

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Phoenix Area Indian Health Service

Southwest Region - Office of Human Resources

Two Renaissance Square, 40 North Central Avenue, Suite 510, Phoenix, AZ 85004-4424

*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. If other than the above, the Indian Health Service is an Equal Opportunity Employer.*

**ANNOUNCEMENT NUMBER:**  
PXIHS-09-19-OC

**OPENING DATE:**  
02/09/2009

**CLOSING DATE:**  
12/31/2009

**POSITION TITLE/SERIES/GRADE:** Student Trainee (Extern/Co-Step); GS-0000-03/04/05/07/09/11

**SALARY:**

*For Phoenix, Mesa, Scottsdale Locations Only.* AD-03, \$11.97 Per Hour AD -05, \$15.06 Per Hour AD -09, \$22.78 Per Hour  
AD-04, \$13.44 Per Hour AD -07, \$18.62 Per Hour AD -11, \$27.56 Per Hour

*Rest of U.S.* AD -03, \$11.74 Per Hour AD-05, \$14.74 Per Hour AD-09, \$22.34 Per Hour  
AD-04, \$13.18 Per Hour AD-07, \$18.26 Per Hour AD-11, \$27.03 Per Hour

**TRAVEL:**

(437 Students Only)

- 1) Extern may request travel reimbursement for one round trip to the extern site. The request for Extern Travel Reimbursement (437 Students Only) must be completed and submitted PRIOR to travel.
- 2) Travel reimbursements are authorized based on Travel and Transportation allowance under the Federal Regulations.
- 3) If an advance for travel is required, you may work directly through (1) your coordinator and (2) the Area Office, Service Unit, or health clinic where you are assigned.
- 4) **Do not, under any circumstances, travel without authorized travel orders.**

**HOUSING:**

The student is responsible for finding their own housing; however, information on housing may be available from the Area Coordinator.

**APPOINTMENT:**

Temporary, Not to exceed 120 Days per year.

**WORK SCHEDULE:**

Full-Time or Part-Time

**DUTY LOCATIONS:**

Flagstaff, Fort Yuma, Parker, Peach Springs, Phoenix, Polacca, San Carlos, Sells, Tucson, Whiteriver, AZ. Elko, Schurz, NV and Roosevelt, UT.

**JOB DESCRIPTION:** Student Trainee (Extern/Co-Step) is for the purpose of providing students with temporary employment placement in order to obtain working knowledge and experience in their chosen health profession or field. Individuals receiving an Indian Health Service Scholarship or other students *enrolled in a course of study in the health professions/allied health* may be employed as an IHS Extern. Student externs will be assigned at an IHS healthcare delivery system or administrative office, participating in a full range of activities in their respective health disciplines or field. The duties will vary depending on the profession or field entered. Assignments are available during nonacademic periods. Employment opportunities may not exist in all categories. **Students who are completing a rotation, whether clinical or on the job experience, that is part of a course requirement are not eligible.**

**WHO MAY APPLY:** This job is being filled by an alternative hiring process and is not in the competitive civil service.

- Any U.S. Citizen
- Priority consideration will be given in the following order:
  - 1) IHS Scholarship Recipient, Section 104 Health Professionals;
  - 2) Non-IHS Scholarship/Native American Indian;
  - 3) Non-IHS Scholarship/Non-Indian;
  - 4) IHS Scholarship Recipient, Section 103 Pre-graduate;
  - 5) IHS Scholarship Recipient, Section 103 Preparatory.

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.
2. Selectee(s) are required to complete Security questionnaire and fingerprint chart for investigative purposes under PL 101-630 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. The incumbent may be required to travel and must possess a valid driver's license.
8. Selectee must have documented immunity to Rubella and Measles.

**QUALIFICATION REQUIREMENTS:**

**Eligibility:** Individuals receiving a Public Law 94-437, Health Professions Scholarship are entitled to employment by the IHS during any non-academic period in accordance with the provisions of section 105 of the Health Care Improvement Act or individuals enrolled in the health profession/allied health discipline. This does not prohibit scholarship recipients or any other qualifying students from doing an externship; as long as the student is not enrolled in classes during that timeframe. *Students are required to provide documentation that they will be returning to school. Students must not be on probation or discontinued from the scholarship program for any reason.*

- Student must have completed the 1<sup>st</sup> year of college, with documented enrollment for the Fall semester.
- Student must not be on any academic probation.
- Undergraduate students must have at least a 2.0 grade point average or above on a 4.0 scale.
- Graduate students must have at least a 3.0 grade point average.

