

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
IHS Southwest Regional HR Office
Phoenix Service Unit, Phoenix Indian Medical Center Servicing Office
1616 E. Indian School Rd., Suite 360 E
Phoenix, AZ 85016

Competition for Custodial Worker positions is restricted by law to persons entitled to veterans' preference as long as such applicants are available for appointment

Preference in filling vacancies is given to qualified Native American Indian Candidates or Alaska Natives in accordance with the INDIAN PREFERENCE ACT, TITLE 25, US CODE, SECTION 472 & 473. In order than the above, the Indian Health Service is an Equal Opportunity Employer.

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| ANNOUNCEMENT NUMBER: SWR-09-0131 | OPENING DATE: 01/16/2009 | CLOSING DATE: 01/23/2009 |
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| POSITION TITLE/SERIES/GRADE: | Custodial Worker Supervisor, WS-3566-3 |
| STARTING SALARY: | WS-03: \$18.30 - \$21.35 per hour |
| PROMOTION POTENTIAL: | None |
| SUPERVISORY/MANAGERIAL: | Yes |
| RELOCATION EXPENSES: | To be paid in accordance with Federal Travel Regulations |
| HOUSING: | Private Housing Only. |
| APPOINTMENT/WORK SCHEDULE: | One Permanent Full-Time; Incumbent works on a rotational basis to provide continuity of service during evenings, nights, holidays and weekends. |
| AREA OF CONSIDERATION: | Phoenix Commuting Area (Management has determined that there will likely be an adequate number of qualified applicants within the local commuting area to reduce the Area of Consideration.) |
| DUTY LOCATIONS: | Phoenix Indian Medical Center, Housekeeping Department |

JOB DESCRIPTION: Serves as a Custodial Worker Supervisor in a hospital setting for approximately 40 subordinate workers. Supervisory responsibilities include planning, work direction, and various administrative functions. Additionally, the incumbent acts as an advisor on housekeeping matters; maintains a continuous training program for housekeeping employees, etc. The incumbent is required to work on a regularly assigned, rotational, or call back basis to provide continuity of services, which may include evenings, nights, holidays, and weekends. Performs other duties as assigned.

WHO MAY APPLY: Merit Promotion and Excepted Service Eligible Candidates. U.S. citizenship is required.

- Excepted Service Examining Plan Candidates (ESEP) – Individuals entitled to Indian Preference who wish to be considered for excepted appointment in IHS, under authority of 5 CFR, Part 213, Schedule A 213.3116(B)(8).
- Merit Promotion Plan Candidates (MPP) – Current permanent competitive Federal status employees, reinstatement eligible, and current IHS Indian Preference individuals and/or individuals who are eligible for excepted appointment in IHS under some other authority (e.g., handicapped authority, etc).
- Veteran's Preference - Preference eligible veterans who have been separated from the armed forces under honorable conditions after 3 years or more of continuous active service may apply.

Indian Preference applicants must indicate on their applications whether they are applying under the MPP, ESEP, or both. If not indicated, they will be considered under the MPP.

Qualified disabled applicants (Rehabilitation Act of 1973) and disabled veterans with 30% or more disability are encouraged to apply. Reasonable accommodations will be made for qualified applicants with disabilities, except when doing so would impose undue hardship on the Indian Health Service.

CONDITIONS OF EMPLOYMENT:

1. Selectee(s) are required to be immunized against Measles and Rubella and provide documentation prior to or at the time of their start date. Special consideration may be allowed to individuals who are allergic to a component of the vaccine or are currently pregnant. Selectee must have documented immunity to Rubella and Measles.
 2. Selectee(s) are required to complete Security questionnaire and fingerprint chart for investigative purposes under PL 101-630
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Indian Child Protection and Family Violence Prevention Act. Persons, who have been arrested for or charged with a crime involving a child, or violent crime against a person, are not eligible for employment with IHS under PL 101-630.

3. Selectee(s) are required to complete a "Declaration of Federal Employment – Optional Form 306" to determine your suitability for Federal Employment, and to certify the accuracy of all the information in your application. Persons making false statements in any part of the application may not be hired; or fired after employment starts; or may be fined.
4. Males born after December 31, 1959 are required to be registered with the Selective Service System in order to be eligible for employment with the Federal Government.
5. Selectee(s) are required to have a viable bank account at a financial institution for electronic direct deposit of salary payment.
6. Some service units operate under extended service hours 7 days per week.
7. Incumbent will frequently lift, carry and move objects weighing up to 40 pounds and occasionally objects weighing over 50 pounds. Work requires continuous walking, standing, and considerable arm and hand movements in controlling heavy powered equipment used in cleaning.
8. Selectee may require access to the Unified Financial Management System (UFMS) and will require Level V or Level VI Background/Security clearance.

