

PRIVACY ACT AND PUBLIC BURDEN STATEMENT

The Office of Personnel Management is authorized to request this information under sections 1302, 3301, 3304, and 8716 of title 5 of the 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.

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 Reports and Forms Management Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Washington, D.C. 20415.

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 proceeding 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 representing 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 recognition 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, the Federal Acquisitions Institute, 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 employee about fitness-for-duty or agency-filed disability retirement procedures.

Optional Form 306 (EG)
September 1994
U.S. Office of Personnel
Management

Form Approved:
O.M.B. No. 3206-0182

Declaration for Federal Employment

GENERAL INFORMATION

1 FULL NAME



2 SOCIAL SECURITY NUMBER



3 PLACE OF BIRTH (Include City and State or Country)



4 DATE OF BIRTH (MM/DD/YY)



5 OTHER NAMES EVER USED (For example, maiden name, nickname, etc.)



6 PHONE NUMBERS (Include Area Codes)

DAY ▶

NIGHT ▶

MILITARY SERVICE

7 Have you served in the United States Military Service? If your only active duty was training in the Reserves or National Guard, answer "NO".

Yes	No

If you answered "YES", list the branch, dates (MM/DD/YY), and type of discharge for all active duty military service.

BRANCH	FROM	TO	TYPE OF DISCHARGE

BACKGROUND INFORMATION

For all questions, provide all additional requested information under item 15 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 8, 9, and 10, 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 whose record was expunged under Federal or State law.

- 8** 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.)
If "Yes", use item 15 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.
- 9** Have you been convicted by a military court-martial in the past 10 years? (If no military service, answer "NO".) *If "Yes", use item 15 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.*
- 10** Are you now under charges for any violation of law? *If "Yes", use item 15 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.*
- 11** During the last 5 years, were you 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? *If "Yes", use item 15 to provide the date, an explanation of the problem and reason for leaving, and the employer's name and address.*
- 12** 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.) *If "Yes", use item 15 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.*

Yes	No

ADDITIONAL QUESTIONS

- 13** Do any of your relatives work for the agency or organization to which you are submitting this form? (Includes 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 15 to provide the name, relationship, and the Department, Agency, or Branch of the Armed Forces for which your relative works.*
- 14** Do you receive, or have you ever applied for, retirement pay, pension, or other pay based on military, Federal civilian, or District of Columbia Government service?

Yes	No

CONTINUATION SPACE/AGENCY OPTIONAL QUESTIONS

15 Provide details requested in items 8 through 13 and 17c in the continuation 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 QUESTION

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, complete item 16/16a.

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, complete item 16/16b and answer item 17.

16 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 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 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.

16a Applicant's Signature ▶
(Sign in ink)

Date ▶

16b Appointee's Signature ▶
(Sign in ink)

Date ▶

APPOINTING OFFICER: Enter Date of Appointment or Conversion
▶

17 Appointee Only (Respond only 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.

17a When did you leave your last Federal job?

17b When you worked for the Federal Government last time, did you waive Basic Life Insurance or any type of optional life insurance?

17c If you answered "Yes" to item 17b, did you later cancel the waiver(s)? If your answer to item 17c is "No," use item 15 to identify the type(s) of insurance for which waivers were not cancelled.

Date (MM/DD/YY)		
Yes	No	Don't Know

Declaration for Federal Employment

INSTRUCTIONS

The information collected on this form is used to determine your acceptability for Federal 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, 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 before you are appointed.

Your Social Security Number is needed to keep our records accurate, because people may have the same name and birthdate. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records. Giving us your SSN or 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.

You must answer all questions truthfully and completely. 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 fine or imprisonment (U.S. Code, title 18, section 1001.)

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

OPTIONAL APPLICATION FOR FEDERAL EMPLOYMENT - OF 612

You may apply for most jobs with a resume, this form, or other written format. If your resume or application does not provide all the information requested on this form and in the job vacancy announcement, you may lose consideration for a job.

