Addendum to Declaration for Federal Employment (OF 306) Indian Health Service Child Care & Indian Child Care Worker Positions

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		ecific Questions	
Name:		• •	Social Security Number:
Job Ti	Please pr itle in Announ	*	Announcement Number:
positions		asking whether the individu	101-647, requires that employment applications for Federal child care al has ever been arrested for or charged with a crime involving a child
Departme	ent of Health and H	uman Services that involve	blic Law 101-630, contains a related requirement for positions in the regular contact with or control over Indian children. The agency must en found guilty of or pleaded nolo contendere or guilty to certain crimes.
To assur Employ	-	h the above laws, the follo	owing questions are added to the Declaration for Federal
1)	Have you ever b	een arrested for or charge	d with a crime involving a child? YESNO
			of the violation, disposition of the arrest or charge, place of the police department or court involved.]
2)	felonious or mise assault, molestat	demeanor offense under F	tered a plea of nolo contendere (no contest) or guilty to, any Federal, State, or tribal law involving crimes of violence; sexual or prostitution; or crimes against persons; or offenses committed
			of the violation, disposition of the arrest or charge, place of police department or court involved.]
to \$2,00 understa	00 or 5 years imprand my right to ob	isonment, or both; and (2) tain a copy of any crimination	made under penalty of perjury, which is punishable by fines of up I have received notice that a criminal check will be conducted. I all history report made available to the Indian Health Service and sets of any information contained in the report.
Applica	ant=s Signature	(sign in ink)	Date
Public B	urden Statement:	In accordance with Pape	erwork Reduction Act (5 CFR 1320.8 (b)(3), a Federal

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*.

FORM APPROVED: O.M.B. NO. 0917-0028