QUALIFICATION REQUIREMENTS: No specific length of experience is required. Applicants will be rated on the basis of their narrative response to the elements listed below. On a separate attachment, please respond to the elements below and on the attached **SUPPLEMENTAL EXPERIENCE STATEMENT AND SUBMIT THEM WITH YOUR APPLICATION**. It will be to your advantage to give as much information as possible about your ability to perform the duties of this position. Failure to submit your narrative response to the job elements for this job may affect your eligibility and/or rating for this position

Supplemental Experience Statement For Custodial Worker Supervisor must be submitted (See Attachment C)

1. Ability to Supervise (SCREEN OUT ELEMENT)
2. Work practices (includes keeping things neat, clean and in order).
3. Ability to interpret instructions, specifications, etc. (other than blueprints).
4. Ability to use and maintain tools and equipment.
5. Dexterity and ability to use Equipment safely.

Your description of work experience, level of responsibility, and accomplishment will be used to determine that you meet those requirements.

TIME IN GRADE: Candidates must have completed at least one year of service in a position no more than one grade lower than the position to be filled. (If selected under the Excepted Service Examining Plan, such individuals may be appointed under Schedule A authority without regard to Time-In-Grade requirements.)

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

METHODS OF EVALUATION: Evaluation is made on the basis of appropriate education, experience, performance appraisals, training, self-development, outside activities and special awards. Experience related to tribal involvement and to Indian community projects will also be evaluated. Applicants will also be evaluated on the following ranking factors, i.e., Knowledge, Skills, and Abilities (KSA's).

HOW TO APPLY/REQUIRED FORMS (Incomplete applications will not be considered):

1. Applicants may use one of the following to apply: (1) OF-612 Optional Application for Federal Employment, **or** (2) Resume (see requirements in **Attachment A**).
2. If claiming Indian Preference, BIA 4432 "Verification of Indian Preference for Employment in BIA and IHS".
3. If claiming Veteran's Preference, copy of DD-214 Form, and SF-15 if claiming 10 point Veteran's Preference.
4. Copy of latest Personnel Action (SF-50), if a current or former employee, and/or if requesting Reinstatement Eligibility.
5. Copy of the most recent performance appraisal, if a current Federal employee.
6. Addendum to Declaration for Federal Employment (OF 306) form (Child Care & Indian Child Care Worker Positions - PL 101-630 Questionnaire - **form attached**).
7. Completed Selective Service Registration Form (**form attached**).
8. Written Responses to the Knowledge, Skills, and Abilities (KSA) - (**OPTIONAL** ~ failure to submit may result in an ineligible rating or substantially lower score).
9. If applicable, written responses to the Screen Out Element. In order to be considered you are required to provide a written narrative for each screen out element. *See Vacancy Announcement.*
10. A completed Supplemental Experience Statement (Attachment C).

Application and required forms identified by this announcement number must be submitted to the address below:

ATTN: SWR-09-0131
Office of Human Resources
Phoenix Indian Medical Center
1616 E. Indian School Rd., Suite 360E
Phoenix, AZ 85016

Phone: (602) 248-4180

Fax: (602) 248-4182

Faxed applications will be accepted up to 11:59 pm, Arizona Time, of the closing date of this announcement. Mailed or hand carried applications must be received by 4:30 pm on the closing date of this announcement. It is your responsibility to assure that your application package is complete.

Facsimile is acceptable – this office is not responsible for incomplete transmissions. All submitted materials are subject to retention by this office. You should duplicate and retain copies, since requests for copies will not be honored. Additional information regarding Federal job opening can be obtained at www.opm.gov, or at USAJOBS www.usajobs.opm.gov or check the IHS Website at www.ihs.gov. All documents are subject to the provision of the Privacy Act (PL 93-579) and become the property of Department of Health and Human Services (DHHS).

Additional selections of candidates may be possible within 90 days from the date the certificate of eligible candidates is issued for this announcement, for filing additional or similar positions.

Human Resource Specialist: (Call 602-248-4180 to contact a Human Resources Specialist.)

Date: 1/16/2009

“IHS-OPERATED PROPERTIES ARE TOBACCO FREE”

ATTACHMENT A

Resume Requirements - Your resume or other application format must contain the following information to allow for qualification determination.

- Identify your application/resume by the announcement number, title and grade(s)
- Full Name (first, middle, last ~ include other names used, i.e., maiden name)
- Mailing Address
- Phone Number where you can be reached
- Email Address (if applicable)
- Social Security Number
- Country of citizenship
- Education: list high school and colleges attended, type of degree (list major) received, date of degrees conferred, and city and state of school.
- Work Experience: (include non-paid work as well as paid)
 - Job Title (if Federal employment, indicate series and grade)
 - Duties and Accomplishments
 - Employer's name and Address
 - Employer's name and phone number
 - Starting and ending dates of employment (month/year)
 - Hours of work per week
 - Salary
 - Indicate if you do not want us to contact your current supervisor (if not specified, it will be assumed that we may do so)
- List job related training (title, year obtained, hours of training)
- Honors or awards received
- License or certificates obtained (submit with application)
- Special accomplishments (i.e., publications, memberships, leadership and community recognition, etc).

