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 NUMBER (406) 247-7251
WWW.IHS.GOV

This vacancy announcement is used to fill appointments under Excepted Service Examining Plan, Merit Promotion Plan, Delegated Examining, and for Commissioned Officers. Please see the "How to Apply" Page for information on how to apply under these authorities.

POSITIONS:	**Optometrist,** GS-662-9/11			**Announcement Number:**	**BA-DEU-04-05**
LOCATION: As vacancies occur throughout the Billings Area Indian Health Service: MONTANA: Browning, Crow Agency, Harlem, Hays, Heart Butte, Lame Deer, Lodge Grass, Poplar, Pryor, and Wolf Point WYOMING: Ft. Washakie and Arapahoe					
SALARY RANGE: GS-9: $40,454 to $52,591; **GS-11**: $48,947 to $63,629 PER ANNUM					
Open Date:	**05/17/04**	**Closing Date:**	**Open Continuous**	**Travel:**	☐ **No Travel** ■ **Occasional Travel** ☐ **Frequent Travel**
Position Status May Be:	■ **Permanent** ■ **Temporary NTE** ■ **Term APPT NTE**	**Work Schedule May Be:**	■ **Full-time** ■ **Part-time** ■ **Intermittent** ■ **Subject to rotating shifts** ■ **Subject to call-back**	**Promotion Potential:**	**Yes, if filled at a lower grade level**
Area of Consideration:	**All Areas**				
Supervisory/ Managerial Positions:	**May be filled under this announcement (May require one year probationary period)**	**Government Housing:**	**May be available depending on location of vacancy**	**Moving Expenses:**	**Travel and transportation expenses may be paid**

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 IN FILLING VACANCIES IS GIVEN TO QUALIFIED INDIAN CANDIDATES.

WHO MAY APPLY: ANY U.S. CITIZEN

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. DEFINTION 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.

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 you meet the qualification requirement.

NOTE: If you are a current permanent IHS employee with Indian Preference you may be considered under the Merit Promotion Plan (MPP) and Excepted Service Examining Plan (ESEP). You must indicate on your application your request to be considered under both plans. Temporary IHS employees, Bureau of Indian Affairs Excepted employees and other Indian Preference candidates will be evaluated under the Excepted Service Examining Plan. Other current permanent Federal employees or reinstatement eligible applicants, may be considered under the MPP and Open Competitive process.

NOTE: If you are a current permanent federal employee or reinstatement eligible individual you may be considered under the Merit Promotion Plan (MPP) and Delegated Examining. You must indicate on your application your request to be considered under both plans.

CANDIDATES MUST MEET TIME AFTER COMPETITIVE APPOINTMENT, TIME IN GRADE, LEGAL, REGULATORY, QUALIFICATION REQUIREMENTS.

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. Selectee will be required to complete an SF-85, Questionnaire for Non-Sensitive Positions (Background Record Check) at the time of appointment.
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: Incumbent plans and develops the various elements of the Service Unit's Optometry program, i.e., prepares budget estimates, maintains proper records. Assesses patients for vision deficiencies, i.e., complete binocular analysis, ocular health examinations, spectacle prescriptions, cosmetic and therapeutic contacts, and aniseikonia. Provides optometric rehabilitation, prescribes, fits and adjusts contact lenses. Provides advisory services to other professional disciplines. Supervises ancillary personnel and student interns, as required.

SELECTIVE PLACEMENT FACTOR: **Selective factors are knowledge, skills, abilities, or special qualifications that are in addition to the minimum requirements in a qualification standard, but are determined to be essential to perform the duties and responsibilities of a particular position.** *APPLICANTS WHO DO NOT MEET THE FOLLOWING SELECTIVE PLACEMENT FACTOR ARE INELIGIBLE FOR FURTHER CONSIDERATION:* **APPLICANTS MUST POSSESS AND MAINTAIN A CURRENT, ACTIVE, UNRESTRICTED OPTOMETRY LICENSE IN A STATE, DISTRICT OF COLUMBIA, THE COMMOMWEALTH OF PUERTO, OR A TERRITORY OF THE UNITED STATES.**

IF APPLICABLE, SELECTED INDIVIDUAL IS REQUIRED TO OBTAIN AND MAINTAIN MEDICAL STAFF CLINICAL PRIVILEGES. IF PRIVILEGES ARE NOT OBTAINED OR MAINTAINED DURING EMPLOYMENT, THE EMPLOYEE MAY BE SUBJECT TO ADVERSE ACTIONS, UP TO AND INCLUDING REMOVAL FROM THE FEDERAL SERVICE.

