

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.

REANNOUNCED FOR ADDITIONAL CANDIDATES, THOSE WHO PREVIOUSLY APPLIED WILL NOT NEED TO REAPPLY UNLESS THEY WANT TO UPDATE THEIR APPLICATION.

ANNOUNCEMENT NUMBER:
SWR-08-0333-2

OPENING DATE:
09/04/2008

CLOSING DATE:
09/17/2008

POSITION TITLE/SERIES/GRADE: Maintenance Mechanic, WG-4749-09
STARTING SALARY: \$19.92 per hour
PROMOTION POTENTIAL: None
SUPERVISORY/MANAGERIAL: None
RELOCATION EXPENSES: No expenses paid.
APPOINTMENT/WORK SCHEDULE: (1) Permanent Full-Time
AREA OF CONSIDERATION: IHS Wide
DUTY LOCATION: Uintah & Ouray Service Unit, Ft. Duchesne, UT

JOB DESCRIPTION: Incumbent is responsible for performing maintenance services involving a variety of trades and crafts at the U & O Service Unit in Ft. Duchesne, UT. These tasks include carpentry, plumbing, general equipment, air conditioning, heating equipment, electrical work, roofing, cement and tile setting and painting. The incumbent applies full range of carpentry skills and techniques in repairing, constructing, and remodeling; performs a variety of tasks in connection with the fabrication, repair and maintenance of plumbing systems; applies a variety of standardized methods, procedures and techniques in the installation and repair of fixed and semi-fixed equipment; performs the installation, maintenance repair and servicing of a variety of domestic and commercial refrigeration and air conditioning units; performs installation, maintenance, repair and modification of gas heater; furnaces and other small domestic heating equipment; applies established maintenance methods and procedures to repair electrical equipment; and performs maintenance, installation, repair and weatherproofing of roofs. Performs other related duties as assigned.

WHO MAY APPLY: Merit Promotion and Excepted Service Eligibles. 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.

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. Rating will be based on the following elements: **Supplemental Experience statement must be submitted.**

1. Ability to do the work of the position without more than normal supervision.
2. Knowledge of preventive maintenance.
3. Technical practices
4. Use of measuring instruments.
5. Ability to interpret instructions, specifications, etc.
6. Ability to use and maintain tools and equipment.
7. Knowledge of materials.

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.)

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.

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)

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 Attachment)**

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. Copy of current unrestricted Medical License if applicable.
6. Completed PL 101-630 Questionnaire (**form attached**)
7. Completed Selective Service Registration Form (**form attached**)
8. Written Responses to the Knowledge, Skills, and Abilities (KSA), **OPTIONAL** failure to submit may result in an ineligible rating or substantially lower score).
9. Commissioned Corps Officer: (1) latest COER, and (2) current Billet Description, and (3) BIA FORM 4432 if claiming Indian Preference.

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

ATTN: SWR-08-0333-2
Office of Human Resources
Phoenix Area Indian Health Service
Two Renaissance Square
40 North Central Avenue, Suite 510
Phoenix, AZ 85004

Phone: (602) 364-5219
Fax: (602) 364-5176

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. Additional information regarding Federal job opening can be obtained at www.opm.gov, or at USAJOBS www.usajobs.opm.gov or check the IHS Website at www.ihs.gov. 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 selections of candidates may be made from a promotion certificate within 90 days from the date the selection certificate was issued. The positions to be filled must have the same title, series, and grade, be in the same geographic location, and have the same qualification requirements. However, if there are no qualified Indian preference candidates left on the certificate the vacancy must be re-announced.

Human Resource Specialist: (Call 602-364-5219 to contact a Human Resources Specialist.) Date: 09/04/2008

IHS OPERATED PROPERTIES ARE "TOBACCO FREE"

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 where you can be reached
- 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 Address
 - 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.

APPLICANT'S STATEMENT OF SELECTIVE SERVICE REGISTRATION STATUS

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 be registered with the Selective Service law, unless you meet certain exemptions under Selective Service law. If you are required to register but knowingly and willfully fail to do so, you are ineligible for employment by executive agencies of the Federal Government.

CERTIFICATION OF REGISTRATION STATUS

Check one:

- I certify I am registered with the Selective Service System.
- I certify I have been determined by the Selective Service to be exempt from the registration provisions of Selective Service law.
- I certify I have not registered with the Selective Service System.
- I certify I have not reached my 18th birthday and understand I am required by law to register at that time.