Indicate if you do not want your current supervisor contacted for reference purposes.

ATTACHMENT B

1. You may be eligible for special selection priority consideration under the Career Transition Assistant Program (CTAP) if you are a current career or career-conditional (tenure group I or II) employee of the DHHS Agency at the GS-15 grade level or below or equivalent, and who has received a specific RIF separation notice or a Certificate of Expected Separation indication your job is surplus, or notice of removal for declining a directed reassignment or transfer of function outside the local commuting area. To qualify for special selection priority consideration under CTAP you MUST also meet the criteria shown in paragraph 3 below.
2. You may be eligible for special selection priority consideration under the Interagency Career Transition Assistance Program (ICTAP) if you are a current or former career-conditional (tenure group I or II) employee of any agency in the competitive service at the GS-15 grade level or below or equivalent, who has received a specific RIF separation notice or a notice of proposed removal for declining a directed reassignment or transfer of function outside the local commuting area. You may also be eligible if you were separated because of a compensable injury and your compensation has been terminated; or you retired with a disability and your disability annuity has been or is being terminated; or you were in receipt of a RIF separation notice and retired on the effective date of the RIF or under discontinued service; or you are a former Military Reserve Technician or National Guard Technician who is receiving a special disability retirement annuity from OPM. To qualify for special selection priority consideration under ICTAP you MUST also meet the criteria shown in paragraph 3 below.
3. To qualify for special selection priority consideration under CTAP or ICTAP for this vacancy, you MUST also meet ALL of the following:
 - (a) Have a current or last performance rating of record of at least fully successful or equivalent. A copy MUST be submitted with your application package. (Note: this requirement does not apply to candidates who are eligible due to compensable injury or disability retirement).
 - (b) Be applying for a position at or below the grade level from which you will be, or have been separated, and which does not have a greater promotion potential than the position from which you will be, or have been separated.
 - (c) Occupy or be displaced from a position in the same local commuting area of the position for which you are requesting priority consideration.
 - (d) File your application by the vacancy announcement closing date and meet all the applicable criteria. Your application MUST include ALL documents that support your claim of eligibility for priority consideration – RIF separation notice, or notice of proposed removal for declining a directed reassignment or transfer of function to another commuting area; SF-50 Notification of Personnel Action, showing that they were separated as a result of RIF, or declining a transfer of function or directed reassignment to another area; official certification from an agency stating that it cannot place an individual whose injury compensation has been or is being terminated; or official notification from the Military Department or National Guard Bureau that the employee has retired under 5 USC 8337(h) Or 8456.
 - (e) Be rated “well qualified” for this position. A numerical rating of 85 is considered to be well qualified for this position.

APPLICANT'S STATEMENT OF SELECTIVE SERVICE REGISTRATION STATUS

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 be registered with the Selective Service law, unless you meet certain exemptions under Selective Service law. If you are required to register but knowingly and willfully fail to do so, you are ineligible for employment by executive agencies of the Federal Government.

CERTIFICATION OF REGISTRATION STATUS

Check one:

- I certify I am registered with the Selective Service System.
- I certify I have been determined by the Selective Service to be exempt from the registration provisions of Selective Service law.
- I certify I have not registered with the Selective Service System.
- I certify I have not reached my 18th birthday and understand I am required by law to register at that time.

NON-REGISTRANTS UNDER AGE 26

If you are under age 26 and have not registered as required, you should register promptly at a United States Post Office or consular office if you are outside the United States.

NON-REGISTRANTS AGE 26 OR OVER

If you were born in 1960 or later, are 26 years of age or older, and were required to register but did not do so, you can no longer register under Selective Service law. According, you are not eligible for appointment to an executive agency unless you can prove to the Office of Personnel Management (OPM) that your failure to register was neither knowing nor willful. You may request an OPM decision through the agency that was considering you for employment by returning this statement with your written request for an OPM determination together with an explanation and documentation you wish to furnish to prove that your failure to register was neither knowing nor willful.

PRIVACY ACT STATEMENT

Because information on your registration status is essential for determining whether you are in compliance with 5 U.S.C. 3328, failure to provide the information requested by this statement will prevent any further consideration of your application for appointment. This information is subject to verification with the Selective Service System and may be furnished to other Federal agencies for law enforcement or other authorized use in implementing this law.

FALSE STATEMENT NOTIFICATION

A false statement may be grounds for not hiring you, or for firing you if you have already begun work. Also, you may be punished by fine or imprisonment (Section 1001 of title 18, United States Code).