QUALIFICATION REQUIREMENT: Except for the substitution of education as provided in the Operating Manual for Qualification Standards, applicants must meet the following basic requirements in addition to the following types of experience, in the amounts indicated.

BASIC REQUIREMENT: ***Degree***: Doctor of Optometry (O.D.) accredited by the Council on Optometric Education. ***Licensure***: Current license to practice in a State, the District of Columbia, or a territory is required, except for those research positions that do not entail patient care responsibilities.

Applicants who meet the basic requirements qualify for GS-9.

Additional Requirements for Grades GS-11:

GS-11: One year of professional optometrist experience equivalent to at least GS-9 that demonstrated the ability to perform the work of the position to be filled. For example, for industrial optometrists, the applicant's experience must have demonstrated skill in developing or applying methods, procedures, or devices for protection of employees engaged in eye-hazardous work.

SUPERVISORY POSITIONS: For supervisory positions, the Qualification Standard for Supervisory Positions in part IV of the Qualifications Standards Operating Manual must be used in conjunction with this standard.

DRIVER'S LICENSE: For certain positions, applicants may be required to have a valid state driver's license.

LENGTH OF ELIGIBILITY: Your application will remain active for one year from the date you are rated eligible. You will be removed from consideration due to acceptance of a permanent position or for other reasons. You will not be removed from the list of eligibles if you accept a temporary position unless you submit notice of your non-interest in other positions. Your eligibility may be extended for an additional one-year period.

EMPLOYMENT INTERVIEWS: Applicants may be required to demonstrate in a pre-employment interview that they possess the personal qualifications necessary for successful performance.

UNPAID AND VOLUNTEER EXPERIENCE: The experience requirements may be satisfied with pertinent unpaid or volunteer work.

BASIS OF RATING: There is no written test. Candidates will be rated on a scale of 70 to 100, based on the extent and quality of your education, experience, and training as they relate to the duties of the position and grade your applying for. Your rating will be based on the information on your application and on any additional information obtained by this office. You will be rated for all grade levels for which you qualify and indicate you will accept. Indian preference candidates will be rated against the Preston Standards.

RANKING FACTORS: Applicants who meet the qualification requirements described above will be further evaluates to determine the extent to which their education, work related experience, training, awards, professional recognition and supervisory appraisals indicate they possess or have the potential to acquire knowledge, skills, abilities, and personal characteristics, (KSAP's) required to perform the duties and responsibilities described above.

KSAP'S SUPPLEMENTAL QUESTIONNAIRE

Applicants are encouraged to address the following KSAP's on a separate sheet of paper attached to their application. The KSAP's will be the basis for determining which applicants are best qualified.

1. Skill in diagnosis and treatment. Please cite examples and describe.
2. Ability to communicate. Please cite examples and describe.

FOR ADDITIONAL INFORMATION CONTACT ***Bernice Hugs*** AT ***(406) 247-7216***. 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®

5/12/04

PROGRAM MANAGER DATE

5/12/2004

AREA HUMAN RESOURCES OFFICER DATE

A COPY OF YOUR CURRENT LICENSE AND OFFICIAL TRANSCRIPTS MUST ACCOMANY YOUR APPLICATION

BAIHS REV: 08/01/01

HOW TO APPLY

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) **Failure to submit a signed OF-306 will make you ineligible for consideration.**	**Application for Federal Employment (SF-171)** **Unless a signed OF-306 is submitted, Failure to answer questions 38-47 and sign the form will make you ineligible for consideration.**	**Resume or Other written application format with Declaration for Federal Employment (OF-306)** **Failure to submit a signed OF-306 will make you ineligible for consideration.**

An OF-306 may be obtained at: http://www.opm.gov/forms/pdf_fill/of0306.pdf

All applicants must ensure the application you submit contains with 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:

COMMISSIONED OFFICER	**INDIAN PREFERENCE** Excepted Service Examining Plan	**VETERAN PREFERENCE**	**FEDERAL EMPLOYEE** Merit Promotion Plan (Current, Former, or Displaced Employees)	**DELEGATED EXAMINING** (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 – **must submit (BIA Form 4432)** Current Billings Area IHS employees may state that proof of Indian preference is on file in their Official Personnel Folder. **Current or former federal employee must submit most recent FINAL performance appraisal rating.**	DD-214 Form (Honorable Discharge) Form SF-15, if claiming 10-point preference (must submit additional required documents listed on the SF-15) **Must be submitted to receive preference.**	***Current Federal Employees or Reinstatement Eligible Individuals*** must submit Notification of Personnel Action SF50-B, which shows #24 **Tenure** and #34 **Position Occupied**. *Current Permanent Employees and Reinstatement Eligible Individuals* **must submit most recent** FINAL **performance appraisal rating.** If No Performance Appraisal is available, applicants must provide written justification for its absence.	Current Federal Employees or Reinstatement Eligible Individuals 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.

