

## HOW TO APPLY

Choose one of the following forms to apply for this job. Please submit one application or resume for each job you are applying for. E-mailed applications/resumes or other materials will not be accepted. Our agency does not accept any résumés posted on USAJOBS Resume Builder.

Optional Application for Federal Employment (OF-612)	Application for Federal Employment (SF-171)	Resume or Other written application format
<p>*All applicants must ensure the Optional Application for Federal Employment (OF-612) they submit contains their signature and date with the following required documentation. <b>Failure to submit all required documentation with your application will result in your application being incomplete.</b> Applicants with incomplete applications will not be considered for the position.</p>		

Your resume or other application format **MUST** contain the following information:

- ADDENDUM TO DECLARATION FOR FEDERAL EMPLOYMENT**
- JOB INFORMATION** - Announcement number, title, and grade(s) of the job for which are applying.
- PERSONAL INFORMATION**
  - Full name, mailing address (*with zip codes*), day and evening phone numbers (*include area codes*).
  - Social Security Number
  - Country of citizenship.
- EDUCATION**
  - High School (*name, city and state*) and date of diploma or GED
  - College and/or Universities (*name, city and state, major, type and year of degrees received*)
  - Copies of official college transcripts. **Transcripts must be submitted to receive credit for education.**
- WORK EXPERIENCE** (*Give the following for your paid and non-paid work experience related to the job for which you are applying*)
  - Job title (if Federal, please indicate series and grade)
  - Duties and accomplishments
  - Employer's name and address
  - Supervisor's name and phone number
  - Starting and ending dates must include - month and year
  - Average hours worked per week
  - Salary
  - Indicate if we may contact your current supervisor
- OTHER QUALIFICATIONS:**
  - Job related training courses (*title and year*)
  - Job related skills, for example, other languages, computer software, hardware, tools, machinery, typing speed
  - Job related certificates and licenses (*if you are a licensed medical professional, submit copy of license to practice*)
  - Honors, awards, and special accomplishments, for example, publications, memberships, in professional or honor societies,
  - Leadership activities, public speaking, and performance awards.
- KSA RANKING FACTORS** (see vacancy announcement) - *IT IS TO THE ADVANTAGE OF THE APPLICANTS TO ADDRESS THE KSA's.*
- SPECIAL APPLICATION REQUIREMENTS** - See individual announcements

Reasonable accommodation will be given to qualified disabled applicants pursuant to Section 501 of the Rehabilitation Act of 1973, 29 U.S. Code 791, Title 29. **This agency provides reasonable accommodations to applicants with disabilities. If you need a reasonable accommodation for any part of the application and hiring process, please notify the agency. The decision on granting reasonable accommodation will be on a case-by-case basis.**

**ADDITIONAL SELECTIONS** may be made from an announcement within 90 days from the date of the issued certificate (selection roster) provided the vacant position is an identical position, same geographical location and same conditions of employment.

**TIME-IN-GRADE RESTRICTION:** Candidates must have completed at least 52 weeks of service in positions no more than one grade lower than the position to be filled. (If selected under the Excepted Service Examining Plan, individuals may be appointed under Schedule A authority without regard to Time-In-Grade requirements).

Submit the following documents along with your chosen application format, if you are in any of the following categories:

COMMISSIONED OFFICER	INDIAN PREFERENCE	VETERAN PREFERENCE	FEDERAL EMPLOYEE (Permanent-current, former or displaced)
Describe job description from billet  Current Resume or curriculum vitae showing work experience, dates of employment, names and addresses of supervisors, education and PHS number.  Copy of last personnel order  Copy of billet	Applicants claiming Indian Preference <b>must</b> submit a "Verification of Indian Preference for Federal Employment" form ( <i>BIA form 4432</i> )  Current Phoenix Area IHS employees may state that proof of Indian Preference is on file in their Official Personnel Folder (OPF). This should be stated on top right hand corner of first page of application.  Applicants or current Federal service employees claiming Indian Preference must indicate on their application if they wish to be considered under the Indian Health Service Merit Promotion Plan, Excepted Service Examining Plan or BOTH. If not, they will be considered under the IHS Merit Promotion Plan only. Preference in filling vacancies is given to qualified Indian candidates in accordance with the Indian Preference Act (Title 25, U.S. Code, Section 472 and 473).	Certificates of Release or discharge from Active Duty, VA form DD-214, and/or Application for 10 point Veteran Preference, Form SF-15  <b>Must be submitted to receive preference.</b>	<b>Current Federal employees or Reinstatement Eligible</b> applicants must submit Notification of Personnel action SF-50-B, which shows #24 Tenure and #34 Position Occupied  <b>Current/Permanent employees must</b> submit most recent final performance appraisal rating.

**EQUAL EMPLOYMENT OPPORTUNITY** - The Aberdeen Area is committed to providing equal employment opportunity without regard to race, color, sex/gender, age, national origin, religion, physical handicap, or sexual orientation.

