

MERIT PROMOTION VACANCY ANNOUNCEMENT

ABERDEEN AREA INDIAN HEALTH SERVICE
DIVISION OF HUMAN RESOURCES
FEDERAL BUILDING, RM. 309, 115-4TH AVENUE S.E.
ABERDEEN, SOUTH DAKOTA 57401

ABERDEEN AREA IHS IS A SMOKE FREE ENVIRONMENT

April 7, 2009

(This Cancels POVN# AO-MPP-08-07-VAR, Dated February 20, 2008)

POSITION: Health System Administrator
(Service Unit Director)

LOCATION: All Aberdeen Area Indian Health Service Area Office
Hospitals and Health Centers

SALARY: GS-670-12, \$67,613 or
GS-670-13, \$80,402 or
GS-670-14, \$95,010 or
GS-670-15, \$111,760 per annum

VACANCY NUMBER: AO-MPP-09-07-VAR

OPENING DATE: April 8, 2009

CLOSING DATE: OPEN CONTINUOUS

Applications and related documents **MUST** be received at the above address by **5:00 p.m.** on the issuance date of the selection roster. For information contact at **(605) 226-7553**. All applications are subject to retention; no requests for copies will not be honored. Applications can be **faxed** to **(605) 226-7668**, **(NOT RESPONSIBLE FOR UNSUCCESSFUL TRANSMISSIONS)**. Applications by e-mail will be accepted. It is the responsibility of the applicant to submit a complete application.

E-MAIL TO: shanda.rieker@ihs.gov or sheryl.miller@ihs.gov

APPOINTMENT:

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

WORK SCHEDULE:

Full-Time
 Part-Time
 Intermittent
 May include
weekends and/or
evenings

AREA OF CONSIDERATION:

IHS-Wide
 DHHS-Wide
 Commuting Area

WHO MAY APPLY: The purpose of this announcement is to provide for competitive selection procedures for making temporary details or temporary promotions for **Current Aberdeen Area Indian Health Service Employees ONLY** to positions with greater promotion potential than the position currently occupied. Details to higher graded positions or temporary promotions are made under circumstances where consideration is established to assign current employees of the Aberdeen Area to positions where this a temporary need, i.e. permanent position vacant; employee on extended sick leave; LWOP; etc... When the services area no longer needed, employee will revert back to his/her original position. **These are temporary assignments.** Duration of detail or temporary promotion made from this announcement will vary from two (2) weeks to one (1) year, and may be extended in specific situations. As a general rule the assignment will generally be made from one to three months. Outside non-Indian Preference candidates will not be considered when using special areas of consideration. Permanent appointments will not be made from this announcement. In addition, this announcement does not limit management consideration only to applicants applying under this announcement. Other methods of assignment may be used as permitted under the Merit Promotion Program Guidelines.

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

CONDITIONS OF EMPLOYMENT:

ON-CALL: YES NO *call-back duty is defined as irregular or occasional work performed by an employee on a day when the work was not scheduled for the employee. This will require the employee to return to his/her place of employment within the specified timeframes.

****All applicants who have regular contact or control over Indian Children MUST submit the attached addendum to the Declaration for Federal Employment. Your application may not be considered for this designated childcare worker position if you do not complete and submit this form or if you answer, "Yes" to either of the two questions.**

http://www.ihs.gov/JobCareerDevelop/CareerCenter/Vacancy/forms/child_protection.doc

If applicable, "The 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."

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- **Must provide AVERAGE HOURS WORKED PER WEEK on application.**
 - Applicants applying for the position may be required to be immunized, for measles and rubella, if he or she provides services or has contact with patients at the service units. Persons born before 1957 are not required to take the measles vaccine or provide proof of immunity. Special consideration may be allowed to individuals who are allergic to a component of a vaccine or have a history of severe reaction to a vaccine or who are currently pregnant.
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SUPERVISORY/MANAGERIAL: XX NO XX YES

may require one year probation

****Employment is contingent on a cleared suitable Background Investigation for the level required for your position. ****

PREFERENCE IN FILLING VACANCIES IS GIVEN TO QUALIFIED INDIAN CANDIDATES IN ACCORDANCE WITH THE INDIAN PREFERENCE ACT (TITLE 25, U.S.C. CODE, SECTION 472 AND 473). THE INDIAN HEALTH SERVICE IS AN EQUAL OPPORTUNITY EMPLOYER. THE INDIAN HEALTH SERVICE HAS A ZERO TOLERANCE SEXUAL HARASSMENT POLICY, IHS CIRCULAR NO. 95-11, IN PLACE WHICH IT DISSEMINATES TO ITS EMPLOYEES.

