blackbear@ihs.gov

APPOINTMENT:
XX Permanent
___ Not-To-Exceed The applicant selected for this position may be appointed to either a one year appointment or an appointment in excess of one year, depending on the status of the applicant.

WORK SCHEDULE:
XX Full-Time
___ Part-Time

MOVING: Travel will be paid provided all legal and regulatory requirements and travel regulations are met.

CONDITIONS OF EMPLOYMENT:
ON-CALL: ___ **YES** XX **NO** *Call-back duty is defined as irregular or occasional work performed by an employee on a day when the work was not scheduled for the employee. This will require the employee to return to his/her place of employment within the specified time frames.
*** All applicants are required to complete the attached "Addendum to Declaration for Federal Employment Indian Health Service Child Care & Indian Child Care Worker Positions" and "Declaration for Federal Employment (OF-306)" forms to determine eligibility for federal employment.** Your application may not be considered for this designated child-care worker position if you do not complete and submit this form or if you answer "Yes" to either of the two questions.

- Must provide AVERAGE HOURS WORKED PER WEEK on application.

- Applicants applying for area office positions may be required to be immunized, for measles and rubella, if he or she provides services or has contact with patients at the service units. Persons born before 1957 are not required to take the measles vaccine or provide proof of immunity. Special consideration may be allowed to individuals who are allergic to a component of a vaccine or have a history of severe reaction to a vaccine or who are currently pregnant.

- This vacancy may be filled through Office of Personnel Management's delegated Direct Hire Authority. If so, the following is applicable: all applicants who meet the basic qualification requirements will be forwarded to the Selecting Official for consideration. The "rule of three", Veterans' preference and traditional rating and ranking of applications do not apply to this vacancy. For more information on OPM's authorization of Direct Hire Authority, please visit http://www.ipm.gov/hrmc/2003/NewHRFlex-DirectHireAuth.asp http://www.opm.gov/hrmc/2003/NewHRFlex-DirectHire.asp> Applicant must undergo a background investigation and be able to qualify for appropriate security clearance, unrestricted access to secure areas. Must possess a valid State government-issued driver's license. Subject to shift operations, to be on-call 24 hours a day 7 days a week, independent of shift assignments. In addition to the normal salary range, when applicable

requirements area met, this position may provide additional compensation through one or more of the following: Physicians Comparability Allowance, Physicians Special Pay or a Recruitment Bonus.

GRADE POTENTIAL: XX NO ___ YES to grade(s) _____
***SUPERVISORY/MANAGERIAL** ___ YES XX NO

*May require one year probation

THE INDIAN HEALTH SERVICE HAS A ZERO TOLERANCE SEXUAL HARASSMENT POLICY, IHS CIRCULAR NO. 95-11, IN PLACE WHICH IT DISSEMINATES TO ITS EMPLOYEES.

WHO MAY APPLY : Any U. S Citizen.

DUTIES AND RESPONSIBILITIES: The incumbent dispenses drugs, maintains controls and security of narcotics and other controlled substances. Monitors drug therapy for interactions, adverse effects and therapeutic efficacy. Provides consultation to Medical, Dental, and Nursing staff. Provides primary patient care where guideline have been developed; exercises clinical judgment in management of chronic care patients, procedures, and care plans in health records.

QUALIFICATION REQUIREMENTS: Candidate must meet qualification standards as specified in **OPM Operating Manual** (Qualification Standards for General Schedule Positions):

Basic Requirements:

Education: Four-year bachelor's degree in pharmacy recognized by the American Council on Pharmaceutical Education.

Licensure: All applicants must be licensed to practice pharmacy in a State, territory of the United States, or the District of Columbia.

ADDITIONAL REQUIREMENTS for Grades GS-09 and Above:

GS-11: Successful completion of a 6-year course of study leading to a Doctor of Pharmacy (Pharm.D.) degree; 1 year of professional pharmacy experience equivalent to at least GS-09.

MEDICAL REQUIREMENTS: Applicants must be able to distinguish basic colors.