1 Job title in announcement	2 Grade(s) applying for	3 Announcement number
4 Last name	First and middle names	5 Social Security Number
6 Mailing Address		7 Phone Numbers (incl area code) Day () Eve ()
City	State Zip Code	

WORK EXPERIENCE

8 Describe your paid and nonpaid work experience related to the job for which you are applying. Do not attach job descriptions.

1) Job Title (if Federal, include series and grade)

From (MM/YY)	To (MM/YY)	Salary	per	Hours per week
Employer's name and address				Supervisor's name and phone number ()

Describe your duties and accomplishments

2) Job Title (if Federal, include series and grade)

From (MM/YY)	To (MM/YY)	Salary	per	Hours per week
Employer's name and address				Supervisor's name and phone number ()

Describe your duties and accomplishments

9 May we contact your current supervisor?

YES [] NO [] if we need to contact your current supervisor before making an offer, we will contact you first.

EDUCATION

10 Mark highest level completed. **Some HS** [] **HS/GED** [] **Associate** [] **Bachelor** [] **Master** [] **Doctoral** []

11 Last high school (HS) or GED school. Give the school's name, city, State, ZIP Code (if known), and year diploma or GE D received.

12 Colleges and universities attended. Do **not** attach a copy of your transcript unless requested.

1) Name	Total Credits Earned		Major(s)	Degree - Year (if any) Received
	Semester	Quarter		
City	State	Zip Code		
2)				
3)				

OTHER QUALIFICATIONS

13 **Job-related** training courses (give title and year). **Job-related** skills (other langu ages, computer software/hardware, tools, machinery, typing speed, etc.). **Job-related** certificates and lic enses (current only). **Job-related** honors, awards, and special accomplishments (publications, memberships in professional/honor societies, leadership activities, public speaking, an d performance awards). Give dates, but do **not** send documents unless requested.

GENERAL

14 Are you a U.S. citizen? YES [] NO [] Give the country of your citizenship. _____

15 Do you claim veterans' preference? NO [] YES [] Mark your claim of 5 or 10 points below.
5 points [] Attach your DD 214 or other proof. 10 points [] Attach an *Application for 10-Point Veterans' Preference* (SF 15) and proof required.

16 Were you ever a federal civilian employee?
NO [] YES [] For highest civilian grade give: Series _____ Grade _____ From _____ To _____

17 Are you eligible for reinstatement based on career or career-conditional Federal status?
NO [] YES [] if requested, attach SF 50 proof.

APPLICANT CERTIFICATION

18 I **certify** that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete and made in good faith. I **understand** that false or fraudulent information on or attached to this application 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.

SIGNATURE

DATE SIGNED

**ADDENDUM TO DECLARATION FOR FEDERAL EMPLOYMENT
INDIAN HEALTH SERVICE
CHILD CARE & INDIAN CHILD CARE WORKER POSITIONS
(Civil Service and Commissioned Corps Applicants)**

NAME: _____ **SOCIAL SECURITY NUMBER:** _____
(Please Print)

BACKGROUND INFORMATION

Section 231 of the Crime Control Act of 1990, Public Law 101-647, requires that employment applications for Federal child care positions have applicants sign a receipt of notice that a criminal record check will be conducted.

Section 408 of the Miscellaneous Indian Legislation, Public Law 101-630, require a criminal record check for positions in the Department of Health and Human Services that involve regular contact with or control over Indian children.

I certify that my response to these questions is made under Federal penalty of perjury, which is punishable by fine or imprisonment, and that 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 rights to challenge the accuracy and completeness of any information contained in the report.

