



DEPARTMENT OF HEALTH AND HUMAN SERVICES



NAVAJO AREA  
INDIAN HEALTH SERVICE

For applicants applying under the provisions of the Excepted Service Examining Plan, consideration for this position is limited to applicants entitled to Veterans Preference. If there are less than three veterans available, non-preference eligibles may be considered.

**We will not accept faxed or emailed applications.**

**Applications mailed using government postage or through an internal government mail system will not be considered.**

**VACANCY ANNOUNCEMENT**

SR-08-117

**OPENING DATE**

09/19/2008

**CLOSING DATE**

10/02/2008

**POSITION**

Security Guard

**LOCATION AND DUTY STATION**

SHIPROCK SERVICE UNIT  
Four Corners Regional Health Center  
Facilities Management Branch  
Red Mesa, Arizona

**NUMBER OF VACANCIES**

One (1), PCN: 5314-06

**GRADE/SALARY**

GS-0085-04: \$26,569 - \$34,545 per annum

**APPOINTMENT**

PERMANENT

**WORK SCHEDULE**

FULL TIME

**AREA OF CONSIDERATION**

NAVAJO AREA WIDE

**PROMOTION POTENTIAL**

NO KNOWN POTENTIAL

**SUPERVISORY/MANAGERIAL**

NO

**HOUSING**

PRIVATE HOUSING ONLY

**TRAVEL/MOVING EXPENSE**

NO EXPENSES PAID

**DUTIES:** The purpose of this position is to serve as a security guard. Incumbent is responsible for protective services in guarding government buildings, property and safeguarding occupants, patients and visitors in and around the clinic and the federal housing area. Patrols areas by foot or vehicle to check alarms, locks, fences, gates and other barriers to assure they are secured to prevent theft or damage to federal property, equipment, tools, supplies and other property; patrols perimeters to detect faulty fences and detection equipment, trespassing violations, and attempted thefts of federal or personal property; controls personnel access by monitoring the identification of individuals entering controlled areas; issues verbal admonishments for violations of rules and regulations; receiving and acting on calls concerning reports of violations or complaints; observing and reporting traffic safety hazards; reporting parking violations; accompanies Police Officers responding to complaints or report of alleged disturbances and/or potential crimes; prepares various kinds of legible written reports; i.e., during encounters with individuals such as complaints, witnesses, disruptive employees, patient or visitors, unsafe conditions, storage or location of materials, including personal property that are vulnerable to theft or damage. In the event of an emergency situation, employee may be required to report for duty outside of scheduled shift. Incumbent is subject to work evenings, weekends, rotating shifts and holidays. As a condition of employment the incumbent must possess and maintain a Valid State Drivers License to operate a government owned or lease motor vehicle in the performance of regular and recurring duties of this position. Performs other duties related duties as assigned.

***This position is covered under the Child Protection Act and is hereby designated an authorized child care position subject to P.L. 101-630 and P.L. 101-647.***

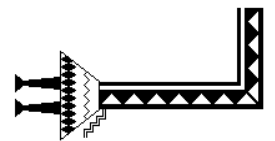
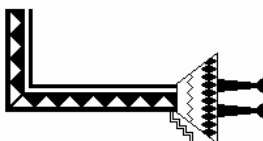
**QUALIFICATION REQUIREMENTS:** YOUR DESCRIPTION OF WORK EXPERIENCE, LEVEL OF RESPONSIBILITY, AND ACCOMPLISHMENTS WILL BE USED TO DETERMINE THAT YOU MEET THE FOLLOWING REQUIREMENTS:

**BASIC QUALIFICATIONS:** Applicants must have six (6) months of general experience and six (6) months specialized experience or two (2) years above high school to qualify for the GS-4 level.

To qualify as an incidental operator, an employee must possess a valid State license, have a safe driving record, pass a road test, and demonstrate that he or she is medically qualified to operate the appropriate motor vehicle safely.