**Qualifications:**

Grade:	Education:
AD-03	30 semester hours or 45 quarter hours
AD-04	60 semester hours or 90 quarter hours
AD-05	Bachelor's Degree or 120 semester hours or 180 quarter hours
AD-07	1 <sup>st</sup> year of Graduate School (18 semester hours of graduate education or 27 quarter hours of graduate selection)
AD-09	Master's or equivalent graduate degree or 2 full years of progressively higher graduate education leading to such a degree of LL.B. or J.D., if related.
AD-11	Ph.D. or equivalent doctoral degree or 3 full years of progressively higher-level graduate education leading to such a degree on LL.M., if related.
<b>OFFICIAL TRANSCRIPTS MUST BE PROVIDED.</b>	

**METHODS OF EVALUATION:** The salary is based on the student's experience and the number of completed semester hours in their academic program according to Personnel Standards, rules, and regulations. The ratings listed below are proposed grade levels based on the number of credit hours completed. The personnel office responsible for the extern position will determine your grade level.

**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," Tribal Identification Cards and Certificates of Indian Blood will NOT be accepted.
3. Official college transcripts – these documents will be used to credit your education and are a basis for determining salary. Photocopies or Unofficial copies of transcripts will not be accepted.
4. 2009 Fall Enrollment Registration or letter from College School Advisor attesting to 2009 Fall Enrollment.
5. Completed Extern Site Preference Request Form (form attached).
6. Completed Extern Travel Reimbursement Form (437 Students Only), (form attached).
7. Completed PL 101-630 Questionnaire (Indian Child Care Form (form attached).
8. Completed Selective Service Registration Form (form attached).
9. OF-306, Declaration for Federal Employment (form attached).

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

**ATTN: PXIHS-09-19-OC**  
**Southwest Region IHS**  
**Office of Human Resources**  
**Two Renaissance Square**  
**40 North Central Avenue, Suite 510**  
**Phoenix, AZ 85004-44424**

**Phone:** (602) 364-5219  
**Fax:** (602) 364-5176

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](http://www.opm.gov), or at USAJOBS [www.usajobs.opm.gov](http://www.usajobs.opm.gov) or check the IHS Website at [www.ihs.gov](http://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).

Human Resource Specialist: Call (602) 248-4180 to contact Ms. Bonnie Lang

Date: 02/09/2009

IHS operated properties are "Tobacco Free."

**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:** Student Trainee (Extern/Co-Step) **Announcement Number:** PXIHS-09-19-OC

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 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 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**

PUBLIC LAW 94-437 TITLE I – IHS SCHOLARSHIP PROGRAM

IHS-856-16 (Rev. 2/08)

EXTERN SITE PREFERENCE REQUEST

FORM APPROVED:  
OMB Approval No. 0917-0006  
Exp. Date: 2/28/2011

See Estimated Average Burden Time  
per Response on Reverse Side

I am applying to:  Civil Service  COSTEP Program

APPLICANT'S NAME		
STREET ADDRESS		
CITY	STATE	ZIP CODE
AREA CODE AND TELEPHONE NUMBER	EMAIL ADDRESS	

HEALTH PROFESSION CURRENTLY ENROLLED IN: \_\_\_\_\_

PROJECTED GRADUATION DATE: \_\_\_\_\_ CURRENT GPA: \_\_\_\_\_

NAME OF UNIVERSITY: \_\_\_\_\_

DO YOU PLAN TO CHANGE YOUR MAJOR OR SCHOOL? EXPLAIN: \_\_\_\_\_

DATES AVAILABLE FOR EXTERN ASSIGNMENT: From \_\_\_\_\_ To \_\_\_\_\_

DESCRIBE CLEARLY AND SPECIFICALLY THE TYPE OF EXTERN ASSIGNMENT YOU DESIRE: \_\_\_\_\_

EXTERNSHIP SITE PREFERENCE

INDICATE BY PRIORITY THE PREFERRED IHS AREA/PROGRAM LOCATION FOR EXTERNSHIP:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Aberdeen, SD    | <input type="checkbox"/> Billings, MT  | <input type="checkbox"/> Phoenix, AZ    |
| <input type="checkbox"/> Albuquerque, NM | <input type="checkbox"/> Nashville, TN | <input type="checkbox"/> Portland, OR   |
| <input type="checkbox"/> Anchorage, AK   | <input type="checkbox"/> Navajo, AZ    | <input type="checkbox"/> Sacramento, CA |
| <input type="checkbox"/> Bemidji, MN     | <input type="checkbox"/> Okla City, OK | <input type="checkbox"/> Tucson, AZ     |

