

MERIT PROMOTION  
VACANCY ANNOUNCEMENT

PHS INDIAN HOSPITAL  
PO BOX 1201  
PINE RIDGE, SOUTH DAKOTA 57770

PINE RIDGE IHS IS A SMOKE FREE ENVIRONMENT

May 04, 2009

POSITION: Laborer  
PR2216

LOCATION: PHS Indian Hospital  
Pine Ridge, SD  
Facilities

SALARY: WG-3502-02, \$11.45 per hour

VACANCY NUMBER: NP-08-0085-PR-MPP

OPENING DATE: May 04, 2009

CLOSING DATE: May 15, 2009

Applications and related documents must be received at the above address by 4:30 p.m. on the closing date of this announcement. For information contact Annabelle Black Bear at (605) 867-3016. All applications are subject to retention; no requests for copies will be honored. Applications can be faxed to 605/867-3271, (NOT RESPONSIBLE FOR UNSUCCESSFUL TRANSMISSIONS). Applications by e-mail will be accepted. It is the responsibility of the applicant to submit a complete application. E-MAIL TO: [annabelle.blackbear@ihs.gov](mailto:annabelle.blackbear@ihs.gov)

APPOINTMENT:

Permanent  
 Not-To-Exceed The applicant selected for  
This position may be appointed to either a one  
year appointment or an appointment in excess  
of one year depending on the status of the  
applicant.

WORK SCHEDULE:

Full-Time  
 Part-Time  
 Intermittent

AREA OF CONSIDERATION:

Commuting Area  
 Area-Wide  
 IHS-Wide  
 DHHS-Wide

MOVING: Travel and Relocation Expenses WILL NOT be paid.

CONDITIONS OF EMPLOYMENT:

ON-CALL  YES  NO \*call-back duty is defined as irregular or occasional work performed by an employee on a day when the work was not scheduled for the employee. This will require the employee to return to his/her place of employment within the specified timeframes.

\* All applicants who have regular contact or control over Indian Children MUST submit the attached Addendum to Declaration for Federal Employment (OF-306). Your application may not be considered for this designated childcare worker position if you do not complete and submit this form or if you answer "Yes" to either of the two questions.

- *Must provide AVERAGE HOURS WORKED PER WEEK on application.*

NOTE: Applicants must provide work experience (paid/non-paid) – Job Title (include series if Federal job), duties, responsibilities and accomplishments (if you describe more than one type of work, ie., carpentry and painting, or personnel and budget, write the approximate amount of time you spend doing each). Employers name and address, supervisor's name and phone number, starting and ending dates (month/year), AVERAGE HOURS WORKED PER WEEK, and salary.

Persons who submit incomplete applications will be given credit only for the information they provide and may not receive full credit for their veteran's preference determination, Indian Preference, education, training and/or experience.

- Applicants applying for the position may be required to be immunized, for measles and rubella, if he or she provides services or has contact with patients at the service units. Persons born before 1957 are not required to take the measles vaccine or provide proof of immunity. Special consideration may be allowed to individuals who are allergic to a component of a vaccine or have a history of severe reaction to a vaccine or who are currently pregnant.

**GRADE POTENTIAL:**  NO  YES to grade(s) \_\_\_\_\_  
**SUPERVISORY/MANAGERIAL:**  NO  YES

\*May require one year probation

PREFERENCE IN FILLING VACANCIES IS GIVEN TO QUALIFIED INDIAN CANDIDATES IN ACCORDANCE WITH THE INDIAN PREFERENCE ACT (TITLE 25, U.S.C. CODE, SECTION 472 AND 473). THE INDIAN HEALTH SERVICE IS AN EQUAL OPPORTUNITY EMPLOYER. THE INDIAN HEALTH SERVICE HAS A ZERO TOLERANCE SEXUAL HARASSMENT POLICY, IHS CIRCULAR NO. 95-11, IN PLACE WHICH IT DISSEMINATES TO ITS EMPLOYEES.

**WHO MAY APPLY FOR PERMANENT POSITIONS:** (1) Federal employees occupying a permanent position who have competitive civil service status or those who acquired comparable status as a result of serving in an IHS excepted service position on an Excepted appointment; (2) Indian Preference eligibles occupying a temporary position or unemployed; (3) Other sources, e.g., positions covered by severely handicapped; Reinstatement eligibles, etc; (4) Current permanent employees with Indian Preference may also apply under the provisions of the Indian Health Service Excepted Service Examining Plan. Applicants must indicate on their application whether they are applying under the Merit Promotion Plan, Excepted Service Examining Plan, or both. Current IHS employees and those applicants eligible for reinstatement or transfer who do not indicate which procedures they are applying under will be considered under merit promotion only. "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."