- | | | | |
|----|--|-------------------|------------------|
| 1) | Have you ever been arrested for or charged with a crime involving a child: (If "YES", provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name and address of the police department or court involved.) | YES
[] | NO
[] |
| 2) | Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any offense under Federal State, or tribal law involving crimes of violence, sexual assault, molestation, contact or prostitution, or crimes against persons? (If "YES", provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name and address of the police department or court involved.) | YES
[] | NO
[] |

Employee/Applicant Signature

Date

**MUST HAVE ORIGINAL SIGNATURE AND CURRENT DATE
TELEFAXED COPIES WILL NOT BE ACCEPTED**

VERIFICATION OF INDIAN PREFERENCE FOR EMPLOYMENT
IN BUREAU OF INDIAN AFFAIRS AND INDIAN HEALTH SERVICE ONLY

To establish eligibility for Indian preference for employment with BIA/IHS, complete one of the categories below and submit with your SF-171 or OF 612: Application for Federal Employment.

Category MEMBER OF FEDERALLY-RECOGNIZED INDIAN TRIBES, BANDS OR COMMUNITIES.

A

This is to certify that the person named below is a member of the tribe indicated:

_____	_____	_____
Full Name	Date of Birth	Tribal Affiliation

I certify that the above information was taken from the official membership records of the _____ Tribe and acknowledge that falsification and misrepresentation of this information is punishable under Federal Law.

_____ OR _____
Tribal Representative Date BIA Representative Date

_____ _____
Title Title

Agency Name

Category

B

DESCENDANTS OF MEMBERS OF FEDERALLY-RECOGNIZED INDIAN TRIBES, BANDS OR COMMUNITIES WHO WERE RESIDING ON ANY INDIAN RESERVATION ON JUNE 1, 1934.

This is to certify that the person named below has established to my satisfaction that he is a descendant of an enrolled member of the tribe named below and that he was living on an Indian reservation on June 1, 1934. The applicant's family history is outlined on the attached family history chart:

_____	_____	_____
Name of Individual	Date of Birth	Reservation of Residence on June 1, 1934

_____ _____
Ancestor Tribal Record of Affiliation

_____ _____
Date BIA Representative

Title

Agency Name

**APPLICATION FOR 10-POINT
 VETERAN PREFERENCE
 (TO BE USED BY VETERANS & RELATIVES OF VETERANS)**

PERSON APPLYING FOR PREFERENCE

1. Name (Last, First, Middle)	2. Name and Announcement Number of Civil Service or Postal Service Exam You Have Applied For or Position Which You Currently Occupy	
3. Home Address (Street Number, City, State and ZIP Code)	4. Social Security Number	5. Date Exam Was Held or Application Submitted

VETERAN INFORMATION (to be provided by person applying for preference)

6. Veteran's Name (Last, First, Middle) Exactly As It Appears on Service Records

7. Veteran's Periods of Service	8. Veteran's Social Security Number				
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; border-bottom: 1px solid black;">Branch of Service</td> <td style="width:25%; border-bottom: 1px solid black;">From</td> <td style="width:25%; border-bottom: 1px solid black;">To</td> <td style="width:25%; border-bottom: 1px solid black;">Service Number</td> </tr> </table>	Branch of Service	From	To	Service Number	9. VA Claim Number, If Any
Branch of Service	From	To	Service Number		

TYPE OF 10-POINT PREFERENCE CLAIMED

INSTRUCTIONS: Check the block which indicates the type of preference you are claiming. Answer all questions associated with that block. The "DOCUMENTATION REQUIRED" column refers you to the back of this form for the documents you must submit to support your application. [PLEASE NOTE: Eligibility for veterans' preference is governed by 5 U.S.C. § 2108, 5 CFR Part 211, and FPM chapter 211. All conditions are not fully described in this form because of space restrictions. The office to which you apply can provide additional information. Instructions on how to apply for five point preference are on SF 171, Application for Federal Employment, or PS Form 2591, Application for Employment (U.S. Postal Service Application).]

DOCUMENTATION REQUIRED
 (See reverse of this form.)