Your description of work experience, level of responsibility, and accomplishments will be used to determine that you meet these requirements. Applicants who meet the basic qualification requirements and selective factors described in this announcement will be further evaluated by determining the extent to which their work or related experience, education, training, awards, outside activities, and performance appraisal, etc., indicate they possess the knowledge, skills, and abilities described below. All applicants should provide clear, concise examples that show level of accomplishment or degree to which they possess the KSA's either on their application/resume or as a separate attachment. The information provided will be used to determine the "best qualified" candidates.

SUPPLEMENTAL QUESTIONNAIRE – KNOWLEDGE, SKILLS, AND ABILITIES

1. Ability to develop, interpret, monitor and enforce standards for pharmacy.
2. Ability to provide consultation in the pharmacy area to other program areas.
3. Ability to work directly with administrative and professional staff.
4. Knowledge of the issues, trends, research and developments in the field of pharmacy.
5. Ability to establish objectives for the pharmacy services program, plan work, set priorities and analyze resources and needs.

LEGAL AND REGULATORY REQUIREMENTS: Candidates must meet time-after competitive appointment, time-in-grade, and qualification requirements by the closing date of the vacancy announcement, if applicable.

HOW TO APPLY: Applicants must submit their applications to the PHS Indian Hospital, Human Resources, PO Box 1201, Pine Ridge, SD 57770. **ALL APPLICATIONS MUST INCLUDE ALL THE APPLICABLE DOCUMENTS:**

All applicants **MUST** submit the OF-306 Form (Declaration for Federal Employment).

1. Applicants may submit **ONE** of the following: a) OF-612, Optional Application for Federal Employment; b) Resume; or c) any other written application format.
2. Current Performance Rating, if available.
3. If you wish to substitute appropriate education for experience, you **MUST** submit your transcripts along with your application. If your education is appropriate for the position being filled then your education may be substituted for experience.
4. For current or former Federal employees, a copy of your latest Notification of Personnel Action (SF-50B).
5. **All applications for this position MUST include the attached "Addendum to Declaration for Federal Employment Indian Health Service Child Care & Indian Child Care Worker Positions" form.**
6. **VETERAN'S PREFERENCE CERTIFICATION:** Form DD-214 indicating discharge and or Form SF-15, claiming 10-point preference. **No preference will be allowed unless a copy of the DD-214 is attached to the application.**

EMPLOYMENT OF PEOPLE WITH DISABILITIES:
IHS provides reasonable accommodations to applicants with disabilities. If you need a reasonable accommodation for any part of the application and hiring process, please notify Alice LaFontaine, Selective Placement Officer, at (605) 226-7213. The decision on granting reasonable accommodation will be on a case-by-case basis.

APPLICATION INSTRUCTIONS FOR PUBLIC HEALTH SERVICE COMMISSIONED CORPS CANDIDATES:
Applicants should submit the following:
1.Copy of resume or curriculum vitae showing work experience, dates of employment, names and addresses of supervisors, include any education and other information reflecting individual qualifications for consideration.
Commissioned Corp Applicants claiming Indian Preference must submit BIA form 4432 and will be evaluated against existing applicable standards.

INFORMATION REQUIRED ON RESUMES AND OTHER APPLICATION FORMATS: Resumes or other application formats must contain all of the information listed below in sufficient detail to enable the Personnel Office to make a determination that you have the required qualifications for the position. **Failure to include any of the information listed below may result in loss of consideration for this position. This office will not solicit additional information.**

a. Announcement Number, Title, and Grade of the job for which you are applying.
b. Full name, mailing address (with zip code) and day/evening telephone numbers (with area codes).
c. Social Security Number
d. Country of citizenship
e. Veteran's preference
f. Highest Federal Civilian Grade held (give job series and dates held).
g. High School - Name, City, State (with zip code), and date of diploma or GED.
h. Colleges and Universities - Name, City, State (with zip code), majors, type and year of any degrees received (if no degree show total semester/quarter hours earned) (Attached transcripts).
i. Work experience (paid/non-paid)-Job title (include series and if Federal job), duties, responsibilities and accomplishments (*if you describe more than one type of work, i.e., carpentry and painting, or personnel and budget, write the approximate amount of time your spent doing each)*, employer's name and address, supervisor's name and phone number, starting and ending dates (month/year), **AVERAGE HOURS WORKED PER WEEK**, and salary (beginning/ending).
j. Indicate if we may contact your current and/or former supervisor.
k. Job-related training courses, skills, certificates, registrations, and licenses (current only), honors, awards, and special accomplishments.