**DUTIES AND RESPONSIBILITIES:** This position is located in the Facility Management / Maintenance Department at the Pine Ride Service Unit. The purpose of this position is to provide various laboring duties within the Pine Ridge Hospital Maintenance Department; provide regularly scheduled cleaning and lawn maintenance of government TDY units; and periodic cleaning and lawn maintenance of vacated and renovated government housing units. Performs general maintenance tasks such as replacing ceiling tiles, hanging pictures, moving furniture, emptying trash, washing windows, cleaning supply and return grilles, unplugging drains with plunger. Performs grounds maintenance duties such as mowing with push-mower, edging, trimming trees and shrubs, picking up trash, raking graveled patio areas, and manually watering lawns with hoses and sprinklers. Digs and fills holes or trenches with shovels. Rakes and levels areas for landscaping. Haul materials and supplies to mechanical rooms, penthouses, shops, and roof. Counts and stocks supplies in store rooms. Performs visual checks of areas and equipment from check lists. Performs routine maintenance duties such as change light bulbs with the use of a ladder and vacuums bugs and debris from light fixtures and other areas. Cleans various areas in and around the hospital such as Maintenance shop, Maintenance Plant, grounds, roof, penthouses, and equipment. Cleans various residential areas such as kitchen, bathroom, rooms, garage, basement, mechanical room, roof, and lawn areas. Stocks TDY quarters and shop area with paper supplies, linen, soap, and required items. Washes, inspects, sorts, folds, counts, stores, and distributes clean linen to TDY quarters units. Vacuums, sweeps and mops floors and maintains floors such as concrete, sheet vinyl, and carpet. Uses residential and commercial cleaning equipment such as buffers, vacuums, and shampooers. Performs routine maintenance on equipment operated. Mixes and uses chemicals as per directions and follows material safety data sheet guidelines. Removes solid waste from quarters and maintenance areas and disposes dumpsters. Collects all recyclable items in separate containers for recycle. Assists in record keeping of supply inventory and usage.

**QUALIFICATION REQUIREMENTS:** Candidates must meet qualification standards as specified in the Qualification Guide for Trade and Labor Jobs, X-118C.

- ELEMENT A: Reliability and Dependability as a Laborer.
- ELEMENT B: Ability to handle weight and loads.
- ELEMENT C: Ability to follow directions.
- ELEMENT D: Dexterity and Safety (working safely)
- ELEMENT E: Ability to use and maintain tools and equipment.

Applicants must submit the **SUPPLEMENTAL QUESTIONNAIRE**; failure to do so will result in not being considered for the position.

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

**HOW TO APPLY:** Applicants must submit their applications to the PHS Indian Hospital, Human Resources, PO Box 1201, Pine Ridge, SD 57770. **ALL APPLICATIONS MUST INCLUDE ALL THE APPLICABLE DOCUMENTS:**

All applicants **MUST** submit the OF-306 Form (Declaration for Federal Employment).

1. Applicants may submit **ONE** of the following: a) OF-612, Optional Application for Federal Employment; b) Resume; or c) any other written application format.
2. Current Performance Rating, if available.
3. Applicants claiming Indian Preference **MUST** submit along with their application, FORM BIA-4432, Verification of Indian Preference. **BIA FORM-4432 IS THE ONLY FORM OUR OFFICE WILL ACCEPT.** Current IHS employees of Aberdeen and Bemidji Areas need only indicate on their application that verification is on file in their Official Personnel Folder (OPF).
4. If you wish to substitute appropriate education for experience, you **MUST** submit your transcripts along with your application. If your education is appropriate for the position being filled then your education may be substituted for experience.
5. For current or former Federal employees, a copy of your latest Notification of Personnel Action (SF-50B).
6. **All applications for this position MUST include the attached "Addendum to Declaration for Federal Employment Indian Health Service Child Care & Indian Child Care Worker Positions" form.**
7. **VETERAN'S PREFERENCE CERTIFICATION:** Form DD-214 indicating discharge and or Form SF-15, claiming 10-point preference. Veteran's Preference is not applicable to current permanent employees with the Department of Health and Human Services, Federal employees with competitive status or reinstatement eligibles unless you are eligible for Indian Preference and wish to be considered for the Excepted Service. **No preference will be allowed unless a copy of the DD-214 is attached to the application.**

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**EMPLOYMENT OF PEOPLE WITH DISABILITIES:**

IHS provides reasonable accommodations to applicants with disabilities. If you need a reasonable accommodation for any part of the application and hiring process, please notify Alice LaFontaine, Selective Placement Officer, at (605) 226-7213. The decision on granting reasonable accommodation will be on a case-by-case basis.