REQUIRED APPLICATION QUESTIONNAIRE FOR CHILD CARE POSITIONS

NAME (PLEASE PRINT)	SOCIAL SECURITY NUMBER
OPTOMETRIST	**BA-DEU-04-05**
JOB TITLE IN ANNOUNCEMENT	ANNOUNCEMENT NUMBER

CITIZENSHIP:
Are you a U.S. Citizen? YES ☐ NO ☐ If no, give the country of your citizenship.

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 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 to violent crimes.

PERSONS APPOINTED TO POSITIONS WITH THE INDIAN HEALTH SERVICE CONSIDERED TO HAVE REGULAR CONTACT WITH OR CONTROL OVER INDIAN CHILDREN SHALL NOT HAVE BEEN FOUND GUILTY OF, OR ENTERED A PLEA OF NOLO CONTENDERE OR GUILTY TO, ANY FELONIOUS OFFENSE, OR ANY OF TWO OR MORE MISDEMEANOR OFFENSES 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. RESPONDING "YES" TO EITHER OF THE FOLLOWING QUESTIONS, OR FAILURE TO PROVIDE COMPLETE INFORMATION MAY CONSTITUTE REASON TO CONSIDER YOU INELIGIBLE FOR THE POSITION IDENTIFIED ABOVE.

Have you ever been arrested for or charged with a crime involving a child? *[If "YES" provide the information requested below]* **YES** ☐ **NO** ☐

Date (mo/yr)	Charge	Felony/ Misdemeanor	Disposition	City/State of charge/crime	Police Dept/ Court

Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any offense under Federal (this includes military service), State (this includes municipalities), or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; or crimes against persons? *[If "YES" provide the information requested below]* **YES** ☐ **NO** ☐

Date (mo/yr)	Charge	Felony/ Misdemeanor	Disposition	City/State of charge/crime	Police Dept/ Court

I certify that (1) my response to these questions is made under penalty of perjury, which is punishable by fines of up to $10,000 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 Date

SIGNATURE AND CURRENT DATE REQUIRED

Revised 5-15-02

Work and Location Availability Form
Billings Area Indian Health Service
Billings, Montana

Name _____ Date _____

Work Locations
Please indicate your preference for areas of consideration

- ☐ PHS Indian Hospital, Blackfeet Reservation, Browning, Montana
- ☐ PHS Indian Health Center, Blackfeet Reservation, Heart Butte, Montana
- ☐ PHS Indian Hospital, Crow Reservation, Crow Agency, Montana
- ☐ PHS Indian Health Center, Crow Reservation, Lodge Grass, Montana
- ☐ PHS Indian Health Center, Crow Reservation, Pryor, Montana
- ☐ PHS Indian Health Center, Northern Cheyenne Reservation, Lame Deer, Montana
- ☐ PHS Indian Health Center, Fort Belknap Reservation, Harlem, Montana
- ☐ PHS Indian Health Center, Fort Belknap Reservation, Hays, Montana
- ☐ PHS Indian Health Center, Fort Peck Reservation, Poplar, Montana
- ☐ PHS Indian Health Center, Fort Peck Reservation, Wolf Point, Montana
- ☐ PHS Indian Health Center, Wind River Reservation, Fort Washakie, Wyoming
- ☐ PHS Indian Health Center, Wind River Reservation, Arapahoe, Wyoming
- ☐ No Preference

Call Back Duty and Rotating Shift Work
Please indicate those you will accept

- ☐ I will accept call back duty
- ☐ I will not accept call back duty
- ☐ I will accept rotating shifts
- ☐ I will not accept rotating shifts

Type of Appointment
Please indicate those you will accept

☐ Permanent ☐ Term ☐ Temporary

Work Schedule
Please indicate those you will accept

☐ Full-time ☐ Part-time ☐ Intermittent