DUTIES AND RESPONSIBILITIES: The incumbent has overall responsibility for planning, organization, and administration of a comprehensive health service program. Develops a comprehensive, flexible program plan consistent with the aims of and prepares with full knowledge of the Indian People. Plans and develops a budget consistent with Programs Plan. Recommends and requests training, promotions, reassignments, separations and other personnel actions relating to the staff. Implements Area and Headquarters directives through the development and issuance of appropriate policies. Orients all new staff members and employees. Performs other related duties as assigned.

QUALIFICATION REQUIREMENTS: Candidate must meet qualification standards as specified in **OPM Operating Manual** (Qualification Standards for General Schedule Positions) and/or the Excepted Service Qualification Standard:

GS-12/13/14/15: One year of specialized experience equivalent to at least the next lower grade level is required.

Specialized Experience: Progressively responsible analytical or administrative, or clinical management or supervisory experience in the health care field. This work may have been performed in an operating health care facility or a higher organizational echelon with advisory or directional authority over such facilities. Work must have involved a close working relationship with facility managers and analysis and/or coordination of administrative, clinical, or other service activities, and provided knowledge of the following:

- Missions, organizations, programs, and requirements of health care delivery systems;
- Regulations and standards of various regulatory and credentialing groups; and
- Government-wide, agency, and facility systems and requirements in various administrative areas such as budget, personnel, and procurement.

Applicants must also possess:

- Management ability to delegate authority, evaluate and oversee people and programs, recognize and adapt to changing priorities, and
- Knowledge of the interrelationships and interdependencies among various medical and administrative services and programs.

EXCEPTED SERVICE QUALIFICATION REQUIREMENTS: Same as above.

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

SUPPLEMENTAL QUESTIONNAIRE - KNOWLEDGE, SKILLS, AND ABILITIES:

- 1) **Knowledge of resource management of organization, funds, people, equipment, and material.**
 - 2) **Knowledge of allied health care functional program i.e., Nursing, Social Work, Environmental Health, Pharmacy, Medical Records, etc.**
 - 3) **Knowledge of the organization, its mission, work processes, practices and policies.**
 - 4) **Ability to identify financial, personnel, and material needs and problems.**
 - 5) **Ability to negotiate agreements, contracts and cooperative arrangements with Tribal organizations and other Federal, State and local governmental agencies for rendering of administrative management and allied health care services.**
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LEGAL AND REGULATORY REQUIREMENTS: Candidates must meet time-after competitive appointment, time-in-grade, and qualification requirements by the issuance date of the selection roster, if applicable.

HOW TO APPLY: Applicants must submit their applications to the Aberdeen Area Indian Health Service, Division of Human Resources, Federal Building, RM. 309, 115-4th Avenue, S.E., Aberdeen, South Dakota 57401. **ALL APPLICATIONS MUST INCLUDE ALL THE APPLICABLE DOCUMENTS:**

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

- 1) Applicants **MUST** submit ONE of the following: a) OF-612, Optional Application for Federal Employment; b) Resume; or c) any other written application format.
- 2) **Current Performance Rating, if available.**
- 3) Applicants claiming **Indian Preference MUST** submit, along with their application, **FORM BIA-4432, Verification of Indian Preference. BIA FORM-4432 IS THE ONLY ACCEPTABLE FORM used if claiming Indian Preference in the Indian Health Service.**
- 4) **If you wish to substitute appropriate education for experience, you MUST** submit your transcripts along with your application. If your education is appropriate for the position being filled then your education may be substituted for experience. Depending on grade level.
- 5) **For current or former Federal employees, a copy of your latest Notification of Personnel Action (SF-50B).**
- 6) **VETERAN'S PREFERENCE CERTIFICATION: Form DD-214 indicating discharge and/or Form SF-15, claiming 10 point preference. Preference will not be allowed unless a copy of the DD-214 is attached to the application. Applicants claiming 10-point preference MUST complete an SF-15. *Application for 10-Point Veteran Preference.* Veterans who are still in the service MAY BE granted 5-points tentative preference on the basis of the information contained in their applications. You MUST produce a DD-214 (Member 4 Copy) prior to the appointment to document entitlement to preference. For information on Veteran's Preference, Please Visit: <http://www.opm.gov/veterans/html/vetsinfo.asp>**
- 7) **PL 101-630 Form is required "Addendum to Declaration for Federal Employment (IHS) Child Care & Indian Child Care Worker Positions." (Attached to this Vacancy Announcement.)**
http://www.ihs.gov/JobCareerDevelop/CareerCenter/Vacancy/forms/child_protection.doc

EMPLOYMENT OF PEOPLE WITH DISABILITIES:

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

APPLICATION INSTRUCTIONS FOR PUBLIC HEALTH SERVICE COMMISSIONED CORPS CANDIDATES: Applicants should submit the following:

1. Copy of resume or curriculum vitae showing work experience, dates of employment, names and addresses of supervisors, include any education and other information reflecting individual qualifications for consideration. Commissioned Corp Applicants claiming Indian Preference must submit BIA form 4432 and will be evaluated against existing applicable standards.