NON-REGISTRANTS UNDER AGE 26

If you are under age 26 and have not registered as required, you should register promptly at a United States Post Office or consular office if you are outside the United States.

NON-REGISTRANTS AGE 26 OR OVER

If you were born in 1960 or later, are 26 years of age or older, and were required to register but did not do so, you can no longer register under Selective Service law. According, you are not eligible for appointment to an executive agency unless you can prove to the Office of Personnel Management (OPM) that your failure to register was neither knowing nor willful. You may request an OPM decision through the agency that was considering you for employment by returning this statement with your written request for an OPM determination together with an explanation and documentation you wish to furnish to prove that your failure to register was neither knowing nor willful.

PRIVACY ACT STATEMENT

Because information on your registration status is essential for determining whether you are in compliance with 5 U.S.C. 3328, failure to provide the information requested by this statement will prevent any further consideration of your application for appointment. This information is subject to verification with the Selective Service System and may be furnished to other Federal agencies for law enforcement or other authorized use in implementing this law.

FALSE STATEMENT NOTIFICATION

A false statement may be grounds for not hiring you, or for firing you if you have already begun work. Also, you may be punished by fine or imprisonment (Section 1001 of title 18, United States Code).

Legal signature of individual {please use ink}

Date signed {please use ink}

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 of Announcement: MAINTENANCE MECHANIC Announcement Number: SWR-08-0333-2

Section 231 of the Crime Control Act of 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, requires a criminal record check for positions in the Department of Health and Human Services that involve regular contact with or control over Indian Children. The agency must ensure that persons hired for these positions have not been found guilty of or pleaded nolo contendere to violent crimes.

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 date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name and address of the police department or current court involved.]

2) Have you ever been found guilty of, or entered in 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, contact or prostitution, or crimes against persons? YES _____ NO _____

[If YES, provide date, explanation of the violence, description of the arrest or charge, place of occurrence, and the name and 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

<p>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. <i>Please do not send completed data collection instruments to this address.</i></p>
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SUPPLEMENTAL EXPERIENCE STATEMENT
 (To accompany OF-612, APPLICATION FOR FEDERAL EMPLOYMENT)
SWR-08-0333-2
Maintenance Mechanic, WG-4749-09

NAME: _____
 (Mr.) (Mrs.) (First, Middle, Maiden (If any), and Last)

_____ Date of Birth:

NOTE TO APPLICANTS: Use Columns II and III to answer questions in Column I. Use additional plain sheets of paper if needed.

Column I	Column II	Column III
<i>Questions to Competitors</i>	<i>Indicate Job number of experience block on OF-612 to which this refers.</i>	<i>In this column, write your answers to the questions in column I. For schooling, include formal school, trade school, military classes, etc.; state subjects and grades. Tell experiences applicable to the position, paid or unpaid, part or full-time and hobbies appropriate to the job.</i>
<p><u>ELEMENT 1: ABILITY TO DO THE WORK OF THE POSITION WITHOUT MORE THAN NORMAL SUPERVISION.</u> Tell about experience you have had that shows you can work on the basis of your own judgment. Describe the kinds of work you have done independently, making decisions and planning operations involving work methods to complete assignments or projects, without the help of a boss or supervisor. What responsibilities have you been given on jobs, in the Armed Forces, in your community, etc.?</p>		
<p><u>ELEMENT 2: KNOWLEDGE OF PREVENTIVE MAINTENANCE:</u> Tell how you have gained and used this knowledge from the theoretical side (as in books or in school), and from the practical side (as installing, operating, adjusting, repairing, fabricating, inspecting, etc). Explain in detail your experience in this element as it applies to equipment, building, utilities, etc. in a health care facility. What have you made of parts manuals and catalogs? To what extent can you use this knowledge on the basis of your own judgment? How much help and explanation must you get from your supervisor? If you have used this knowledge for supervising or instructing others, what supervision or instruction did you give, and to what kind of workers?</p>		

SUPPLEMENTAL EXPERIENCE STATEMENT
SWR-08-0333-2
Maintenance Mechanic, WG-4749-09

NAME: _____
 (Mr.) (Mrs.) (First, Middle, Maiden (If any), and Last)

BIRTH DATE: _____
 (Month, Day Year)

NOTE TO APPLICANTS: Use Columns II and III to answer questions in Column I. Use additional plain sheets of paper if needed.