INDICATE YOUR PREFERRED IHS HOSPITAL/CLINIC FOR EXTERNSHIP:

- (1) \_\_\_\_\_ (2) \_\_\_\_\_  
(3) \_\_\_\_\_ (4) \_\_\_\_\_

COMMENTS: \_\_\_\_\_

Extern Applicant's Signature

Date

Please return the completed IHS-856-16 form to the SCHOLARSHIP COORDINATOR FOR YOUR IHS AREA (see Section G Contact Information of the Student Handbook).

IHS-856-16 (Rev. 2/08)

## ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

Public reporting burden for this collection of information is estimated to average 8 minutes per response including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

*An 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Indian Health Service, OPHS/DHPS/Scholarships Branch, 801 Thompson Avenue, TMP Suite 450, Rockville, MD 20852, RE: PRA 0917-0006.*

**PUBLIC LAW 94-437 TITLE I – IHS SCHOLARSHIP PROGRAM**

**IHS-856-17** (Rev. 2/08)

**REQUEST FOR EXTERN TRAVEL REIMBURSEMENT**

FORM APPROVED:  
OMB Approval No. 0917-0006  
Exp. Date: 2/28/2011

*See Estimated Average Burden Time  
per Response on Reverse Side*

*Travel expenses are paid according to Travel and Transportation Allowances in the Joint Travel Regulations and Federal Travel Regulations.*

EXTERN APPLICANT'S NAME	HEALTH DISCIPLINE
SOCIAL SECURITY NUMBER	NAME OF EDUCATIONAL INSTITUTION
AREA CODE AND TELEPHONE NUMBER	EMAIL ADDRESS

**BELOW IS ESTIMATED EXPENSE OF PROPOSED TRAVEL**

PURPOSE OF TRAVEL: \_\_\_\_\_

DATES OF TRAVEL: \_\_\_\_\_

LOCATION OF TRAVEL: From \_\_\_\_\_  
To \_\_\_\_\_

NUMBER OF AUTO MILES: \_\_\_\_\_

NUMBER OF DAYS: \_\_\_\_\_

COACH AIR FARE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EXTERN APPLICANT'S SIGNATURE	DATE
EXTERN'S SUPERVISOR or BRANCH CHIEF SIGNATURE	DATE

*Please return the completed IHS-856-17 form to the SCHOLARSHIP COORDINATOR FOR YOUR IHS AREA (see Section G Contact Information of the Student Handbook).*

IHS-856-17 (Rev. 2/08)

#### ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

Public reporting burden for this collection of information is estimated to average 6 minutes per response including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

*An 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Indian Health Service, OPHS/DHPS/Scholarships Branch, 801 Thompson Avenue, TMP Suite 450, Rockville, MD 20852, RE: PRA 0917-0006.*

# Declaration for Federal Employment

Form Approved  
OMB No. 3206-0182

## 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 <small>MM/DD/YYYY</small>	To <small>MM/DD/YYYY</small>	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.

- |  |                                 |                                |
|--|---------------------------------|--------------------------------|
| 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.) <i>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.</i>   | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| 10. Have you been convicted by a military court-martial in the past 10 years? (If no military service, answer "NO.") <i>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.</i>  | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| 11. Are you now under charges for any violation of law? <i>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.</i>  | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| 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? <i>If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.</i> | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| 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.) <i>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.</i>                     | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |

# Declaration for Federal Employment

Form Approved:  
OMB No. 3206-0182

## Additional Questions

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.
- YES  NO
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?
- YES  NO

## 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 / Additional Questions

**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 application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make 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.