**PLEASE COMPLETE and INCLUDE...**

**ALL**

**ATTACHED FORMS**

**WHEN SUBMITTING AN**

**APPLICATION**

**OTHER REQUIRED ITEMS:**

1. Copy of current state nurse licensure (RN, APN, LPN)  
~APN – Provide copy of state professional licensure, National Certification, and documentation of Prescriptive Authority.
2. New graduates  
~Copy of final college transcript listing nursing degree  
(does not have to be official)
3. If claiming Indian Preference:  
~ BIA form 4432 completed by Tribe or BIA.  
(Contact your Tribal Registration for completed form)
4. Resumes: All the following is required information  
~ List Employer name, address, city, telephone number, Name of Supervisor.  
~ List Dates of Employment for each employer: From\_\_\_\_\_ To\_\_\_\_\_  
~ List Hours worked per week for each employer  
~ Refer to Vacancy Announcement -- Include all Required Information

## 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.

<b>1</b> Job title in announcement	<b>2</b> Grade(s) applying for	<b>3</b> Announcement number
<b>4</b> Last name	First and middle names	<b>5</b> Social Security Number - - -
<b>6</b> Mailing address		<b>7</b> Phone numbers (include area code)
City	State	ZIP Code
	-	-
		Daytime ( )
		Evening ( )

**8 WORK EXPERIENCE** - Describe your paid and non-paid 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				

**8 WORK EXPERIENCE** - Describe your paid and non-paid work experience related to the job for which you are applying. Do **not** attach job descriptions.

Job title (if Federal, include series and grade)

3)

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

Job title (if Federal, include series and grade)

4)

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

Job title (if Federal, include series and grade)

5)

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

**8 WORK EXPERIENCE** - Describe your paid and non-paid work experience related to the job for which you are applying. Do **not** attach job descriptions.

Job title (if Federal, include series and grade)

6)

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

Job title (if Federal, include series and grade)

7)

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

Job title (if Federal, include series and grade)

8

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 GED received.

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

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

**OTHER QUALIFICATIONS**

13 **Job-related training courses** (give title and year). **Job-related skills** (other languages, computer software/hardware, tools, machinery, typing speed, etc. **Job-related certificates and licenses** (current only). **Job-related honors, awards, and special accomplishments**(publications, memberships in professional/honor societies, leadership activities, public speaking, and 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 <input type="checkbox"/>	Attach your DD 214 or other proof.	10 points <input type="checkbox"/>	Attach an <i>Application for 10-Point Veterans' Preference</i> (SF 15) and proof required.
-----------------------------------	------------------------------------	------------------------------------	--

16 Were you ever a Federal civilian employee? NO  YES  For highest civilian grade give:

Series	Grade	From (MM/YY)	To (MM/YY)

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 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 (OF 306)  
Indian Health Service  
Child Care & Indian Child Care Worker Positions**

=====

**Item 15a. Agency Specific Questions**

**Name:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_  
(Please print)

**Job Title in Announcement:** \_\_\_\_\_ **Announcement Number:** \_\_\_\_\_

Section 231 of the Crime Control Act 1990, Public Law 101-647, requires that employment applications for Federal child care positions contain a question asking whether the individual has ever been arrested for or charged with a crime involving a child and for the disposition of the arrest or charge.

Section 408 of the Miscellaneous Indian Legislation, Public Law 101-630, contains a related requirement for positions in the Department of Health and Human Services that involve regular contact with or control over Indian children. The agency must ensure that persons hired for these positions have not been found guilty of or pleaded nolo contendere or guilty to certain crimes.

To assure compliance with the above laws, the following questions are added to the Declaration for Federal Employment:

1) Have you ever been arrested for or charged with a crime involving a child? YES\_\_\_\_\_ NO\_\_\_\_\_

*[If '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.]*

2) Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any felonious or misdemeanor offense under Federal, State, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; or crimes against persons; or offenses committed against children?  
YES\_\_\_\_\_ NO\_\_\_\_\_

*[If 'YES', provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name address of the police department or court involved.]*

I certify that (1) my response to these questions is made under penalty of perjury, which is punishable by fines of up to \$2,000 or 5 years imprisonment, or both; and (2) I have received notice that a criminal check will be conducted. I understand my right to obtain a copy of any criminal history report made available to the Indian Health Service and my right to challenge the accuracy and completeness of any information contained in the report.

\_\_\_\_\_  
**Applicant's Signature (sign in ink)**

\_\_\_\_\_  
**Date**

Public Burden Statement: In accordance with Paperwork Reduction Act (5 CFR 1320.8 (b)(3), a Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Respondents must be informed (on the reporting instrument, in instructions, or in a cover letter) the reasons for which the information will be collected; the way the information will be used to further the proper performance of the functions of the agency; whether responses to the collection of the information are voluntary, required to obtain a benefit (citing authority), or mandatory (citing authority); and the nature and extent of confidentiality to be provided, if any (citing authority). Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary data, and completing and reviewing the collection information. Send comments regarding the burden estimate or any other aspect of this collection of information to the IHS PRA Information Collection Clearance Staff, 12300 Twinbrook Parkway, Suite 450, Rockville, MD 20852. **Please do not send completed data collection instruments to this address.**