Column I	Column II	Column III
<i>Questions to Competitors</i>	<i>Indicate Job number of experience block on OF-612 to which this refers.</i>	<i>In this column, write your answers to the questions in column I. For schooling, include formal school, trade school, military classes, etc.; state subjects and grades. Tell experiences applicable to the position, paid or unpaid, part or full-time and hobbies appropriate to the job.</i>
ELEMENT 3: TECHNICAL PRACTICES: Give some examples of work you have done which required inventing new methods to do tasks that cannot be done in regular ways. Give some examples of work done which required the use of trade math in making computations. Tell about work done which required knowledge and experience in new and up-to-date trade practices. Give examples of work you have done which required precise fitting. Tell about any trade organizations you are active in and any trade publications you regularly read.		
ELEMENT 4: USE OF MEASURING INSTRUMENTS: What mechanical and electrical measuring instruments have you used? For measuring instrument and testing instrument used, give examples of what you used it for and clearances to which you had to test or measure. You should include any experience with instruments for carpentry, electrical, masonry, plumbing, boiler, heating, air conditioning, refrigeration, and tell your degree of proficiency with the instruments used. Describe any experience you have had in which you taught others how to use testing and measuring instruments; for what purpose?		

SUPPLEMENTAL EXPERIENCE STATEMENT
SWR-08-0333-2
Maintenance Mechanic, WG-4749-09

NAME: _____
 (Mr.) (Mrs.) (First, Middle, Maiden (If any), and Last)

BIRTH DATE: _____
 (Month, Day Year)

NOTE TO APPLICANTS: Use Columns II and III to answer questions in Column I. Use additional plain sheets of paper if needed.

Column I

Column II

Column III

<u>Questions to Competitors</u>	<i>Indicate Job number of experience block on OF-612 to which this refers.</i>	<i>In this column, write your answers to the questions in column I. For schooling, include formal school, trade school, military classes, etc.; state subjects and grades. Tell experiences applicable to the position, paid or unpaid, part or full-time and hobbies appropriate to the job.</i>
<p>ELEMENT 5: ABILITY TO INTERPRET INSTRUCTIONS, SPECIFICATIONS, ETC. (INCLUDES BLUEPRINT READING). Tell to what extent and for what purpose you have used blueprints, drawings, diagrams, or sketches. Tell about your experience in preparing plans, drawings sketches, and for what purpose these were prepared. Tell how you use manuals, specifications, etc., to determine the proper parts or materials for each job. Give some examples. Tell about your experience in using operative manuals, maintenance, manuals, and preventive maintenance schedules. Tell about any jobs you have had where you interpreted or explained prints, sketches, technical manuals for other employees.</p>		
<p>ELEMENT 6: ABILITY TO USE AND MAINTAIN TOOLS AND EQUIPMENT. List the tools and equipment (not described before) that you can use, and tell where you have used them. Give examples of the more difficult work you have done with hand and power tools. To what extent have you adjusted, repaired, and maintained tools and equipment? Tell about any jobs where you have trained others in the use of tools and equipment, and the kinds of tools and equipment involved. Tell how you gained your knowledge of tools and equipment.</p>		

**SUPPLEMENTAL EXPERIENCE STATEMENT
SWR-08-0333-2
Maintenance Mechanic, WG-4749-09**

NAME: _____
(Mr.) (Mrs.) (First, Middle, Maiden (If any), and Last)

BIRTH DATE: _____
(Month, Day Year)

NOTE TO APPLICANTS: Use Columns II and III to answer questions in Column I. Use additional plain sheets of paper if needed.

Column I	Column II	Column III
<u><i>Questions to Competitors</i></u>	<i>Indicate Job number of Experience Block on SF-171 to which this refers.</i>	<i>In this column, write your answers to the questions in column I. For schooling, include formal school, trade school, military classes, etc.; state subjects and grades. Tell experiences applicable to the position, paid or unpaid, part or full-time and hobbies appropriate to the job.</i>
ELEMENT 7: KNOWLEDGE OF MATERIALS. List the kinds of materials which you have had to know about and use such as hardware, plastics, chemicals, lumber, paint, glass, leather, conductors, fasteners, wiring, tubing, etc. Tell what jobs you used these on. Give some examples of your ability to substitute materials. Give some examples to show how you select material for different jobs according to purpose, trade standards, durability, strength, etc. How do you determine working properties, durability, and other characteristic of materials? Describe some project where you have had to estimate material needs and costs of maintenance, repair, or construction projects.		

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 that you have given complete information about your experience. You cannot be given credit for work you did not tell us about.

STATEMENTS CONCERNING QUALIFICATIONS WILL BE VERIFIED BY THE CIVIL SERVICE COMMISSION. 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: _____