17. 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. Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(Sign in ink)

17b. Appointee's Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(Sign in ink)

<b>Appointing Officer:</b> Enter Date of Appointment or Conversion MM / DD / YYYY
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18. **Appointee (Only respond if you have been employed by the Federal Government before):** Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to 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  Do Not 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  Do Not Know

## General Information

### Optional Application for Federal Employment – OF 612

You may apply for most Federal jobs with a résumé, an Optional Application for Federal Employment (OF 612), or other written format. If your résumé or application does not provide all the information requested on this form and in the job vacancy announcement, you may lose consideration for a job. Type or print clearly in black ink. Help speed the selection process by keeping your application brief and sending only the requested information. If essential to attach additional pages, include your name and job announcement number on each page.

- Information on Federal employment and the latest information about educational and training provisions are available at [www.usajobs.gov](http://www.usajobs.gov) or via interactive voice response system: (703) 724-1850 or TDD (978) 461-8404.
- Upon request from the employing Federal agency, you must provide documentation or proof that your degree(s) is from a school accredited by an accrediting body recognized by the Secretary, U.S. Department of Education, or that your education meets the other provisions outlined in the OPM Operating Manual. It will be your responsibility to secure the documentation that verifies that you attended and earned your degree(s) from this accredited institution(s) (e.g., official transcript). Federal agencies will verify your documentation.  
For a list of postsecondary educational institutions and programs accredited by accrediting agencies and state approval agencies recognized by the U.S. Secretary of Education, refer to the U.S. Department of Education Office of Postsecondary Education website at <http://www.ope.ed.gov/accreditation/>.  
For information on Educational and Training Provisions or Requirements, refer to the OPM Operating Manual available at <http://www.opm.gov/qualifications/SEC-II/s2-e4.asp>.
- If you served on active duty in the United States Military and were discharged or released from active duty in the armed forces under honorable conditions, you may be eligible for veterans' preference. To receive preference, if your service began after October 15, 1976, you must have a Campaign Badge, Expeditionary Medal, or a service-connected disability. Veterans' preference is not a factor for Senior Executive Service jobs or when competition is limited to status candidates (current or former career or career-conditional Federal employees).
- Most Federal jobs require United States citizenship and also that males over age 18 born after December 31, 1959, have registered with the Selective Service System or have an exemption.
- The law generally prohibits public officials from appointing, promoting, or recommending their relatives.
- Federal annuitants (military and civilian) may have their salaries or annuities reduced. Every employee must pay any valid delinquent debt or the agency may garnish their salary.
- Send your application to the office announcing the vacancy. If you have questions, contact the office identified in the announcement.

### How to Apply

1. **Review** the listing of current vacancies.
2. **Decide** which jobs, pay range, and locations interest you.
3. **Follow instructions** provided in the vacancy announcement including any additional forms that are required.
  - You may apply for most jobs with a resume, this form, or any other written format; **all applications must include the information requested in the vacancy announcement as well as information required for all applications for Federal employment** (see below):
  - The USAJOBS website features an online résumé builder. This is a free service that allows you to create a résumé, submit it electronically (for some vacancy announcements), and save it online for use in the future.

Certain information is required to evaluate your qualifications and determine if you meet legal requirements for Federal employment. If your resume or application does not include all the required information as specified below, the agency may not consider you for the vacancy. Help speed the selection process - submit a concise resume' or application and send only the required material.

#### Information required for all applications for Federal employment:

##### Job Vacancy Specifics

- Announcement number, title and grade(s) of the job you are applying for

##### Personal Information

- Full name, mailing address (with zip code) and day and evening phone numbers (with area code) and email address, if applicable
- Social Security Number
- Country of citizenship (most Federal jobs require U.S. citizenship)
- Veterans' preference
- Reinstatement eligibility (for former Federal employees)
- Highest Federal civilian grade held (including job series and dates held)
- Selective Service (if applicable)

##### Work Experience

- Provide the following information for your paid and volunteer work experience related to the job you are applying for:
  - ▶ job title (include job series and grade if Federal)
  - ▶ duties and accomplishments
  - ▶ employer's name and address
  - ▶ supervisor's name and telephone number - indicate if supervisor may be contacted
  - ▶ starting and ending dates (month and year)
  - ▶ hours per week
  - ▶ salary

## How to Apply (continued)

### Education

- High School
  - ▶ Name, city, and State (Zip code if known)
  - ▶ Date of diploma or GED
- Colleges or universities
  - ▶ Name, city, and State (Zip code if known)
  - ▶ Majors
  - ▶ Type and year of degrees received. (If no degree, show total credits earned and indicate whether semester or quarter hours.)
- Do not attach a copy of your transcript unless requested
- Do not list degrees received based solely on life experience or obtained from schools with little or no academic standards

Upon request from the employing Federal agency, you must provide documentation or proof that your degree(s) is from a school accredited by an accrediting body recognized by the Secretary, U.S. Department of Education, or that your education meets the other provisions outlined in the OPM Operating Manual. It will be your responsibility to secure the documentation that verifies that you attended and earned your degree(s) from this accredited institution(s) (e.g., official transcript). Federal agencies will verify your documentation.

