

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**

Phoenix Area Indian Health Service

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. In order than the above, the Indian Health Service is an Equal Opportunity Employer.*

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<b>ANNOUNCEMENT NUMBER:</b> <b>SWR-09-0284</b>	<b>OPENING DATE:</b> <b>04-24-2009</b>	<b>CLOSING DATE:</b> <b>05-15-2009 (midnight)</b>
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**POSITION TITLE/SERIES/GRADE:** Motor Vehicle Operator, WG-5703-05

**STARTING SALARY:** \$16.66 - \$19.43 per hour

**PROMOTION POTENTIAL:** None

**SUPERVISORY/MANAGERIAL:** No

**RELOCATION EXPENSES:** Will Not Be Paid

**APPOINTMENT/WORK SCHEDULE:** One (1) position, Term Full Time appointment, not-to exceed 13 months

**AREA OF CONSIDERATION:** Commuting Area

**DUTY LOCATIONS:** Fort Yuma Indian Hospital, PHS Indian Hospital, Winter haven, California

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**JOB DESCRIPTION:** This position is located in the General Services Department. Incumbent operates passenger vehicles to transport patients from the Fort Yuma Indian Hospital to medical providers for appointments and scheduled inpatient admission. Delivers and picks up materials and supplies. Observes all safety rules and regulations; avoids hazardous roads to prevent discomfort or injury to passengers; and arranges for special and periodic maintenance. Responsible for receiving, storing and issuing a variety of bin and bulk supplies and materials of various departments within the hospital. The work involves lifting of heavy objects, loading and moving hand truck and pallet jack. Maintains the overall housekeeping in all storage areas. Performs other related duties as assign.

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**WHO MAY APPLY:** All Sources. Federal employment status is not required. U.S. citizenship is required.

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

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

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

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**CONDITIONS OF EMPLOYMENT:**

1. Selectee(s) are required to be immunized against Measles and Rubella and provide documentation prior to or at the time of their start date. Special consideration may be allowed to individuals who are allergic to a component of the vaccine or are currently pregnant. Selectee must have documented immunity to Rubella and Measles.
2. Selectee(s) are required to complete Security questionnaire and fingerprint chart for investigative purposes under PL 101-630 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.

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**QUALIFICATION REQUIREMENTS:** Applicants must be able to perform the tasks of the position. Applicants will be rated on the basis of the following elements: **Supplemental Experience Statement must be submitted. See Attached Sheet.**

- Element 1 Ability to perform the duties of the position without more than normal supervision.  
Element 2 Skill in the operation of appropriate motor vehicles  
Element 3 Knowledge related to operation of appropriate vehicles.  
Element 4 Record of safe driving.

**Motor Vehicle Operation Requirement:** Incumbent is required to operate a Government motor vehicle and maintain a current State Driver's License. Copy must be submitted with application.

**Education (transcripts must be provided if you substitute education for experience):** Successful completion of education above the high school level, in any field for which high school graduation or the equivalent is a prerequisite, may be substituted for experience.

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

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**LEGAL AND REGULATORY REQUIREMENTS:** Candidates must meet time-after competitive appointment, time-in-grade, and qualification requirements within 30 calendar days after the closing date of the vacancy announcement.

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

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**SUPPLEMENTAL QUESTIONNAIRE on KNOWLEDGE, SKILLS, AND ABILITIES (KSA):** On a separate sheet of paper, discuss how you performed (or have potential to develop) the particular knowledge, skill, or abilities listed below. (Failure to submit written responses as part of your application may result in an ineligible rating.)

**See attached Supplemental Questionnaire**

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**HOW TO APPLY/REQUIRED FORMS:**

1. Applicants may use on the following to apply: (1) OF-612 Optional Application for Federal Employment, **or** (2) Resume (See requirements in **Attachment A**).
2. If claiming Indian Preference, BIA 4432 "Verification of Indian Preference for Employment in BIA and IHS".
3. If claiming Veteran's Preference, copy of DD-214 Form, and SF-15 if claiming 10 point Veteran's Preference.
4. Copy of latest Personnel Action (SF-50), if a current or former employee, and/or if requesting Reinstatement Eligibility.
5. Completed PL 101-630 Questionnaire (**form attached**)
6. Completed Optional Form 306 (**form attached**)
7. Copy of current Driver's License.
8. Written Responses to Supplemental Experience Statement.  
(**OPTIONAL** ~ failure to submit may result in an ineligible rating or substantially lower score).

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

**ATTN: SWR-09-0284  
Office of Human Resources  
Phoenix Area Indian Health Service  
Two Renaissance Square  
40 North Central Avenue, Suite 510  
Phoenix, AZ 85004-4424**

**Phone: (602) 364-5219  
Fax: (602) 364-5357**

All submitted materials are subject to retention by this office. Your application must be received by 12:00 AM (Midnight) the day the vacancy closes. Facsimile is acceptable. You should duplicate and retain copies, since requests for copies will not be honored. All documents are subject to the provision of the Privacy Act (PL 93-579) and become the property of Department of Health and Human Services (DHHS). Additional 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).

