

THIS VACANCY ANNOUNCEMENT IS BEING ISSUED UNDER THE FOLLOWING:

MERIT PROMOTION  EXCEPTED SERVICE EXAMINING  OPM DELEGATED EXAMINING



APPLICATIONS MUST BE SUBMITTED TO:  
 BILLINGS AREA INDIAN HEALTH SERVICE  
 DIVISION OF HUMAN RESOURCES  
 P.O. BOX 36600 - 2900 FOURTH AVENUE, NORTH  
 BILLINGS, MONTANA 59107



**FAX #: (406) 247-7251**

**NOTE: It is the Applicant's responsibility to ensure they have submitted a complete application. Please refer to the "How to Apply" page for details.**

**-Various positions to be filled under this vacancy announcement-**

<b>POSITION:</b>	Maintenance Worker Helper WG-4749-05	<b>LOCATION:</b>	Facilities Management Department Indian Health Hospital Crow Agency, Montana
<b>SALARY:</b>	WG-05: \$16.11 - \$18.79 per hour		

<b>ANNOUNCEMENT NUMBER:</b>	<b>OPEN DATE:</b>	<b>CLOSING DATE:</b>	<b>Open Until Filled, 1<sup>st</sup> Roster May be Issued After 12/16/2008</b>
<b>NP-09-004-CR</b>	<b>11/25/2008</b>		

<b>Position Status</b>		<b>Work Schedule</b>		<b>Promotion Potential</b>		<b>Area of Consideration</b>	
<input type="checkbox"/> Permanent <input checked="" type="checkbox"/> Temporary NTE <u>120 Days</u> <input type="checkbox"/> Term APPT NTE		<input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Intermittent <input type="checkbox"/> Part-time <input checked="" type="checkbox"/> Subject to Rotating Shifts <input type="checkbox"/> On-Call <input type="checkbox"/> Stand-By		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No To Grade: _____		<input type="checkbox"/> Commuting Area <input checked="" type="checkbox"/> IHS Area <input type="checkbox"/> Government-Wide	
<b>Supervisory or Managerial</b>		<b>Government Housing May be available</b>		<b>Travel</b>		<b>Relocation</b>	
<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No *May require one year probationary period		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Frequent <input checked="" type="checkbox"/> Occasional <input type="checkbox"/> No Traveling		<input type="checkbox"/> Travel and transportation expenses will be paid <input checked="" type="checkbox"/> Travel and relocation expenses will not be paid	

**WHO MAY APPLY**

- Merit Promotion Plan (MPP):** Competitive Status employees, current permanent IHS employees or Reinstatement eligibles.
- Excepted Service Examining Plan (ESEP):** Individuals enrolled in a Federally Recognized Tribe. **NOTE:** If you are a current permanent IHS employee with Indian Preference you may be considered under the MPP and ESEP, if you indicate on your application your request to be considered under both plans. If candidate being referred is a current permanent Federal employee in the Competitive Service and is selected under this category, the selectee will be converted to an Excepted Service Appointment and required to sign a statement indicating that they voluntarily requested their application be considered under the ESEP and will be required to serve 3 years under the Excepted appointment in order to be converted to a competitive appointment and will be giving up any appeal rights under 5 CFR 432 and 752. Temporary IHS employees, Bureau of Indian Affairs Excepted employees and other Indian Preference candidates will be evaluated under the Excepted Service Examining Plan.
- PHS Commissioned Officers:** PHS Commissioned Officers may indicate their interest in being considered by submitting a resume' or curriculum vitae. It is the responsibility of the officer to submit sufficient information as stated on the "How to Apply" page to permit this office to determine whether the officer meets the qualification requirements.
- Delegated Examining Authority:** Any U.S. Citizen **NOTE:** if you're a current Competitive status employee you may indicate on your application your request to be considered under DEA and Merit Promotion or **BOTH**.