For a list of postsecondary educational institutions and programs accredited by accrediting agencies and state approval agencies recognized by the U.S. Secretary of Education, refer to the U.S. Department of Education Office of Postsecondary Education website at <http://www.ope.ed.gov/accreditation/>.

For information on Educational and Training Provisions or Requirements, refer to the OPM Operating Manual available at <http://www.opm.gov/qualifications/SEC-11/s2-e4.asp>.

### Other Education Completed

- School name, city, and State (Zip code if known)
  - ▶ Credits earned and Majors
  - ▶ Type and year of degrees received. (If no degree, show total credits earned and indicate whether semester or quarter hours.)
- Do not list degrees received based solely on life experience or obtained from schools with little or no academic standards

### Other Qualifications

- Job-related:
  - ▶ Training (title of course and year)
  - ▶ Skills (e.g., other languages, computer software/hardware, tools, machinery, typing speed, etc.)
  - ▶ Certificates or licenses (current only). Include type of license or certificate, date of latest license, and State or other licensing agency
  - ▶ Honors, awards, and special accomplishments, (e.g., publications, memberships in professional honor societies, leadership activities, public speaking and performance awards) (Give dates but do not send documents unless requested)

### Any Other information Specified in the Vacancy Announcement

## Privacy Act Statement

The U.S. Office of Personnel Management and other Federal agencies rate applicants for Federal jobs under the authority of sections 1104, 1302, 3301, 3304, 3320, 3361, 3393, and 3394 of title 5 of the United States Code. We need the information requested in this form and in the associated vacancy announcements to evaluate your qualifications. Other laws require us to ask about citizenship, military service, etc. In order to keep your records in order, we request your Social Security Number (SSN) under the authority of Executive Order 9397 which requires the SSN for the purpose of uniform, orderly administration of personnel records. Failure to furnish the requested information may delay or prevent action on your application. We use your SSN to seek information about you from employers, schools, banks, and others who know you. We may use your SSN in studies and computer matching with other Government files. If you do not give us your SSN or any other information requested, we cannot process your application. Also, incomplete addresses and ZIP Codes will slow processing. We may confirm information from your records with prospective nonfederal employers concerning tenure of employment, civil service status, length of service, and date and nature of action for separation as shown on personnel action forms of specifically identified individuals.

## Public Burden Statement

We estimate the public reporting burden for this collection will vary from 20 to 240 minutes with an average of 90 minutes per response, including time for reviewing instructions, searching existing data sources, gathering data, and completing and reviewing the information. Send comments regarding the burden statement or any other aspect of the collection of information, including suggestions for reducing this burden to the U.S. Office of Personnel Management (OPM), OPM Forms Officer, Washington, DC 20415-7900. The OMB number, 3206-0219, is currently valid. OPM may not collect this information and you are not required to respond, unless this number is displayed. Do not send completed application forms to this address; follow directions provided in the vacancy announcement(s).

THE FEDERAL GOVERNMENT IS AN EQUAL OPPORTUNITY EMPLOYER

**OPTIONAL APPLICATION FOR FEDERAL EMPLOYMENT - OF 612**

Form Approved  
OMB No. 3206-0219

**Section A - Applicant Information**

Use Standard State Postal Codes (abbreviations). If outside the United States of America, and you do not have a military address, type or print "OV" in the State field (Block 6c) and fill in the Country field (Block 6e) below, leaving the Zip Code field (Block 6d) blank.

1. Job title in announcement		2. Grade(s) applying for	3. Announcement number
4a. Last name	4b. First and middle names		5. Social Security Number
6a. Mailing address			7. Phone numbers (include area code if within the United States of America)
			7a. Daytime
6b. City	6c. State	6d. Zip Code	7b. Evening
6e. Country (if not within the United States of America)			
8. Email address (if available)			

**Section B - Work Experience**

Describe your paid and non-paid work experience related to the job for which you are applying. Do not attach job description.