Legal signature of individual {please use ink}

Date signed {please use ink}

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 of Announcement: CUSTODIAL WORKER SUPERVISOR Announcement Number: SWR-09-0131

Section 231 of the Crime Control Act of 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, requires a criminal record check 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 to violent 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 YES, provide date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name and address of the police department or current court involved.]

2) Have you ever been found guilty of, or entered in 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, contact or prostitution, or crimes against persons? YES _____ NO _____

[If YES, provide date, explanation of the violence, description of the arrest or charge, place of occurrence, and the name and 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.***

ATTACHMENT C
SUPPLEMENTAL EXPERIENCE STATEMENT for

Custodial Worker Supervisor, WS-3566-3, Announcement # SWR-09-0131

(This form must accompany your APPLICATION FOR EMPLOYMENT)

Name: _____
(First, Middle, and Last)

After completing this form look it over carefully to make sure that you have signed and answered all questions. Be sure that you have given complete information about your experience. You cannot be given credit for work you do not tell us about.

Job Elements, Questions to Applicants

1. Ability To Supervise (Element 73) (SCREEN-OUT ELEMENT)

This element demonstrates an ability to supervise subordinates; deal objectively and harmoniously with them; and render sound decisions.

1a. What type of supervision have you had over others? Indicate **number** and **type of employees** and the **type of work** supervised.

1b. Did you perform any of the following? Check, if yes.

____ Estimate material, equipment, and manpower needs

____ Train employees

____ Schedule workflow and work assignments

____ Maintain performance records

____ Prepare procedures and layouts

____ Take disciplinary actions

____ Install new functions

____ Develop and install work improvements

1c. Do you have experience explaining how to do work? ____ Yes ____ No

1d. Do you have experience helping to train new workers? ____ Yes ____ No

1e. Have you taken responsibility for getting a job done at work? ____ Yes ____ No

1f. Have you volunteered for special assignments or helped out in emergencies at work? _____ Yes _____ No

1g. Have you worked overtime when requested? _____ Yes _____ No

1h. Have you served as an informal group leader? _____ Yes _____ No

If so, explain how you encouraged them to work effectively and the results of your techniques.

2. Work Practices (includes keeping things neat, clean and in order) (Element 25-A)

This element demonstrates an ability in the following: current trade practices, alternative methods, and “tricks of the trade”; ability to use available manpower, equipment, and supplies to best advantage in keeping assigned health facility clean, orderly, and safe for patients and staff; and experience in, or ability to learn, to properly clean and sanitize critical areas. Additionally, the candidate must at least have the potential to train others in acceptable housekeeping techniques and work practices.

2a. Check the following that you have had total responsibility for ensuring

_____ That housekeepers or janitors maintain equipment

_____ That housekeepers clean assigned work areas

_____ That housekeepers safely store equipment and supplies

2b. What jobs have you held where you had to keep a building or area of a building clean, neat, and in order, and what type of building was it, i.e., hospital, store, school, etc.?

2c. Have you been required to work on your own initiative with minimum oral instructions? If so, please explain.

3. Ability To Interpret Instructions, Specifications, etc. (other than blueprints) (Element 75-B)

This element demonstrates an ability to interpret instructions and specifications.

3a. What kind of directions, specifications or directives have you used?

3b. What experience have you had in transmitting or explaining instructions to others?

3c. What types manuals have you used?

4. Ability To Use and Maintain tools and Equipment (Element 81)

This element demonstrates an ability to use and maintain tools, instruments, and related equipment in a housekeeping environment.

4a. List the tools and equipment you can use properly and safely and tell where you used them

5.

Dexterity and Safety (Element 86)

This element demonstrates an ability to operate with dexterity and safety. This includes consideration of speed and quality of operation; coordination of hand, foot, and body movement; and training and actual record in safety.

- 5a. Describe work that you did that required speed and accuracy of hand.

- 5b. Tell about any work that you did where you had to observe safety rules to avoid injuring yourself or coworkers (for example, lifting, climbing, handling materials or equipment, setting scaffolds, etc.)

- 5c. If you worked for an employer with a regular safety program, what did the program include? Describe any scheduled safety training you received or gave. Show approximate dates and total hours.

- 5d. Describe any work you did where you had to observe safety rules that affected the public such as following safety codes (for example, electrical, fire prevention, moving equipment, etc.)

- 5e. Safety record: List accidents within the past 5 years. Give dates; state the severity of the accident and whether you were at fault. List any safety awards that you received.

CERTIFICATION

After completing this form, look it over carefully to make sure that you have signed it and answered all questions. Be sure that you have given complete information about your experience. EXAGGERATION OR MIS-STATEMENTS MAY BE CAUSE FOR YOUR DISQUALIFICATION OR LATER REMOVAL FROM THE SERVICE.

Signature

Date