DO NOT SUBMIT POSITION DESCRIPTIONS. All applications must be signed and dated. All material submitted for consideration under this announcement becomes the property of the Division of Personnel Management and is subject to verification. Careful consideration should be given to the information provided; fraudulent statements or any form of misrepresentation in the application process could result in loss of consideration for this position and or determination of unsuitability for Federal employment. If position is **RE-ANNOUNCED,** please call the Division of Personnel Management as to status of application.

INFORMATION FOR DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS) FOR SURPLUS OR DISPLACED EMPLOYEES REQUESTING SPECIAL SELECTION PRIORITY CONSIDERATION.

If you are currently a DHHS employee who has received a Reduction in Force (RIF) separation notice or a Certificate of Expected Separation (CES) you may be entitled to special priority selection under the DHHS Career Transition Assistance Program (CTAP). To receive this priority consideration you must:

1. Be a current DHHS career or career-conditional (tenure group I or II) or be a current IHS excepted appointment (with no time limits) tenure group II excepted/competitive service employee who has received a RIF separation notice or a CES and, the date of the RIF separation has not passed and you are still on the rolls of the DHHS. You must submit a copy of the RIF separation notice or CES along with your application.
2. Be applying for a position that is at or below the grade level of the position from which you are being separated. The position must not have a greater promotion potential than the position from which you are being separated.
3. Have a current (or last) performance rating of record of at least fully successful or equivalent. This must be submitted with your application package.
4. Be currently employed by the DHHS in the same commuting area (or nationwide for IHS employees GS-09 and above) of the position for which you are requesting priority consideration.
5. File your application by the vacancy announcement closing date & meet all the application criteria (e.g., submit all required documentation etc.).
6. Meet the basic qualifications for the position, any documented selective factor, physical requirements with any reasonable accommodation and is able to satisfactorily perform the duties of the position without undue interruption.

INFORMATION FOR DISPLACED EMPLOYEES REQUESTING SPECIAL SELECTION PRIORITY CONSIDERATION UNDER THE INTERAGENCY CAREER TRANSITION ASSISTANCE PROGRAM (ICTAP).

If you are a displaced federal employee you may be entitled to receive special priority selection under the ICTAP. To receive this priority consideration you must:

1. Be a displaced Federal employee. You must submit a copy of the appropriate documentation such as a RIF separation notice, a letter from the Office of Personnel Management (OPM) or your agency documenting your priority consideration status with your application package. The following categories of candidates are considered displaced employees.
   A. Current or former career or career-conditional (tenure group I or II) competitive service employees who:
      1. Received a specific RIF separation notice; or
      2. Separated because of a compensable injury, whose compensation has been terminated, and whose former agency certifies that it is unable to place; or
      3. Retired with a disability and shows disability annuity has been or is being terminated; or
      4. Upon receipt of a RIF separation notice retired on the effective date of the RIF and submits a Standard Form 50 that indicates Retirement in lieu of RIF; or
      5. Retired under the discontinued service retirement option; or
      6. Was separated because he/she declined a transfer of function or directed reassignment to another commuting area.

   OR

   B. Former Military Reserve or National Guard Technicians who are receiving a Special OPM disability retirement annuity under section 8337 (h) or 8456 of Title 5 United States Code.
2. Be applying for a position at or below the grade level of the position from which you haye been separated. The position must not have a greater promotion potential than the position from which you were separated.
3. Have a current (or last) performance rating of record of at least fully successful or equivalent. This must be submitted with your application package. (This requirement does not apply to candidates who are eligible due to compensable injury or disability retirement).
4. Occupy or be displaced from a position in the same local commuting area of the position for which you are requesting priority consideration.
5. File your application by the vacancy announcement closing date & meet all the application criteria (e.g., submit all required documentation, etc.)
6. Eligible applicants will be considered "well qualified" if their documented experience, knowledge, skill and abilities are comparable to or exceed that described at the acceptable level on the crediting plan for the position to be filled.

THE INDIAN HEALTH SERVICE IS AN EQUAL OPPORTUNITY EMPLOYER.

Addendum to Declaration for Federal Employment (OF 306)
Indian Health Service
Child Care & Indian Child Care Worker Positions

Item 15a. Agency Specific Questions

Name: _____ **Social Security Number:** _____
(Please print)
Job Title in Announcement: _____ **Announcement Number:** _____

Section 231 of the Crime Control Act 1990, Public Law 101-647, requires that employment applications for Federal child care positions contain a question asking whether the individual has ever been arrested for or charged with a crime involving a child and for the disposition of the arrest or charge.

Section 408 of the Miscellaneous Indian Legislation, Public Law 101-630, contains a related requirement for positions in the Department of Health and Human Services that involve regular contact with or control over Indian children. The agency must ensure that persons hired for these positions have not been found guilty of or pleaded nolo contendere or guilty to certain crimes.

To assure compliance with the above laws, the following questions are added to the Declaration for Federal Employment:

1) Have you ever been arrested for or charged with a crime involving a child? *YES*_____ *NO*_____

[If AYES@, provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name and address of the police department or court involved.]

2) Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any felonious or misdemeanor offense under Federal, State, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; or crimes against persons; or offenses committed against children? *YES*_____ *NO*_____

[If AYES@, provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name address of the police department or court involved.]

I certify that (1) my response to these questions is made under penalty of perjury, which is punishable by fines of up to $2,000 or 5 years imprisonment, or both; and (2) I have received notice that a criminal check will be conducted. I understand my right to obtain a copy of any criminal history report made available to the Indian Health Service and my right to challenge the accuracy and completeness of any information contained in the report.

_____

Applicant=s Signature (sign in ink) **Date**

Public Burden Statement: In accordance with Paperwork Reduction Act (5 CFR 1320.8 (b)(3), a Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Respondents must be informed (on the reporting instrument, in instructions, or in a cover letter) the reasons for which the information will be collected; the way the information will be used to further the proper performance of the functions of the agency; whether responses to the collection of the information are voluntary, required to obtain a benefit (citing authority), or mandatory (citing authority); and the nature and extent of confidentiality to be provided, if any (citing authority). Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary data, and completing and reviewing the collection information. Send comments regarding the burden estimate or any other aspect of this collection of information to the IHS PRA Information Collection Clearance Staff, 12300 Twinbrook Parkway, Suite 450, Rockville, MD 20852. *Please do not send completed data collection instruments to this address.*

FORM APPROVED: O.M.B. NO. 0917-0028 Expires 02/28/2009

Form Approved
OMB No. 3206-0182

Declaration for Federal Employment

Instructions

The information collected on this form is used to determine your acceptability for Federal and Federal contract employment and your enrollment status in the Government's Life Insurance program. You may be asked to complete this form at any time during the hiring process. Follow instructions that the agency provides. If you are selected, before you are appointed you will be asked to update your responses on this form and on other materials submitted during the application process and then to recertify that your answers are true.

All your answers must be truthful and complete. **A false statement on any part of this declaration or attached forms or sheets may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by a fine or imprisonment (U.S. Code, title 18, section 1001).**

Either type your responses on this form or print clearly in dark ink. If you need additional space, attach letter-size sheets (8.5" X 11 "). Include your name, Social Security Number, and item number on each sheet. We recommend that you keep a photocopy of your completed form for your records.

Privacy Act Statement

The Office of Personnel Management is authorized to request this information under sections 1302, 3301, 3304, 3328, and 8716 of title 5, U. S. Code. Section 1104 of title 5 allows the Office of Personnel Management to delegate personnel management functions to other Federal agencies. If necessary, and usually in conjunction with another form or forms, this form may be used in conducting an investigation to determine your suitability or your ability to hold a security clearance, and it may be disclosed to authorized officials making similar, subsequent determinations.