**APPLICATIONS AND RELATED DOCUMENTS MAY BE FAXED IN AND ALL APPLICATIONS MUST BE RECEIVED AT THE ABOVE ADDRESS/FAX NUMBER BY 4:30P.M. BEFORE OR ON THE CLOSING DATE OF THIS VACANCY ANNOUNCEMENT. THERE WILL BE NO EXCEPTIONS TO THIS RULE.**

THE INDIAN HEALTH SERVICE IS COMMITTED TO EQUAL EMPLOYMENT WITHOUT REGARD TO RACE, RELIGION, COLOR, GENDER, NATIONAL ORIGIN, AGE, DISABILITY OR SEXUAL ORIENTATION. HOWEVER, IN ACCORDANCE WITH THE INDIAN PREFERENCE ACT (TITLE 25 U.S.CODE, SECTION 472 AND 473), PREFERENCE FILLING VACANCIES IS GIVEN TO QUALIFIED INDIAN CANDIDATES.

If this is being announced for the Commuting Area relocation expenses will not be paid. Employees who wish to relocate to the Billings Area for their own benefit may apply. If there are no Indian preference eligible candidates within the commuting area and an Indian preference candidate is selected from outside the commuting area, relocation costs will be paid.

CANDIDATES MUST MEET TIME AFTER COMPETITIVE APPOINTMENT, TIME IN GRADE, LEGAL, REGULATORY, QUALIFICATION REQUIREMENTS BY THE CLOSING DATE OF THE VACANCY ANNOUNCEMENT.

**THE FOLLOWING SPECIAL HIRING AUTHORITIES MAY ALSO BE UTILIZED:** Handicapped individuals, of former Peace Corps, VISTA, VRA eligible and 30% disabled veterans. Individuals who have special priority selection rights under the CTAP and ICTAP must be well qualified for the position to receive consideration. CTAP and ICTAP eligible candidates must be considered well qualified if: (1) Possesses the knowledge, skills and abilities which clearly exceed the minimum qualification requirements for the position. (2) Meets the basic qualification standards and eligibility requirements for the position. (3) Meets selective placement factor. (4) Be rated above minimally qualified candidates in accordance with the Indian Health Service Merit Promotion Plan. (5) Is physically qualified. DEFINITION OF WELL-QUALIFIED, AS

**DETERMINED IN THE BILLINGS AREA INDIAN HEALTH SERVICE:** Rating out at meeting at least a 3 or 4 on the majority of the KSA's for the position being filled. **EXAMPLE:** If there are 5 KSA's the applicant must have at least a 3 or 4 on three of the KSA's in order to be considered **WELL QUALIFIED**. CTAP and ICTAP candidates seeking eligibility must submit a copy of the agency notice, most recent performance rating and most recent SF-50 noting position, grade level and duty location. Please indicate on your application if you are applying as a CTAP or ICTAP eligible. This agency provides reasonable accommodations to applicants with disabilities. If you need a reasonable accommodation for any part of the application and hiring process, please notify the agency. The decision on granting reasonable accommodation will be on a case-by-case basis.

**CONDITIONS OF EMPLOYMENT:**

- A. Selectee will be required to sign an OF-306, Declaration for Federal Employment form certifying to the accuracy and truthfulness of the information provided in their application.
- B. All positions in the Billings Area Indian Health Service are covered by P.L. 101-630. Selectee will be required to complete an SF-85, Questionnaire for Non-Sensitive Positions (Background Record Check, CNACI) at the time of appointment. A favorable determination on your CNACI is required to continue to be eligible for employment.
- C. Male applicants born after December 31, 1959, will be required to complete the certification documentation to confirm their Selective Service registration status.
- D. The U.S. Department of Justice Immigration and Naturalization Service by act of Congress requires that all individuals appointed to a position **MUST** present proof of employment eligibility by completing Verification of Employment Eligibility Form (INS I-9) at time of appointment.
- E. If selected, immunization for such illness as found necessary by the Billings Area. Individuals may also be required to be tested for tuberculosis.