<input type="checkbox"/> 10. VETERAN'S CLAIM FOR PREFERENCE based on non-compensable service-connected disability; award of the Purple Heart; or receipt of disability pension under public laws administered by the VA.	-----> A and B																				
<input type="checkbox"/> 11. VETERAN'S CLAIM FOR PREFERENCE based on eligibility for or receipt of compensation from the VA or disability retirement from a Service Department for a service-connected disability.	-----> A and C																				
<input type="checkbox"/> 12. PREFERENCE FOR A SPOUSE of a living veteran based on the fact that the veteran, because of a service-connected disability, has been unable to qualify for a Federal or D.C. Government job, or any other position along the lines of his/her usual occupation. (If your answer to item "a" is "NO", you are ineligible for preference and need not submit this form.)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"></td> <td style="width:10%; text-align: center;">YES</td> <td style="width:10%; text-align: center;">NO</td> <td style="width:30%;"></td> </tr> <tr> <td style="vertical-align: top;">a. Are you presently married to the veteran?</td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="vertical-align: top;">C and H</td> </tr> </table>		YES	NO		a. Are you presently married to the veteran?			C and H												
	YES	NO																			
a. Are you presently married to the veteran?			C and H																		
<input type="checkbox"/> 13. PREFERENCE FOR WIDOW OR WIDOWER of a veteran. (If your answer is "NO" to item "a" or "YES" to item "b", you are ineligible for preference and need not submit this form.)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"></td> <td style="width:10%; text-align: center;">YES</td> <td style="width:10%; text-align: center;">NO</td> <td style="width:30%;"></td> </tr> <tr> <td style="vertical-align: top;">a. Were you married to the veteran when he or she died?</td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="vertical-align: top;">A, D, E, and G (Submit G when applicable.)</td> </tr> <tr> <td style="vertical-align: top;">b. Have you remarried? (Do not count marriages that were annulled.)</td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td></td> </tr> </table>		YES	NO		a. Were you married to the veteran when he or she died?			A, D, E, and G (Submit G when applicable.)	b. Have you remarried? (Do not count marriages that were annulled.)											
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a. Were you married to the veteran when he or she died?			A, D, E, and G (Submit G when applicable.)																		
b. Have you remarried? (Do not count marriages that were annulled.)																					
<input type="checkbox"/> 14. PREFERENCE FOR (NATURAL) MOTHER of a service-connected permanently and totally disabled, or deceased veteran provided you are or were married to the father of the veteran, and —your husband (either the veteran's father or the husband of a remarriage) is totally and permanently disabled, or —you are now widowed, divorced, or separated from the veteran's father and have not remarried, or —you are widowed or divorced from the veteran's father and have remarried, but are now widowed, divorced, or separated from the husband of your remarriage. (if your answer is "NO" to item "c" or "d", you are ineligible for preference and need not submit this form.)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"></td> <td style="width:10%; text-align: center;">YES</td> <td style="width:10%; text-align: center;">NO</td> <td style="width:30%;"></td> </tr> <tr> <td style="vertical-align: top;">a. Are you married?</td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="vertical-align: top;">DISABLED VETERAN: C, F, and H (Submit F when applicable.)</td> </tr> <tr> <td style="vertical-align: top;">b. Are you separated? If "YES", do not complete "c". Go to "d".</td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td></td> </tr> <tr> <td style="vertical-align: top;">c. If married now, is your husband totally and permanently disabled?</td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="vertical-align: top;">DECEASED VETERAN: A, D, E, and F (Submit F when applicable.)</td> </tr> <tr> <td style="vertical-align: top;">d. If the veteran is dead, did he/she die in active service?</td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td></td> </tr> </table>		YES	NO		a. Are you married?			DISABLED VETERAN: C, F, and H (Submit F when applicable.)	b. Are you separated? If "YES", do not complete "c". Go to "d".				c. If married now, is your husband totally and permanently disabled?			DECEASED VETERAN: A, D, E, and F (Submit F when applicable.)	d. If the veteran is dead, did he/she die in active service?			
	YES	NO																			
a. Are you married?			DISABLED VETERAN: C, F, and H (Submit F when applicable.)																		
b. Are you separated? If "YES", do not complete "c". Go to "d".																					
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d. If the veteran is dead, did he/she die in active service?																					