1. Job title (if Federal, include series and grade)				
2. From (mm/yyyy)	3. To (mm/yyyy)	4. Salary	per	5. Hours per week
		\$		
6. Employer's name and address			7. Supervisor's name and phone number	
			7a. Name	
			7b. Phone	
8. May we contact your current supervisor?    Yes <input type="checkbox"/> No <input type="checkbox"/>				
If we need to contact your current supervisor before making an offer, we will contact you first.				
9. Describe your duties, accomplishments and related skills (if you need to attach additional pages, include your name, address, and job announcement number)				

**Section C - Additional Work Experience**

1. Job title (if Federal, include series and grade)				
2. From (mm/yyyy)	3. To (mm/yyyy)	4. Salary	per	5. Hours per week
		\$		
6. Employer's name and address			7. Supervisor's name and phone number	
			7a. Name	
			7b. Phone	
8. May we contact your current supervisor?    Yes <input type="checkbox"/> No <input type="checkbox"/>				
If we need to contact your current supervisor before making an offer, we will contact you first.				
9. Describe your duties, accomplishments and related skills (if you need to attach additional pages, include your name, address, and job announcement number)				

### Section D - Education

Upon request from the employing Federal agency, you must provide documentation or proof that your degree(s) is from a school accredited by an accrediting body recognized by the Secretary, U. S. Department of Education, or that your education meets the other provisions outlined in the OPM Operating Manual. It will be your responsibility to secure the documentation that verifies that you attended and earned your degree(s) from this accredited institution(s) (e.g., official transcript). Federal agencies will verify your documentation.

For a list of postsecondary educational institutions and programs accredited by accrediting agencies and state approval agencies recognized by the U.S. Secretary of Education, refer to the U.S. Department of Education Office of Postsecondary Education website at <http://www.ope.ed.gov/accreditation/>.

For information on Educational and Training Provisions or Requirements, refer to the OPM Operating Manual available at <http://www.opm.gov/qualifications/SEC-II/s2-e4.asp>.

Do not list degrees received based solely on life experience or obtained from schools with little or no academic standards.

1. Last High School (HS)/GED school. Give the school's name, city, state, ZIP Code (if known), and year diploma or GED received:

2. Mark highest level completed:    Some HS     HS/GED     Associate     Bachelor     Master     Doctoral

3. Colleges and universities attended. Do not attach a copy of your transcript unless requested.			Total Credits Earned		Major(s)	Degree (if any), Year Received
			Semester	Quarter		
3a. Name						
City	State	Zip Code				
3b. Name						
City	State	Zip Code				
3c. Name						
City	State	Zip Code				

### Section E - Other Education Completed

Do not list degrees received based solely on life experience or obtained from schools with little or no academic standards.

### Section F - Other Qualifications

License or Certificate	Date of Latest License or Certificate	State or Other Licensing Agency
1f.		
2f.		

### Section G - Other Qualifications

**Job-related** training courses (give title and year), **Job-related** skills (other languages, computer software/hardware, tools, machinery, typing speed, etc.), **Job-related** honors, awards, and special accomplishments (publications, memberships in professional/honor societies, leadership activities, public speaking, and performance awards). Give dates, but do **not** send documents unless requested.

### Section H - General

1a. Are you a U.S. citizen?    Yes <input type="checkbox"/> No <input type="checkbox"/> →	1b. If no, give the Country of your citizenship
2a. Do you claim veterans' preference?    Yes <input type="checkbox"/> No <input type="checkbox"/> →    If yes, mark your claim of 5 or 10 points below.	
2b. 5 points <input type="checkbox"/> →    Attach your <i>Report of Separation from Active Duty</i> (DD 214) or other proof.	
2c. 10 points <input type="checkbox"/> →    Attach an <i>Application for 10-Point Veterans' Preference</i> (SF 15) and proof required.	
3. Check this box if you are an adult male born on or after January 1st 1960, and you registered for Selective Service between the ages of 18 through 25 → <input type="checkbox"/>	
4. Were you ever a Federal civilian employee?    Yes <input type="checkbox"/> No <input type="checkbox"/> →    If yes, list highest civilian grade for the following:	
4a. Series	4b. Grade
4c. From (mm/yyyy)	
4d. To (mm/yyyy)	
5a. Are you eligible for reinstatement based on career or career-conditional Federal status?    Yes <input type="checkbox"/> No <input type="checkbox"/> If requested in the vacancy announcement, attach <i>Notification of Personnel Action</i> (SF 50), as proof.	
5b. Are you eligible under the ICTAP*?    Yes <input type="checkbox"/> No <input type="checkbox"/> <small>*ICTAP (Interagency Career Transition Assistance Plan): A participant in this plan is a current or former federal employee displaced from a Federal agency. To be eligible, you must have received a formal notice of separation such as a RIF separation notice. If you are an ICTAP eligible, normally you will be provided priority consideration for vacancies within your commuting area for which you apply and are well qualified.</small>	