**DUTIES AND RESPONSIBILITIES:** **Painting:** Applies coats of paint, varnish, stains, enamels for lacquer to decorate and protect interior and exterior surfaces, trimmings and fixtures of the hospital, using paintbrushes, rollers, scrapers and blowtorches. Smooth surfaces, using sandpaper, wire brushes or steel wool and removes old paint from surfaces, using paint remover, scrapes, wire brushes or blowtorch to prepare surfaces for painting. **Carpentry:** Constructs, repairs and maintains wooden structures such as furniture, equipment, partitions and other parts of the hospital and quarter buildings, using hand tools and power tools according to written and oral instructions. **Plumbing:** Independently clears plugged lines, repairs minor leaks in water and sewer lines. **Electrical:** Changes exterior and interior light bulbs. Test exit lights and change light bulbs. Test GFI's receptacles. **HVAC:** Assists higher grade Facilities Management Staff in basic repair or preventative maintenance of HVAC equipment.

**QUALIFICATION REQUIREMENTS:**

**BASIC ELIGIBILITY REQUIREMENTS:** The elements **MUST** be addressed on the attached Supplemental Questionnaire in order for the applicant to be rated eligible for the position.

**Applicants that fail to meet the screen out element will be rated ineligible without further review since this element measures the critical ability needed to successfully perform the duties of the job.**

**SCREEN OUT ELEMENT:** Ability to do the work of the position without more than normal supervision.

Applicants for this position will be rated on their knowledge, skills, and abilities to perform the duties of the position. Applicants will be rated on the following criteria:

- ELEMENT 1: Ability to do the work of the position without more than normal supervision. (Screen-out Element)
- ELEMENT 2: Ability to follow instructions.
- ELEMENT 3: Knowledge of materials.
- ELEMENT 4: Ability to use and maintain tools and equipment.

Additional/alternate selection may be made within 90 days of the date the selection certificate was issued if the position becomes vacant or to fill an identical additional position in the same geographic location.

FOR INFORMATION CONTACT Bernice Hugs AT (406)638-3463. ALL APPLICATIONS ARE SUBJECT TO RETENTION, NO REQUESTS FOR COPIES WILL BE HONORED.

THIS IS AN AEP TARGETED POSITION: YES  NO

**THE BILLINGS AREA INDIAN HEALTH SERVICE IS A SMOKE FREE WORK ENVIRONMENT** ☺

## HOW TO APPLY

**NOTE: It is the Applicant's responsibility to ensure they have submitted a complete application**

Choose one of the following forms to apply for this job.

Please submit one application or resume for each job you are applying for.

**Optional Application for Federal Employment (OF-612) with Declaration for Federal Employment (OF-306)**

**Application for Federal Employment (SF-171)**

**Resume or Other written application with Declaration for Federal Employment (OF-306)**

All applicants must ensure the application you submit contains the following required documentation. Failure to submit all required documentation with your application will result in your application being incomplete. Applicants with incomplete applications will not be considered for the position.

Your resume or other application format **MUST** contain the following information:

- ❖ **QUESTIONNAIRE FOR CHILD CARE POSITIONS BY THE CRIME CONTROL ACT OF 1990** must be submitted by **ALL** applicants. A **YES** to any of the questions may remove you from competition.
- ❖ **JOB INFORMATION**
  - Announcement number and lowest grade you wish to be considered for.
  - To receive consideration under the Merit Promotion Plan and the Excepted Service Examining Plan you must submit a written request with your application.
- ❖ **PERSONAL INFORMATION**
  - Full name, mailing address (with zip codes), day and evening telephone numbers.
  - Social Security Number
  - Country of citizenship
- ❖ **EDUCATION**
  - **Official Transcripts must be submitted**
- ❖ **WORK EXPERIENCE** - Give the following for your paid and non-paid work experience related to the job for which you are applying:
  - Job title
  - Duties
  - Employer/Supervisor's name, address and/or telephone number
  - Starting and ending dates of employment must include - month and year
  - **Average hours worked per week**
  - Indicate if we may contact your current supervisor
- ❖ **OTHER QUALIFICATIONS**
  - Job related training courses (title and year)
  - Job related skills, for example: other languages, computer software/hardware, tools, machinery, typing speed
  - Job related certificates and licenses (if you are a licensed medical professional, submit a copy of your license to practice)
  - Honors, awards, and special accomplishments, for example: publications, memberships in professional or honor societies, leadership activities, public speaking, and performance awards