PRIVACY ACT AND PUBLIC BURDEN STATEMENT.

The Veterans' Preference Act of 1944 authorizes the collection of this information. The information will be used, along with any accompanying documentation, to determine whether you are entitled to 10-point veterans' preference. This information may be disclosed to: (1) the Department of Veterans Affairs, or the appropriate branch of the Armed Forces to verify your claim; (2) a court, or a Federal, State, or local agency for checking on law violations or for other related authorized purposes; (3) a Federal, State, or local government agency, if you are participating in a special employment assistance program; or (4) other Federal, State, or local government agencies, congressional offices, and international organizations for purposes of employment consideration, e.g., if you are on an Office of Personnel Management list of eligibles. Executive order 9397 authorizes Federal agencies to use the Social Security Number (SSN) to identify individual records in Federal personnel records systems. Your SSN will be used to ensure accurate retention of records pertaining to you and may also be used to identify you to others from

whom information about you is sought. Furnishing your SSN and the other information sought is voluntary. However, failure to provide any part of the information may result in a ruling that you are not eligible for 10-point veterans' preference or in delaying the processing of your application for employment.

Public burden reporting for this collection of information is estimated to take approximately 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Reports and Forms Management Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Room 6410, Washington, D.C. 20415; and to the Office of Management and Budget, Paperwork Reduction Project (3206-0001), Washington, D.C. 20503.

I certify that all of the statements made in this claim are true, complete, and correct to the best of my knowledge and belief and are made in good faith. [A false answer to any question may be grounds for not employing you, or for dismissing you after you begin work, and may be punishable by fine or imprisonment (U.S. Code, Title 18, Section 1001).]

This Form Must Be Signed By All Persons Claiming 10-Point Preference

FOR USE BY APPOINTING OFFICER ONLY Signature and Title of Appointing Officer	<input type="checkbox"/> Preference Entitlement Was Verified Name of Agency	Date Signed (Month, Day, Year)
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DOCUMENTATION REQUIRED—READ CAREFULLY

(PLEASE SUBMIT PHOTOCOPIES OF DOCUMENTS BECAUSE THEY WILL NOT BE RETURNED)

A. DOCUMENTATION OF SERVICE AND SEPARATION UNDER HONORABLE CONDITIONS

Submit any of the documents listed below as documentation, provided they are dated on or after the day of separation from active duty military service:

1. Honorable or general discharge certificate.
2. Certificate of transfer to Navy Fleet Reserve, Marine Corps Fleet Reserve, or enlisted Reserve Corps.
3. Orders of Transfer to Retired List.
4. Report of Separation from a branch of the Armed Forces.
5. Certificate of Service or release from active duty, provided honorable separation is shown.
6. Official Statement from a branch of the Armed Forces showing that honorable separation took place.
7. Notation by the Department of Veterans Affairs or a branch of the Armed Forces on an official statement, described in B or C below, that the veteran was honorably separated from military service.
8. Official statement from the Military Personnel Records Center that official service records show that honorable separation took place.

B. DOCUMENTATION OF SERVICE-CONNECTED DISABILITY (NON-COMPENSABLE, I.E., LESS THAN 10%); PURPLE HEART; AND NONSERVICE-CONNECTED DISABILITY PENSION

Submit one of the following documents:

1. An official statement, *dated within the last 12 months*, from the Department of Veterans Affairs or from a branch of the Armed Forces, certifying to the present existence of the veteran's service-connected disability of less than 10%.
2. An official citation, document, or discharge certificate, issued by a branch of the Armed Forces, showing the award to the veteran of the Purple Heart for wound or injuries received in action.
3. An official statement, *dated within the last 12 months*, from the Department of Veterans Affairs, certifying that the veteran is receiving a nonservice-connected disability pension.

C. DOCUMENTATION OF SERVICE-CONNECTED DISABILITY (COMPENSABLE, I.E., 10% OR MORE)

Submit one of the following documents, if you checked Item 11 on the front of this form:

1. An official statement, *dated within the last 12 months*, from the Department of Veterans Affairs or from a branch of the Armed Forces, certifying to the veteran's present receipt of compensation for service-connected disability or disability retired pay.
2. An official statement, *dated within the last 12 months*, from the Department of Veterans Affairs or from a branch of the Armed Forces, certifying that the veteran has a service-connected disability of 10% or more.

3. An official statement or retirement orders from a branch of the Armed Forces, showing that the retired serviceman was retired because of permanent service-connected disability or was transferred to the permanent disability retirement list. The statement or retirement orders must indicate that the disability is 10% or more.

For spouses and mothers of disabled veterans checking Items 12 or 14, submit the following:

An official statement, *dated within the last 12 months*, from the Department of Veterans Affairs or from a branch of the Armed Forces, certifying: 1) the present existence of the veterans service-connected disability, 2) the percentage and nature of the service-connected disability or disabilities (including the combined percentage), 3) a notation as to whether or not the veteran is currently rated as "unemployable" due to the service-connected disability, and 4) a notation as to whether or not the service-connected disability is rated as permanent and total.

D. DOCUMENTATION OF VETERAN'S DEATH

1. If on active military duty at time of death, *submit* official notice, from a branch of the Armed Forces, of death occurring under honorable conditions.
2. If death occurred while not on active military duty, *submit* death certificate.

E. DOCUMENTATION OF SERVICE OR DEATH DURING A WAR, IN A CAMPAIGN OR EXPEDITION FOR WHICH A CAMPAIGN BADGE IS AUTHORIZED, OR DURING THE PERIOD OF APRIL 28, 1952, THROUGH JULY 1, 1955

Submit documentation of service or death during a war or during the period April 28, 1952, through July 1, 1955, or during a campaign or expedition for which a campaign badge is authorized.

F. DOCUMENTATION OF DECEASED OR DISABLED VETERAN'S MOTHER'S CLAIM FOR PREFERENCE BECAUSE OF HER HUSBAND'S TOTAL AND PERMANENT DISABILITY.

Submit a statement from husband's physician showing the prognosis of his disease and percentage of his disability.

G. DOCUMENTATION OF ANNULMENT OF REMARRIAGE BY WIDOW OR WIDOWER OF VETERAN

Submit either:

1. Certification from the Department of Veterans Affairs that entitlement to pension or compensation was restored due to annulment.
2. A certified copy of the court decree of annulment.

H. DOCUMENTATION OF VETERAN'S INABILITY TO WORK BECAUSE OF A SERVICE-CONNECTED DISABILITY

Answer questions 1-7 below:

1. Is the veteran currently working? <input type="checkbox"/> YES <input type="checkbox"/> NO If "NO", go to Item 3.	2. If currently working, what is the veteran's present occupation?
3. What was the veteran's occupation, if any, before military service?	4. What was the veteran's military occupation at the time of separation?
5. Has the veteran been employed, or is he/she now employed, by the Federal civil service or D.C. Government? <input type="checkbox"/> YES <input type="checkbox"/> NO	
A. Title and Grade of Position Most Recently, or Currently, Held	B. Name and Address of Agency
C. Dates of Employment From _____ To _____	
6. Has the veteran resigned from, been disqualified for, or separated from a position in the Federal civil service or D. C. Government along the lines of his/her usual occupation because of service-connected disability? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", submit documentation of the resignation, disqualification, or separation.	
7. Is the veteran receiving a civil service retirement pension? . <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", give the Civil Service or Federal Employee retirement annuity number → CSA _____	

GEOGRAPHIC PREFERENCE FORM

The following is a list of the locations of the main dental clinics of the Navajo Area Indian Health Service. Please indicate where you want to be considered an applicant for a dental position.

ARIZONA

____ CHINLE

____ FT. DEFIANCE

____ KAYENTA

____ TUBA CITY

____ WINSLOW

NEW MEXICO

____ CROWNPOINT

____ GALLUP

____ SHIPROCK