**General Experience:** Experience such as administrative, technical, clerical, military, or other work that involved following written procedures, rules, or regulations in contacts with coworkers, supervisors, or members of the public to provide a service, respond to inquires, or obtain information.

**THIS POSITION IS LOCATED IN A TOBACCO-FREE ENVIRONMENT** 



Specialized Experience: Experience that equipped the applicant with the particular knowledge, skills, and abilities (KSA's) to perform successfully the duties. Experience such as work with a Federal, State, municipal, local, or private protective organization that involved the protection of property against such hazards as fire, theft, damage, accident, or trespass; or maintaining order to protect life. Such experience must have provided knowledge of protective systems and techniques. Acceptable experience includes Service in the Armed Services or Coast Guard that involved the performance of guard duties on a regular or intermittent basis. For Security Guard positions in a hospital setting, experience as a psychiatric nursing assistant or a similar position safeguarding patients is qualifying. OR

EDUCATION/TRAINING:

Education: Successfully completed study at an accredited college or university in any subject is fully qualifying in the amount and level of two years.

Training: Successful completion of training in an accredited technical school that covered subjects such as physical security procedures, local laws, or investigative techniques is considered qualifying for specialized experience at the GS-4 level on a month-for-month basis.

To obtain education credit, applicant must submit a copy of an official college transcript; diploma; license; or other appropriate proof of educational attainment by the closing date of the vacancy announcement.

INVESTIGATION OF FITNESS: A character investigation may be conducted on applicants selected for employment. The purpose of such an investigation is to secure evidence of the candidate's honesty, integrity, general character, and loyalty to the U.S. Government. Such investigations will be conducted under the security requirements of the hire agency.

MEDICAL REQUIREMENTS: The duties of these positions require moderate physical exertion and/or duties of hazardous nature. The following medical requirements apply to all applicants: good near and distant and distant vision, ability to distinguish basic colors, and ability to hear conversational voice. Agencies may establish additional, job-related physical or medical requirements provided that the specific position(s) involves the arduous or hazardous duties to which the requirements relate.

Applicants and employees must have the capacity to perform the essential functions of the position without risk to themselves or others. In most instances a specific medical condition or impairment will not automatically disqualify an applicant or employee. A medical condition or impairment is disqualifying only if the condition, for good medical reason, precludes assignment to or warrants restriction from the duties of the specific position. For some positions, the loss or impairment of a specific function may be compensated for by the satisfactory use of a prosthesis or mechanical aid. Reasonable accommodation shall be considered in determining an applicant's ability to perform the duties of a position. Reasonable accommodation may include, but is not limited to the use of assistive devices, job modification or restructuring, provision of readers and interpreters, or adjusted work schedules.

CONDITIONS OF EMPLOYMENT: *Immunization Requirement* – 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.

SELECTIVE PLACEMENT FACTOR: None.

OTHER SIGNIFICANT FACTORS:

- Incumbent performs work on rotating shifts.
- Incumbent operates government owned vehicle and is required to maintain a valid state issued driver's license.
- Position is covered under the Indian Child Protection Act and is required to pass background check pursuant to this act.

Motor vehicle incidental operator requirements: Applicants for motor vehicle operator positions and incidental operators must meet the following requirements for these positions:

- Posses a safe driving record (see attached - Ability to Drive Safely), and
- Posses a valid State Drivers License.

PHYSICAL DEMANDS: The work requires regular and recurring exertion such as long periods of standing, walking, driving, bending, stooping, reaching, crawling, and similar activities. Employees will engage in such exertions when responding to alarms, pursuing suspects, or participating in training activities, climbing stairs, or walking foot patrols in and around buildings; occasional physical exertion such as frequent lifting of heavy objects, crouching or crawling in restrictive areas during search or pursuit activities, or defending oneself or other from physical attacks.

WORK ENVIRONMENT: The work is performed in settings in which there is regular exposure to moderate discomforts and unpleasantness, such as high and low temperatures from adverse weather conditions during extended patrol duties. The

work also involves moderate risk and discomforts when working outdoors without shelter or operating vehicles for extended periods of time. May involve encounter to high-risk situations and exposure to potentially adverse weather conditions the may require a deferring range of safety and other precautions (i.e., subject to possible attack or similar situations where uncontrollable conditions exist). This position has some occupational exposure to blood, body fluids, tissue or potential spills or splashes.

**TIME-IN-GRADE REQUIREMENTS:** Candidates applying under the provisions of the Excepted Service Examining Plan may be appointed without regard to time-in-grade requirements. Candidates applying under the provisions of the Merit Promotion Plan must have completed at least 52 weeks of service at the GS-3 level to qualify at the GS-4 level.

**LEGAL AND REGULATORY REQUIREMENTS:** Candidates must meet time-after-competitive appointment, time-in-grade (if applicable), and qualification requirements by the closing date of the vacancy announcement.

●●● NOTE ●●● Refer to OPM Handbook Qualification Standards Operating Manual or the IHS Excepted Service Qualification Standards, Series 0085, for complete information. Substitution of education for experience will be made in accordance with those standards. For more complete information, contact your Servicing Human Resources Office.

#### WHO MAY APPLY

**Merit Promotion Plan (MPP) Candidates:** Applications will be accepted from status eligibles (e.g., reinstatement eligibles and current permanent employees in the Competitive federal service), and from current permanent IHS employees in the Excepted federal service who are entitled to Indian Preference.

**Excepted Service Examining Plan (ESEP) Candidates:** Applications will be accepted from individuals entitled to Indian Preference. Current permanent IHS Excepted service employees and Competitive service employees or Reinstatement eligibles entitled to Indian Preference may also apply under the provisions of the Indian Health Service Excepted Service Examining Plan. These candidates MUST indicate on their "Application for Federal Employment" whether their application is submitted under the IHS Excepted Service Examining Plan, the IHS Merit Promotion Plan, or both.

Applications will also be accepted from individuals eligible for non-competitive appointment (e.g., applicants eligible for appointment under the Veterans' Readjustment Act, the severely handicapped, or those with a 30% or more compensable service-connected disability).

#### **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 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 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 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 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 submit 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 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 documented selective factors, quality ranking factor, physical requirements with reasonable accommodations and is able to satisfactorily perform the duties of the position upon entry.

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

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

1. ABILITY TO MAKE DECISIONS INDEPENDENTLY
2. ABILITY TO MEET AND DEAL WITH A VARIETY OF INDIVIDUALS
3. ABILITY TO EFFECTIVELY COMMUNICATE ORALLY
4. ABILITY TO COMMUNICATE EFFECTIVELY IN WRITING

**HOW AND WHERE TO APPLY:** All applicants must submit the following to the Four Corners Regional Health Center, Branch of Human Resources, HCR 6100, Box 30, Teec Nos Pos, Arizona 86514, by 4:30 p.m., on the closing date.

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

**Plus:**

- BIA Form 4432, if applicable;
- OF-306, Declaration for Federal Employment (Revised January 2001);
- Addendum for Child Care & Indian Child Care Worker Positions Form;
- Any other necessary documentation pertinent to the position.

A copy of an official Bureau of Indian Affairs Indian Preference Certificate, BIA Form 4432, signed by the appropriate BIA Official, must be submitted if the applicant claims Indian Preference. Navajo Area Indian Health Service employees claiming Indian Preference need not submit the BIA Form 4432, but must state that such documentation is contained in their Official Personnel Folder.

**VETERANS:** Veterans who are preference eligibles or who have been separated from the armed forces under honorable conditions after 3 years or more of continuous active service may apply.

"Declaration for Federal Employment" (OF-306) and Addendum for Child Care & Indian Child Care Worker Positions form must be completed and submitted with original signatures 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 of these questions 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.

For more information, contact: Byron BlueEyes, Human Resources Specialist, at (928) 656-5011, Email: byron.blueeyes@ihs.gov.

**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 Human Resources Office to make a determination that you have the required qualifications for the position. Specifically, the information provided under #7 (High School), #8 (Colleges and Universities), and #9 (Work Experience) would be used to evaluate your qualifications for this position. **FAILURE TO INCLUDE ANY OF THE INFORMATION LISTED BELOW 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), day and evening phone numbers (with area codes);
3. Social Security Number;
4. Country of Citizenship;
5. Veterans' preference: indicate if you are claiming preference; attach DD-214. Preference is not applicable to current DHHS permanent employees (Federal employees with competitive status or reinstatement eligibles);
6. Highest Federal civilian grade held (give series and dates held; attach SF-50, if applicable);
7. High School: Name, City, State, Zip code, and date of diploma or GED;

8. Colleges and Universities: Name, City, State, Zip code, Majors, Type and Year of Degrees received (if no Degree, show total semester or quarter hours earned); attach official transcript;
9. Work Experience (paid and non-paid) – Job title, duties and accomplishments, Employers' names and addresses, Supervisors' names and phone numbers, starting and ending dates (month/year), hours worked per week, and salary;
10. Indicate if we may contact your current supervisor;
11. Job-related training courses; skills, certificates, registrations, and licenses (current only), honors, awards, special accomplishments, etc.

NOTE: Persons who submit incomplete applications will be given credit only for the information they provide and may not, therefore, receive full credit for their veterans' preference determination, Indian preference, education, training, and/or experience. THIS OFFICE WILL NOT SOLICIT ADDITIONAL INFORMATION.

REASONABLE ACCOMMODATION: This agency provides 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.

ADDITIONAL SELECTIONS: Additional or alternate selection 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 geographical location.

INDIAN PREFERENCE: Preference in filling vacancies is given to qualified Indian candidates in accordance with the Indian Preference Act. In 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 System.

EQUAL EMPLOYMENT OPPORTUNITY: SELECTION FOR POSITIONS WILL BE BASED 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.

*/s/ Byron BlueEyes*

Human Resources Clearance

*09/02/2008*

Date

EACH APPLICATION FORM AND DOCUMENT FORM MUST BE INDIVIDUALLY IDENTIFIED BY THIS ANNOUNCEMENT NUMBER SR-08-117. ALL ORIGINAL DOCUMENTS AND COMPLETED APPLICATION FORMS ARE TO BE DUPLICATED BY THE APPLICANT BEFORE SUBMISSION AS WE DO NOT HONOR REQUESTS FOR COPIES. COMPLETED FORMS WHEN SUBMITTED BECOME THE PROPERTY OF THIS HUMAN RESOURCES OFFICE AND WILL NOT BE RETURNED.

**SUPPLEMENTAL QUESTIONNAIRE**

Security Guard, GS-085-04

1. ABILITY TO MAKE DECISIONS INDEPENDENTLY. The person in this position must have the knowledge of protective services in guarding government buildings and property, safeguarding occupants, visitors and patients in and around the hospital in order to make independent decisions regarding situations as they occur. What in your background would indicate that you possess this ability?

What was the duration of these activities? From:

To:

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

2. ABILITY TO MEET AND DEAL WITH A VARIETY OF INDIVIDUALS. The person in this position must be able to meet and deal with a officials, visitors, employees, and patients, under pressure and stressful conditions. This includes the ability to deal with irate individuals in a tactful, diplomatic and skillful manner. Also, admonishing unruly visitors, restraining mentally disturbed patients, etc. What in your background would indicate that you possess this ability?

What was the duration of these activities? From:

To:

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

3. ABILITY TO EFFECTIVELY COMMUNICATE ORALLY. This is the ability to effectively communicate orally to convey or obtain information in a clear, concise and courteous manner with a variety of individuals, i.e. irate individuals, unruly visitors and mentally disturbed patients. This also includes interpreting hospital policies and procedures to Navajo speaking patients to obtain cooperation in carrying out security duties. What in your background would indicate that you possess this ability?

What was the duration of these activities? From:

To:

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

4. ABILITY TO COMMUNICATE EFFECTIVELY IN WRITING. The person in this position must have the ability to write clear, concise and accurate reports. This includes the knowledge of jurisdictional boundaries and federal, State and Tribal laws and regulations in law enforcement. What in your background would indicate that you possess this ability?

What was the duration of these activities? From:

To:

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

#### CERTIFICATION

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.

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Signature of Applicant

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Date

UNITED STATES CIVIL SERVICE COMMISSION  
 ABILITY TO DRIVE SAFELY  
 Experience Statement Sheet for Motor Vehicle and Mobile Equipment Operators

Form Approved  
 Budget Bureau No. 50-R0279

Please fill in both sides of this Form. You may have someone help you complete it if you wish.

**A. General Information**

1. Title of position applied for	2. Date
2. Name (first, middle, last)	4. Birth date (Month, day, year)
5. Address (Number and street, or RD number, city, State, and ZIP Code)	

**B. Traffic Violations.** (Supply the information requested below for each time you were given a ticket or arrested for breaking a driving law during the past 5 years. Do not include any record where you were found not guilty. Also do not include parking tickets.)

1	Type of violation	Mo/Yr.	While on job?	City, County, State	License revoked or suspended?	Financed or forfeited collateral?	Sentenced?
	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Details of action taken (Length of suspension, amount of fine, etc.)							
2	Type of violation	Mo/Yr.	While on job?	City, County, State	License revoked or suspended?	Financed or forfeited collateral?	Sentenced?
	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Details of action taken (Length of suspension, amount of fine, etc.)							
3	Type of violation	Mo/Yr.	While on job?	City, County, State	License revoked or suspended?	Financed or forfeited collateral?	Sentenced?
	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Details of action taken (Length of suspension, amount of fine, etc.)							

**C. Driver's License Information**

Driver's permit or license number	State in which it was issued	Date it expires
Restrictions listed in present license	Other States where you obtained license during the past 5 years	

CSC Form 665  
 June 1969



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

<b>1</b>	Type of accident ( <i>Head-on collision, hit a tree, etc.</i> )		Mo/Yr.	While on job? Yes <input type="checkbox"/> No <input type="checkbox"/>	City, County, State
	Amount of damage to your car \$ _____	Amount of damage to the other party's car \$ _____	Did you or your insurance company make payment to the other party? If "Yes," give amount, \$ _____ Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Was anyone killed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Were you judged at fault? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Describe charges placed against you, if any	License revoked or suspended? Yes <input type="checkbox"/> No <input type="checkbox"/>	Fined or forfeited collateral? Yes <input type="checkbox"/> No <input type="checkbox"/>	Sen-tenced? Yes <input type="checkbox"/> No <input type="checkbox"/>	Details of action taken ( <i>sentence, length of suspension, amount of fine, etc.</i> )
<b>2</b>	Type of accident ( <i>Head-on collision, hit a tree, etc.</i> )		Mo/Yr.	While on job? Yes <input type="checkbox"/> No <input type="checkbox"/>	City, County, State
	Amount of damage to your car \$ _____	Amount of damage to the other party's car \$ _____	Did you or your insurance company make payment to the other party? If "Yes," give amount, \$ _____ Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Was anyone killed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Were you judged at fault? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Describe charges placed against you, if any	License revoked or suspended? Yes <input type="checkbox"/> No <input type="checkbox"/>	Fined or forfeited collateral? Yes <input type="checkbox"/> No <input type="checkbox"/>	Sen-tenced? Yes <input type="checkbox"/> No <input type="checkbox"/>	Details of action taken ( <i>sentence, length of suspension, amount of fine, etc.</i> )

**E. Safety Awards**

Have you ever received a safety award? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, give details, including date received
Have you ever received a citation for safe driving or for being a safe worker? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, give details, including date received

*If you had more than three traffic violations or two accidents within the last 5 years, provide the information requested in B and D above for each on additional sheets.*

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
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