Submit the following documents along with your chosen application format if you are in **any** of the following categories:

<b>COMMISSIONED OFFICER</b>	<b>INDIAN PREFERENCE</b> Excepted Service Examining Plan	<b>VETERAN PREFERENCE</b>	<b>FEDERAL EMPLOYEE</b> Merit Promotion Plan (Current, Former, or Displaced Employees)	<b>DELEGATED EXAMINING</b> (Outside of the Federal Government)
Current Billet description (if available)  Submit a copy of your most recent Commissioned Officer Effectiveness Rating (COER).	Verification of Indian Preference for Employment – <b>must submit (BIA Form 4432)</b>  Current Billings Area IHS employees may state that proof of Indian preference is on file in their Official Personnel Folder.  <b>Current or former federal employee must submit most recent FINAL performance appraisal rating.</b>	DD-214 Form (Honorable Discharge)  Form SF-15, if claiming 10-point preference (must submit additional required documents listed on the SF-15)  <b>Must be submitted to receive preference.</b>	<b>Current Federal Employees or Reinstatement Eligible Individuals</b> must submit Notification of Personnel Action SF50-B, which shows #24 <b>Tenure</b> and #34 <b>Position Occupied</b> .  <i>Current Permanent Employees and Reinstatement Eligible Individuals must submit most recent FINAL performance appraisal rating.</i>  If No Performance Appraisal is available, applicants must provide written justification for its absence.	<b>Current Federal Employees or Reinstatement Eligible Individuals</b> must write on their application that they wish to be considered under Delegated Examining.  If this statement is not on the application and an SF-50 is received, the applicant will be considered under the Merit Promotion Plan.

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

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**Item 15a. Agency Specific Questions**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

(Please print)

Job Title in Announcement: Maintenance Worker Helper Announcement Number: NP-09-004-CR

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 A YES, 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 A YES, 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.*

SUPPLEMENTAL QUESTIONNAIRE FOR  
KNOWLEDGE, SKILLS AND ABILITIES  
MAINTENANCE WORKER HELPER, WG-4749-05

NAME: \_\_\_\_\_

POSITION APPLIED FOR: Maintenance Worker Helper ANNOUNCEMENT NO: NP-09-004-CR

**INSTRUCTIONS:** For each element listed below, describe all knowledge/ability you possess. Your answer should be as descriptive as possible. If you need more space for your answer, attach a sheet of plain paper and number the response(s) to match with the element number(s) you are addressing.

**ELEMENT 1: ABILITY TO THE WORK OF THE POSITION WITHOUT MORE THAN NORMAL SUPERVISION.** (Screen-Out Element). Describe your ability to work and plan independently. Show the kinds of work you can do by yourself, without the help of a boss or a supervisor. Give examples of the kinds of instructions your supervisor gives you. What responsibilities have you been given on the jobs?

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**ELEMENT 2: ABILITY TO FOLLOW INSTRUCTIONS:** Tell about the kinds of instructions or directions you've received, which you had to follow, were they verbal, written or both. Explain if instructions were for simple, moderate or difficult tasks. the relation of the instructions to getting tools, materials or equipment.

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**ELEMENT 3: KNOWLEDGE OF MATERIALS:** Lists the various kinds of materials you have knowledge of pertaining to painting and carpentry. Give examples to show how you used your knowledge of these materials.

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**ELEMENT 4: ABILITY TO USE AND MAINTAIN TOOLS AND EQUIPMENT:** List the tools and equipment pertaining to painting and carpentry you are able to use and tell where you used them and the purpose for using them.

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\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE