

# 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  
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## 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? <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<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:  
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## 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

**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:** \_\_\_\_\_ **Announcement Number:** \_\_\_\_\_

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 AYES@, 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 AYES@, 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.**



DEPARTMENT OF HEALTH AND HUMAN SERVICES

INDIAN HEALTH SERVICE  
NAVAJO REGION

THIS POSITION IS LOCATED IN A TOBACCO-FREE  
ENVIRONMENT.



VACANCY ANNOUNCEMENT

NAO-08-DH-J

OPENING DATE

10-01-2007

CLOSING DATE

OPEN CONTINUOUS

POSITION TITLE

DENTAL OFFICER

GRADE/SALARY

GS-680-11, \$73,828 - \$88,273 Per Annum

GS-680-12, \$82,721 - \$100,307 Per Annum

*\*SPECIAL SALARY RATE AUTHORIZED UNDER 5 U.S.C. 5305*

LOCATION AND DUTY STATION:

Chinle Comprehensive Health Care Facility & Clinics, Chinle, Arizona

Crownpoint Health Care Facility, Crownpoint, New Mexico

PHS Indian Hospital & Clinics, Fort Defiance, Arizona

Gallup Indian Medical Center & Clinics, Gallup, New Mexico

PHS-Indian Health Center & Clinics, Kayenta, Arizona

Northern Navajo Medical Center & Clinics, Shiprock, New Mexico

(Note: Above salaries became  
effective 01-06-2008.)

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**NUMBER OF VACANCIES:** Applications are being accepted from all interested parties, regardless of where they may reside, for placement in the Competitor Inventory for future referral when vacancies occur. Positions may be permanent or temporary, full-time, part-time or intermittent (work only when called). See "HOW TO APPLY" for submission information. If an initial or original appointment to a temporary or term appointment is made from this vacancy announcement, the original action or appointment could be extended without further announcement of the position.

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**PROMOTION POTENTIAL:** Positions may be filled at one of the grade levels listed above. Depending on the location, some permanent positions have promotion potential to the GS-12. If you are selected for a supervisory position, you will be required to serve a supervisory probationary period.

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**WHO MAY APPLY:** Applications will be accepted from **NON-STATUS** applicants (those individuals who never held a career or career-conditional appointment in the Federal Service) and will be evaluated under competitive OPM register procedures.

STATUS applicants may apply under both the MPP and NON-STATUS application procedures. In this case, they must file two applications for dual consideration.

**TRAVEL/MOVING EXPENSES:** May be paid for eligible employees.

**GOVERNMENT HOUSING:** Government quarters may be available at some locations.

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**DUTIES:** Dental Officer advises, administers, supervises or performs professional and scientific work in the prevention, diagnosis and treatment of disease, injuries and deformities of the teeth, the jaw, organs of the mouth, and other structures and connective tissues associated with the oral cavity and the masticatory system. Performs other duties as assigned.

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**YOUR DESCRIPTION OF WORK EXPERIENCE, LEVEL OF RESPONSIBILITY, AND ACCOMPLISHMENTS WILL BE USED TO DETERMINE THAT YOU MEET THE FOLLOWING REQUIREMENTS.**

**BASIC REQUIREMENTS:** *Education.* Degree in dental surgery (D.D.S.) or dental medicine (D.M.D.) from a school approved by the Council on Dental Education, American Dental Association (ADA); or other dental school, provided the education and knowledge acquired was substantially equivalent to that of graduates from an ADA-approved school. *Licensure.* Applicants must be currently licensed to practice dentistry in a State, the District of Columbia, or Puerto Rico.

Applicants who meet the basic requirements qualify for the GS-11.

**IN ADDITION TO THE BASIC REQUIREMENTS:** For the GS-680-12, applicants must have one the following types of experience and/or training.

- Post-licensure professional experience in the general practice of dentistry.
- Approved internship training.
- Approved residency training.
- Graduate-level study in an accredited dental school.
- Post-licensure professional experience in a specialized area of practice.
- Other advanced study or training (outside a dental school or hospital) creditable towards satisfaction of training program requirements for Board eligibility.

For specialist positions, experience and/or training must clearly establish the applicant's status as a specialist. For the GS-12: Two years of professional dentistry experience and/or training; or superior academic ability defined as that demonstrated by an intern, who on the basis of an evaluation of all interns who have completed training in the same hospital or in the same kind of internship program over the past 5 years, would fall into the upper half of the group.

**MEDICAL REQUIREMENTS:** Applicants must be able to distinguish shades of color.

**SELECTIVE PLACEMENT FACTOR:** Each PHS dentist must possess and maintain a current, valid dental license in a State. Applicants must meet this requirement prior to employment. *Please submit a copy of your current licensure with your application.*

**LEGAL AND REGULATORY REQUIREMENTS:** Candidates must meet qualification requirements by the date the certificate is issued.

**CONDITION OF EMPLOYMENT:** Immunization Requirements - All persons born after 12-31-56 must provide proof of immunity to Rubella and Measles. Serology testing to confirm immunity and/or immunizations will be provided free of charge. Special consideration may be allowed to individuals who are allergic to a component of a vaccine, have a history of severe reaction to a vaccine, or who are currently pregnant. This applies to candidates for positions in any Service Unit or any Area Office position which requires regular work at a Service Unit.

**REASONABLE ACCOMMODATION:** 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.

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**NOTE:** Refer to OPM Operating Manual Qualification Standards Handbook, Series GS-680, for complete information. Substitution of education for experience will be made in accordance with those standards. For more complete information, contact your Servicing Personnel Office. **IF YOU ARE SUBSTITUTING EDUCATION FOR EXPERIENCE, YOU ARE REQUIRED TO PROVIDE EVIDENCE OF THE EDUCATION BY PROVIDING OFFICIAL TRANSCRIPTS.** **NOTE:** Education may not be substituted for the required specialized experience at the GS-12 grade level.

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**INFORMATION FOR DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS) SURPLUS OR DISPLACED EMPLOYEES REQUESTING SPECIAL SELECTION PRIORITY CONSIDERATION.**

If you are currently a DHHS employee who has received a Reduction in Force (RIF) separation notice of a certificate of expected separation, 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 DHHS career or career-conditional (tenure group I or II) or be a current IHS excepted appointment (with no time limit) tenure group II excepted/competitive service employee who has received a RIF separation notice or a Certificate of Expected Separation (CES) and, the date of the RIF separation has not passed and you still on the rolls of DHHS. You must submit a copy of the RIF 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 by DHHS in the same commuting area of the position for which you are requesting priority consideration.
5. File your application by the vacancy announcement closing date and meet all the application criteria (e.g., submit all required documentation, etc.)
6. Meet the basic qualifications for the position any documented selective factor, physical requirements with any reasonable accommodation and is able to satisfactorily perform the duties of the position without undue interruption.

#### **INFORMATION FOR DISPLACED EMPLOYEE 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 consideration 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 RIF separation notice, a letter from 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 group I or II) 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 whose 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 Office of Personnel management (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 and meet all the application criteria (e.g., submit all required documentation, etc.).

6. Be rated well qualified by achieving a score of 80 on a rating scale of 70 to 100 for the position including documenting selective factor, quality ranking factors, physical requirements with reasonable accommodations and is able to satisfactorily perform the duties of the position upon entry.

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**EVALUATION CRITERIA:** Evaluation will be made of Experience, Performance Appraisals, Training, Letters of Commendation, Self-Development, Awards and Outside Activities which are related to the position. To receive full credit for your qualifications, provide a narrative statement which fully describes all aspects of your background as they relate to the knowledge, skills and abilities (KSA's) outlined below and show the level of accomplishments and degree of responsibility.

The KSA's in your narrative statement will be the principle basis for determining whether or not you are highly qualified for the position. Describe your qualifications in each of the following:

1. Ability to work independently.
2. Ability to meet and deal with a variety of individuals.
3. Ability to communicate in writing.
4. Ability to communicate orally.
5. Ability to make sound conclusions.

(SEE SUPPLEMENTAL QUESTIONNAIRE FOR DEFINITIONS.)

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**HOW & WHERE TO APPLY:** All applicants must submit one of the following to the Navajo Region Indian Health Service, Division of Human Resources, Post Office Box 9020, Window Rock, Arizona 86515-9020. For more information, contact: Ida Mark, Human Resource Specialist, at (928) 871-1432.

1. OF-612, Optional Application for Federal Employment; **or**,
2. SF-171, Application for Federal Employment; **or**,
3. \*Resume; **or**,
4. \*Any other written application format;

PLUS Transcript of college courses; copy of your most recent performance appraisal and any other necessary documentation pertinent to the position being filled.

**NOTE: "Declaration for Federal Employment" (OF-306) and Addendum** must be completed and submitted with original signature to determine your suitability for Federal employment, to authorize a background investigation, and to certify the accuracy of all the information in your application. Responding "yes" to any one of the two questions on the Addendum can make you ineligible for employment in this position. **If you make a false statement in any part of your application, you may not be hired; you may be fired after you begin work; or you may be fined or jailed.**

**\*INFORMATION REQUIRED FOR RESUMES AND OTHER APPLICATION FORMATS:** Resumes or other application formats must contain all of the information listed as follows in sufficient detail to enable the personnel office to make a determination that you have the required qualifications for the position. SPECIFICALLY, THE INFORMATION PROVIDED UNDER #8 (HIGH SCHOOL), #9 (COLLEGES AND UNIVERSITIES) AND #10 (WORK EXPERIENCE) WILL BE USED TO EVALUATE YOUR QUALIFICATIONS FOR THIS POSITION. **FAILURE TO INCLUDE ANY OF THE INFORMATION LISTED AS FOLLOWS MAY RESULT IN LOSS OF CONSIDERATION FOR THIS POSITION.**

1. Announcement Number, Title and Grade of the job for which you are applying;
2. Full Name, Mailing Address (with zip code) and Day and Evening Phone Numbers (with area codes);
3. Social Security Number;
4. Country of Citizenship;
5. Veterans' Preference Certificate - DD-214, indicating Discharge and/or SF-15 - if claiming 10-points.
6. Copy of the latest SF-50, Notification of Personnel Action, if current or prior Federal employee.
7. Highest Federal civilian grade held (give series and dates held);

8. High School - Name, City, State (zip code if known), and date of Diploma or GED.
9. Colleges and Universities - Name, City, State (zip code if known), majors, type and year of any degrees received (if no degree show total semester or quarter hours earned); preferably attach transcripts.
10. Work Experience (paid and non-paid): Job, title, duties and accomplishments, employer's name and address, supervisor's name and phone number, starting and ending dates(month/year), hours per week, and salary.
11. Indicate if we may contact your current Supervisor;
12. Job-related training courses, skills, certificates, registrations and licenses (current only), honors, awards, special accomplishments.

**NOTE:** Applicants who submit incomplete applications will be given credit only for the information they provide and may not, therefore, receive full credit for their Veteran preference determination, education, training and/or experience.

**ADDITIONAL SELECTIONS:** Additional or alternate selections may be made within 90 days of the date of the certificate issued if the position becomes vacant or to fill an identical additional position in the same geographic location.

**INDIAN PREFERENCE:** Preference in filling vacancies is given to qualified Indian candidates in accordance with the Indian Preference Act. Other than the above, the IHS is an Equal Opportunity Employer.

**SELECTIVE SERVICE CERTIFICATION:** If you are a male born after December 31, 1959, and you want to be employed by the Federal Government, you must (subject to certain exemptions) be registered with the Selective Service Systems.

**EQUAL EMPLOYMENT OPPORTUNITY:** SELECTION FOR POSITIONS WILL BE BASED SOLELY ON MERIT WITH NO DISCRIMINATION FOR NON-MERIT REASONS SUCH AS RACE, COLOR, RELIGION, GENDER, SEXUAL ORIENTATION, NATIONAL ORIGIN, POLITICS, MARITAL STATUS, PHYSICAL HANDICAP, AGE OR MEMBERSHIP OR NON-MEMBERSHIP IN AN EMPLOYEE ORGANIZATION. PROMOTIONS OR APPOINTMENTS WILL NOT BE BASED ON PERSONAL RELATIONSHIP OR OTHER TYPES OF PERSONAL FAVORITISM OR PATRONAGE.

<i>Jdu Mark</i>	<i>09-28-07</i>
HUMAN RESOURCE CLEARANCE	DATE

EACH APPLICATION FORM AND DOCUMENT FORM MUST BE INDIVIDUALLY IDENTIFIED BY THIS ANNOUNCEMENT NUMBER - NAO-08-DH-J. ALL ORIGINAL DOCUMENTS AND COMPLETED APPLICATION FORMS MUST BE DUPLICATED BY THE APPLICANT BEFORE SUBMISSION AS WE DO NOT HONOR REQUESTS FOR COPIES. COMPLETED FORMS WHEN SUBMITTED BECOME THE PROPERTY OF THIS PERSONNEL OFFICE AND WILL NOT BE RETURNED.

**SUPPLEMENTAL QUESTIONNAIRE**  
**DENTAL OFFICER, GS-680-11/12**

1. **ABILITY TO WORK INDEPENDENTLY.** This is the ability to plan, organize and prioritize work under pressure, with little or no supervision. This includes the ability to perform multiple procedures simultaneously often with no assistance and to use initiative while being creative and versatile in a variety of situations. What in your background shows you possess this ability?

What was the duration of these activities?

Who can verify this information? (Please provide telephone number.)

2. **ABILITY TO MEET AND DEAL WITH A VARIETY OF INDIVIDUALS.** This is the ability to be persuasive in gaining the confidence and cooperation of others and the ability to exercise tact, diplomacy and mature judgement in meeting and dealing effectively with patients. This includes the ability to establish effective working relationship or achieve desired goals in dealing with colleagues and other healthcare professionals for purposes of providing quality health care to patients. What in your background shows you possess this ability?

What was the duration of these activities?

Who can verify this information? (Please provide telephone number.)

3. **ABILITY TO COMMUNICATE IN WRITING.** This is the ability to express oneself in writing in a clear, concise manner for a variety of purposes such as correspondence, instructions, reports, to individuals and groups for the purpose of giving and receiving information. Also documentation of patient evaluation and treatment plans. This includes the ability to understand and correctly interpret medical and healthcare practices and procedures. What in your background shows you possess this ability?

What was the duration of these activities?

Who can verify this information? (Please provide telephone number.)

4. **ABILITY TO COMMUNICATE ORALLY.** This is the ability to provide training to staff, patients and other healthcare professionals at various levels of understanding. This includes the ability to communicate orally in order to educate and clearly explain complicated concepts in simple terms. What in your background shows that you possess this ability?

What was the duration of these activities?

Who can verify this information? (Please provide telephone number.)

5. **ABILITY TO MAKE SOUND CONCLUSIONS.** This is the ability to research, extract, understand and correctly interpret health care data from multiple sources. This would include the ability to organize factual information and to interpret and evaluate it in a logical manner in order to arrive at objective, supportable conclusions or recommendations of treatment. What in your background indicates you possess this ability?

What was the duration of these activities?

Who can verify this information? (Please provide telephone number.)

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C E R T I F I C A T I O N

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

\_\_\_\_\_  
Signature of Applicant (Sign in ink)

\_\_\_\_\_  
Date

NAME: \_\_\_\_\_ SOCIAL SECURITY: \_\_\_\_\_

### GEOGRAPHIC AVAILABILITY

Place an "X" next to the location(s) for which you wish to be considered. These are the Hospitals and Health Clinics that are serviced by the Navajo Region Indian Health Service. Except for Gallup, the locations are on the Navajo Reservation.

#### HOSPITALS

Chinle Comprehensive Health Care Facility, Chinle, AZ	Crownpoint Comprehensive Health Care Facility, Crownpoint, NM
PHS Indian Hospital Fort Defiance, AZ	Gallup Indian Medical Center Gallup, NM
PHS Indian Health Center Kayenta, AZ	Northern Navajo Medical Center Shiprock, NM

#### CLINICS

Tsaile Health Center Tsaile, AZ	Inscription House Health Center Shonto, AZ
Piñon Health Clinic Piñon, AZ	Dzilh-Na-O-Dith-hle Health Center Bloomfield, NM
Nahata Dziil Health Clinic Sanders, AZ	Tohatchi Health Clinic Tohatchi, NM
Red Mesa Clinic Red Mesa, AZ	