### Section I - Applicant Certification

I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete, and made in good faith. I understand that false or fraudulent information on or attached to this application 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.

1a. Signature	1b. Date (mm/dd/yyyy)
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## GENERAL INFORMATION

You may apply for most Federal jobs with a resume, the attached Optional Application for Federal Employment or other written format. If your resume or application does not provide all the information requested on this form and in the job vacancy announcement, you may lose consideration for a job. Type or print clearly in dark ink. Help speed the selection process by keeping your application brief and sending only the requested information. If essential to attach additional pages, include your name and Social Security Number on each page.

- For information on Federal employment, including job lists, alternative formats for persons with disabilities, and veterans' preference, call the U.S. Office of Personnel Management at 912-757-3000, TDD 912-744-2299, by computer modem 912-757-3100, or via the Internet (Telnet only) at FJOB.MAIL.OPM.GOV.
- If you served on active duty in the United States Military and were separated under honorable conditions, you may be eligible for veterans' preference. To receive preference if your service began after October 15, 1976, you must have a Campaign Badge, Expeditionary Medal, or a service-connected disability. Veterans' preference is not a factor for Senior Executive Service jobs or when competition is limited to status candidates (current or former career or career-conditional Federal employees).
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- The law prohibits public officials from appointing, promoting, or recommending their relatives.
- Federal annuitants (military and civilian) may have their salaries or annuities reduced. All employees must pay any valid delinquent debts or the agency may garnish their salary.
- Send your application to the office announcing the vacancy. If you have questions, contact that office.

## THE FEDERAL GOVERNMENT IS AN EQUAL OPPORTUNITY EMPLOYER

## PRIVACY ACT AND PUBLIC BURDEN STATEMENTS

- The Office of Personnel Management and other Federal agencies rate applicants for Federal jobs under the authority of sections 1104, 1302, 3301, 3304, 3320, 3361, 3393, and 3394 of title 5 of the United States Code. We need the information requested in this form and in the associated vacancy announcements to evaluate your qualifications. Other laws require us to ask about citizenship, military service, etc.
- We request your Social Security Number (SSN) under the authority of Executive Order 9397 in order to keep your records straight; other people may have the same name. As allowed by law or Presidential directive, we use your SSN to seek information about you from employers, schools, banks and others who know you. Your SSN may also be used in studies and computer matching with other Government files, for example, files on unpaid student loans.
- If you do not give us your SSN or any other information requested, we cannot process your application, which is the first step in getting a job. Also, incomplete addresses and ZIP Codes will slow processing.
- We may give information from your records 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 violations of law or regulation; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representing employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearances, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public or private organizations including news media that grant or publicize employee recognition and awards; and the Merit Systems Protection Board, The Office of Special Counsel, The Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives, the Federal Acquisition Institute, and congressional offices in connection with their official functions.
- We may also give information from your records to: prospective nonfederal employers concerning tenure of employment, civil service status, length of service, and date and nature of action for separation as shown on personnel action forms of specifically identified individuals; 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 nonfederal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from self-and-family to 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 employee about fitness-for-duty or agency-filed disability retirement procedures.
- We estimate the public reporting burden for this collection will vary from 20 to 240 minutes with an average of 40 minutes per response, including time for reviewing instructions, searching existing data sources, gathering data, and completing and reviewing the information. You may send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden to U.S. Office of Personnel Management, Reports and Forms Management Officer, Washington, DC 20415-0001.
- Send your application to the agency announcing the vacancy.