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**APPLICATION INSTRUCTIONS FOR PUBLIC HEALTH SERVICE COMMISSIONED CORPS CANDIDATES:**

Applicants should submit the following:

1. Copy of resume or curriculum vitae showing work experience, dates of employment, names and addresses of supervisors, include any education and other information reflecting individual qualifications for consideration.
- Commissioned Corp Applicants claiming Indian Preference must submit BIA form 4432 and will be evaluated against existing applicable standards.

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**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 Personnel Office to make a determination that you have the required qualifications for the position. **Failure to include any of the information listed below may result in loss of consideration for this position. This office will not solicit additional information.**

- a. Announcement Number, Title, and Grade of the job for which you are applying.
- b. Full name, mailing address (with zip code) and day/evening telephone numbers (with area codes).
- c. Social Security Number
- d. Country of citizenship
- e. Veteran's preference
- f. Highest Federal Civilian Grade held (give job series and dates held).
- g. High School - Name, City, State (with zip code), and date of diploma or GED.
- h. Colleges and Universities - Name, City, State (with zip code), majors, type and year of any degrees received (if no degree show total semester/quarter hours earned) (Attached transcripts).
- i. Work experience (paid/non-paid)-Job title (include series and if Federal job), duties, responsibilities and accomplishments (*if you describe more than one type of work, i.e., carpentry and painting, or personnel and budget, write the approximate amount of time your spent doing each*), employer's name and address, supervisor's name and phone number, starting and ending dates (month/year), **AVERAGE HOURS WORKED PER WEEK**, and salary (beginning/ending).
- j. Indicate if we may contact your current and/or former supervisor.
- k. Job-related training courses, skills, certificates, registrations, and licenses (current only), honors, awards, and special accomplishments.

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**DO NOT SUBMIT POSITION DESCRIPTIONS. All applications must be signed and dated. All material submitted for consideration under this announcement becomes the property of the Division of Personnel Management and is subject to verification. Careful consideration should be given to the information provided; fraudulent statements**

or any form of misrepresentation in the application process could result in loss of consideration for this position and or determination of unsuitability for Federal employment. If position is **RE-ANNOUNCED**, please call the Division of Personnel Management as to status of application.

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**INFORMATION FOR DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS) FOR SURPLUS OR DISPLACED EMPLOYEES REQUESTING SPECIAL SELECTION PRIORITY CONSIDERATION.**

If you are currently a DHHS employee who has received a Reduction in Force (RIF) separation notice or a Certificate of Expected Separation (CES) you may be entitled to special priority selection under the DHHS Career Transition Assistance Program (CTAP). To receive this priority consideration you must:

1. Be a current DHHS career or career-conditional (tenure group I or II) or be a current IHS excepted appointment (with no time limits) tenure group II excepted/competitive service employee who has received a RIF separation notice or a CES and, the date of the RIF separation has not passed and you are still on the rolls of the DHHS. You must submit a copy of the RIF separation notice or CES along with your application.
2. Be applying for a position that is at or below the grade level of the position from which you are being separated. The position must not have a greater promotion potential than the position from which you are being 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.
4. Be currently employed by the DHHS in the same commuting area (or nationwide for IHS employees GS-09 and above) of the position for which you are requesting priority consideration.
5. File your application by the vacancy announcement closing date & meet all the application criteria (e.g., submit all required documentation etc.).
6. Meet the basic qualifications for the position, any documented selective factor, physical requirements with any reasonable accommodation and is able to satisfactorily perform the duties of the position without undue interruption.

**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 selection 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 a RIF separation notice, a letter from the 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 that it is unable to place; or
    3. Retired with a disability and shows 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 submits 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 & meet all the application criteria (e.g., submit all required documentation, etc.)

6. Eligible applicants will be considered "well qualified" if their documented experience, knowledge, skill and abilities are comparable to or exceed that described at the acceptable level on the crediting plan for the position to be filled.