Your Social Security Number (SSN) is needed to keep our records accurate, because other people may have the same name and birth date. Public Law 104-134 (April 26, 1996) asks Federal agencies to use this number to help identify individuals in agency records. Giving us your SSN or any other information is voluntary. However, if you do not give us your SSN or any other information requested, we cannot process your application. Incomplete addresses and ZIP Codes may also slow processing.

ROUTINE USES: Any disclosure of this record or information in this record is in accordance with routine uses found in System Notice OPM/GOVT-1, General Personnel Records. This system allows disclosure of information to: training facilities; organizations deciding claims for retirement, insurance, unemployment, or health benefits; officials in litigation or administrative proceedings where the Government is a party; law enforcement agencies concerning a violation of law or regulation; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representation of employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearance, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public and private organizations, including news media, which grant or publicize employee recognitions and awards; the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives and Records Administration, and Congressional offices in connection with their official functions; prospective non-Federal employers concerning tenure of employment, civil service status, length of service, and the date and nature of action for separation as shown on the SF 50 (or authorized exception) of a specifically identified individual; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and non-Federal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from a self-and-family to a self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement, or job for the Federal government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employees about fitness-for-duty or agency-filed disability retirement procedures.

Public Burden Statement

Public burden reporting for this collection of information is estimated to vary from 5 to 30 minutes with an average of 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to the U.S. Office of Personnel Management, Reports and Forms Manager (3206-0182), Washington, DC 20415-7900. The OMB number, 3206-0182, is valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

Declaration for Federal Employment

Form Approved
OMB No. 3206-0182

GENERAL INFORMATION

1. Full Name (First, middle, last) •	2. Social Security Number •
3. Place of Birth (Include city and state or country) •	4. Date of Birth (MM/DD/YYYY) •
5. Other Names Ever Used (For example, maiden name, nickname, etc) • •	6. Phone Numbers (Include area codes) Day • Night •

Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

7a. Are you a male born after December 31, 1959? ___ YES ___ NO If "NO" skip 7b and 7c. If "YES" go to 7b.
7b. Have you registered with the Selective Service System? ___ YES ___ NO If "NO" go to 7c.
7c. If "NO", describe your reason(s) in item #16.

Military Service

8. Have you ever served in the United States military ___ YES *Provide information below* ___ NO

If you answered "YES," list the branch, dates, and type of discharge for all active duty.

If your only active duty was training in the Reserves or National Guard, answer "NO."

Branch	From MM/DD/YYYY	To MM/DD/YYYY	Type of Discharge

Background Information

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9,10, and 11, your answers should include convictions resulting from a plea of *nolo contendere* (no contest), but omit (1) traffic fines of $300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law.

	YES	NO
9. During the last 10 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) *If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.*		
10. Have you been convicted by a military court-martial in the past 10 years? *(If no military service, answer "NO.") If "YES", use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.*		
11. Are you now under charges for any violation of law? *If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.*		
12. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency? *If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.*		
13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) *If "YES," use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.*		

Declaration for Federal Employment

Form Approved: OMB No. 3206-0182

Additional Questions

	YES	NO
14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) *If "YES," use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative works.*		
15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service?		

Continuation Space / Agency Optional Questions

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed *(these questions are specific to your position and your agency is authorized to ask them).*

Certifications/AdditionalQuestions

APPLICANT: If you are applying for a position and have not yet been selected, carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

APPOINTEE: If you are being appointed, carefully review your answers on this form and any attached sheets, including any other applicati materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, mak changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

7. **I certify** that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. **I understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand** that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. **I consent** to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. **I understand** that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

17a. Appointee's Signature: _____ Date _____
(Sign in ink)

17b. Applicant's Signature: _____ Date:
(Sign in ink)

Appointing Officer:
Enter Date of Appointment or Conversion
MM / DD / YYYY

18. **Appointee (Only respond if you have been employed by the Federal Government before):** Your elections of life insurance durin previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked t help your personnel office make a correct determination.

18a. When did you leave your last Federal job? DATE: MM / DD / YYYY

18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance? ___ YES ___ NO ___ Don't Know

18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled. ___YES___NO ___Don't Know