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

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

DO NOT SUBMIT POSITION DESCRIPTIONS. All material submitted for consideration under this announcement becomes the property of the Division of Human Resources and is subject to verification. Careful consideration should be given to the information provided; fraudulent statements or any form of misrepresentation in the application process could result in loss of consideration for this position and/or determination of unsuitability for Federal employment.

*****If position is RE-ANNOUNCED, Please call the Division of Human Resources as to the status of application.**

FOR SURPLUS OR DISPLACED EMPLOYEES REQUESTING SPECIAL SELECTION PRIORITY CONSIDERATION:

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

1. Be a current career competitive or excepted service employee in tenure group 1 or 2 who has received a Reduction in Force (RIF) separation notice or a Certificate of Expected Separation (CES), and, the date of the RIF separation has not passed and you are still on the rolls of the DHHS/IHS. You must submit a copy of the RIF's separation notice or CES along with your application.
2. Be applying for a position that is at or below the grade level of the position from which you are being separated. The position must not have a greater promotion potential than the position from which you are being separated.
3. Have a current (or last) performance rating of record of at least fully successful or equivalent. This must be submitted with your application package.
4. Be currently employed in the same commuting area (or nationwide for IHS employees GS-09 and above) of the position for which you are requesting priority consideration.
5. File your application by the vacancy announcement closing date & meet all the application criteria (e.g., submit all required documentation etc.)
6. Meet the basic qualifications for the position, any documented selective factor, and physical requirements with any reasonable accommodation and is able to satisfactorily perform the duties of the position without undue interruption.

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

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

1. Be a displaced Federal employee. You must submit a copy of the appropriate documentation such as a RIF's separation notice, a letter from the Office of Personnel Management (OPM) or your agency documenting your priority consideration status with your application package. The following categories of candidates are considered displaced employees.
 - A. Current or former career or career-conditional (tenure groups 1 or 2) competitive service employees who:
 1. Received a specific RIF separation notice; or
 2. Separated because of a compensable injury, whose compensation has been terminated, and whose former agency certifies that it is unable to place; or
 3. Retired with a disability and shows disability annuity has been or is being terminated; or
 4. Upon receipt of a RIF separation notice retired on the effective date of the RIF and submits a Standard Form 50 that indicates Retirement in lieu of RIF; or
 5. Retired under the discontinued service retirement option; or
 6. Was separated because he/she declined a transfer of function or directed reassignment to another commuting area.
 - OR
 - B. Former Military Reserve or National Guard Technicians who are receiving a Special OPM disability retirement annuity under section 8337 (h) or 8456 of Title 5 United States Code.
2. Be applying for a position at or below the grade level of the position from which you have been separated. The position must not have a greater promotion potential than the position from which you were separated.
3. Have a current (or last) performance rating of record of at least fully successful or equivalent. This must be submitted with your application package. (This requirement does not apply to candidates who are eligible due to compensable injury or disability retirement).
4. Occupy or be displaced from a position in the same local commuting area of the position for which you are requesting priority consideration.
5. File your application by the vacancy announcement closing date & meet all the application criteria (e.g., submit all required documentation, etc.)
6. Eligible applicants will be considered "well qualified" if they attain a numerical rating of 85 or better as determined from your responses to the knowledge, skill and abilities (KSA's). (See "Qualifications Requirement Section")

THE INDIAN HEALTH SERVICE IS AN EQUAL OPPORTUNITY EMPLOYER.

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

Item 15a. Agency Specific Questions:

Name: _____ **Social Security Number:** _____
(Please print)

Job Title in Announcement: Health System Administrator **Announcement Number:** AO-MPP-09-07-VAR

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 Twin brook Parkway, Suite 450, Rockville, MD 20852. **Please do not send completed data collection instruments to this address.**

Declaration for Federal Employment

Instructions

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

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

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

Privacy Act Statement

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

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

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

Public Burden Statement

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

Declaration for Federal Employment

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

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	NO
10. Have you been convicted by a military court-martial in the past 10 years? <i>(If no military service, answer "NO.") If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.</i>	YES	NO
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	NO
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	NO
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	NO

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.*

15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service?

Continuation Space / Agency Optional Questions

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

Certifications / 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)

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

18. **Appointee (Only respond if you have been employed by the Federal Government before):** Your elections of life insurance 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 _____ Don't Know

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