**THE INDIAN HEALTH SERVICE IS AN EQUAL OPPORTUNITY EMPLOYER.**

# 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 (incl area code)
City	State	Zip Code
		Day ( )
		Eve ( )

## 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 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 - Year (if any) Received
	Semester	Quarter		
<div style="display: flex; justify-content: space-between;"> <span>City</span> <span>State</span> <span>Zip Code</span> </div>				
2)				
3)				

**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 [ ] 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**

**PLEASE COMPLETE AND RETURN**

(Attach to your resume or application)

**SUPPLEMENTAL EXPERIENCE STATEMENT FOR LABORER JOBS**

LABORER WG-3502-2/3

Below you will find a questionnaire which you are requested to complete as part of your application for this position. Answer all questions as best as you can as it will be to your advantage to give as much information as possible regarding your ability to perform this work. Statements concerning qualifications may be verified by the Indian Health Service. Exaggeration or misstatements may be cause for your disqualification or late removal from the Federal Service.

**A. RELIABILITY AND DEPENDABILITY AS A LABORER:**

What is the longest length of time you have worked for one person or company?

- |  |  |
|--|--|
| <input type="checkbox"/> Less than 6 months                  | <input type="checkbox"/> More than 6 months  |
| <input type="checkbox"/> More than 1 year                    | <input type="checkbox"/> More than 2 years   |
| <input type="checkbox"/> Only on summer jobs while in school | <input type="checkbox"/> Never been employed |

In the last 12 months, how many times were you absent from work or school when you were supposed to be there? (Give a brief explanation)

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How many times were you late to work or school in the last 12 months? (Give a brief explanation)

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Have you ever been fired within the past five year for doing poor work or for not working when you should have been?  Yes  No

If yes, from which jobs? (Give a brief explanation)

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Have your bosses ever complimented you on being a good worker or on being a superior worker?

Yes  No

If yes, on which jobs? (Give a brief explanation)

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Have you quit any jobs in the last three years?  Yes  No

If yes how many times? (Give a brief explanation)

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**B. ABILITY TO HANDLE WEIGHT AND LOADS:**

Can you lift and carry a 5 gallon pail full of paint or water?  Yes  No

Can you move furniture?  Yes  No

Have you lifted and carried 100 pound sacks of feed, sand, etc.?  Yes  No

Have you had experience in handling large sheets of plywood or plaster boards?  Yes  No

Plate glass show windows?  Yes  No

Pianos?  Yes  No

Garbage and trash cans, loading on trucks?  Yes  No

Have you participated regularly in sports such as football, basketball, baseball, or rodeos?  Yes  No

Tell about these activities

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Do you have to stand on your feet all day at work?  Yes  No Where? (Give a brief explanation)

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**C. ABILITY TO FOLLOW DIRECTIONS:**

Are you able to read and write English?     \_\_\_ Yes \_\_\_ No

Did you fill out this application yourself?     \_\_\_ Yes \_\_\_ No  
If not, who helped you?

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On the jobs that you have had, did you ever have to follow written directions in manuals, books, or signs or notes from your boss?     \_\_\_ Yes \_\_\_ No  
If yes, on what jobs? (Give a brief explanation)

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Have you ever had a job where you told other employees what work was to be done?     \_\_\_ Yes \_\_\_ No  
If yes, on what jobs? (Give a brief explanation)

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Have you ever had to follow orders that are always changing? Explain.

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**D. DEXTERITY AND SAFETY (WORKING SAFELY)**

What formal safety training have you had? Tell where and when.

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Describe any hazardous work you have done.

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Tell about any job injuries or lost time accidents you have had (on or off the job accidents).

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Have you ever been fired for unsafe work practices?  Yes  No

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**E. ABILITY TO USE AND MAINTAIN TOOLS AND EQUIPMENT**

Have you ever used any type of equipment for cleaning?  Yes  No  
If yes, list them and tell in what capacity they were used.

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Was the equipment hand operated or power operated? Hand  Power

Did you ever use or operate any other equipment like lawn mowers or lawn tractors?  Yes  No

If yes, list the types of equipment you have used and in what capacity?

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Did you ever repair or adjust equipment on the job?  Yes  No

If yes, list the types of equipment and describe what types of repair or adjustment were made.

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What other tools have you used?

Chainsaws?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Jackhammers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Post hole diggers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shovels, rakes, axes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Have you sharpened tools?

Axes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shovels?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Saws?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hedge clippers or weed slings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please include any other information which you feel is relevant to this position. Do not forget to include information on all work you have done, whether paid, unpaid, hobbies, self-employment, or military service. (Use additional sheets if needed.)

### **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.

Please sign here: \_\_\_\_\_

Date: \_\_\_\_\_

**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 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 AYES@, 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 AYES@, 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.*