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

Human Resource Specialist: (Call 602-364-5219 to Contact a Human Resource Specialist) Date: 04/24/2009

## ATTACHMENT A

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

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

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

## ATTACHMENT B

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



**MOTOR VEHICLE OPERATOR, WG-5703-5  
SUPPLEMENTAL EXPERIENCE STATEMENT  
(To accompany application)**

Position applied for: Motor Vehicle Operator          Announcement No: SWR-09-0284

Name: \_\_\_\_\_          Date of Birth: \_\_\_\_\_

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Street \_\_\_\_\_          City, State and Zip Code \_\_\_\_\_

**Note to applicants:** The following element questions are to be answered by you and made a part of your application. Use the space provided for your answers. If additional space is needed, you may use the back of each sheet. In answering the questions list all pertinent experience and training, including part-time paid or unpaid, school, hobbies, military, etc. It is important that you answer these questions to the best of your ability since your numerical rating will in a large part be determined by the answers you give.

**Separate applications and supplemental experience statements must be submitted for each position for which you wish to be considered.**

**Element 1 - Ability to perform the duties of the position without more than normal supervision.** Tell about your experience and training that shows you are able to do the work of this position. On your own initiative without having someone tell you what to do all the time. Identify jobs where you did this. Give examples of the kind of instructions your supervisor gives you. What responsibility have you been given on jobs, in the military service, community, etc? If you have ever inspected the work of others, instructed, or supervises others in this line of work, tell about it.

**Element 2 - Skill in operation of motor vehicles.** List the kinds of equipment you can operate giving sizes and types or models. Give examples of the more difficult work you have done. If you can do maintenance, etc., tell about it.

**Element 3 - Knowledge related to operation of motor vehicles.** Tell about the instructions, specifications, etc., you have had to follow in the operation of mobile equipment. What use have you made of operating manuals, handbooks, manufacturers' specifications. etc.? Include experience in interpreting new instructions or specifications in operational procedure.

**Element 4 - Safe driving.**

**A. Traffic Violations** (Complete the information requested below for each ticket you have received during the past 5 years. Do not include any record where you were found not guilty. Also, do not include parking tickets.)

1.
  - a. Type of violation: \_\_\_\_\_
  - b. While on job: Yes \_\_\_\_\_ No \_\_\_\_\_
  - c. Month and year: \_\_\_\_\_
  - d. City, County and State: \_\_\_\_\_
  - e. Driver's license revoked or suspended: Yes \_\_\_\_\_ No \_\_\_\_\_
  - f. Fined: Yes \_\_\_\_\_ No \_\_\_\_\_
  - g. Sentenced: Yes \_\_\_\_\_ No \_\_\_\_\_
  
2.
  - a. Type of violation: \_\_\_\_\_
  - b. While on job: Yes \_\_\_\_\_ No \_\_\_\_\_
  - c. Month and year: \_\_\_\_\_
  - d. City, County and State: \_\_\_\_\_
  - e. Driver's license revoked or suspended: Yes \_\_\_\_\_ No \_\_\_\_\_
  - f. Fined: Yes \_\_\_\_\_ No \_\_\_\_\_
  - g. Sentenced: Yes \_\_\_\_\_ No \_\_\_\_\_
  
3.
  - a. Type of violation: \_\_\_\_\_
  - b. While on job: Yes \_\_\_\_\_ No \_\_\_\_\_
  - c. Month and year: \_\_\_\_\_
  - d. City, County and State: \_\_\_\_\_
  - e. Driver's license revoked or suspended: Yes \_\_\_\_\_ No \_\_\_\_\_
  - f. Fined: Yes \_\_\_\_\_ No \_\_\_\_\_
  - g. Sentenced: Yes \_\_\_\_\_ No \_\_\_\_\_

**B. Driver's License Information**

State Licensed in: \_\_\_\_\_

Date present license expires: \_\_\_\_\_

Restrictions listed in present license: \_\_\_\_\_

List other states where you obtained license during the past five years: \_\_\_\_\_

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**C. Accident Record** (Complete the information requested for each accident you have had during the past 5 years--whether your fault or not.)

1. a. Kind of accident: \_\_\_\_\_  
b. While on job: Yes \_\_\_\_\_ No \_\_\_\_\_  
c. Month and year: \_\_\_\_\_  
d. City, County and State: \_\_\_\_\_

Check one of the following:

- e. At fault \_\_\_\_\_ Not at fault \_\_\_\_\_  
f. Describe charges place against, if appropriate \_\_\_\_\_  
g. Sentenced: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_
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2. a. Kind of accident: \_\_\_\_\_  
b. While on job: Yes \_\_\_\_\_ No \_\_\_\_\_  
c. Month and year: \_\_\_\_\_  
d. City, County and State: \_\_\_\_\_

Check one of the following:

- e. At fault \_\_\_\_\_ Not at fault \_\_\_\_\_  
f. Describe charges place against, if appropriate \_\_\_\_\_  
g. Sentenced: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_
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**D. Safety Awards**

Safety award: Yes \_\_\_\_\_ No \_\_\_\_\_ ;if yes, give details and include date received:

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Safety citation: Yes \_\_\_\_\_ No \_\_\_\_\_ ;if yes, give details and include date received:

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After completing the application and this form, look them over carefully to make sure that both have been signed and that you have answered every question. Be sure you have given complete information about your experience.

Statements concerning qualifications will be verified by the Office of Personnel Management. Exaggeration or misstatements may be cause for your disqualification or later removal from the service.

**CERTIFICATION**

I certify that all of the statements made in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_