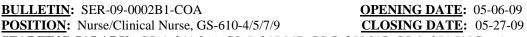
## U. S. DEPARTMENT OF HEALTH AND HUMAN SERVICES OKLAHOMA CITY AREA INDIAN HEALTH SERVICE DIVISION OF HUMAN RESOURCES





**STARTING SALARY:** GS-4: \$41,866; GS-5: \$45,947; GS-7: \$50,217; GS-9: \$54,599 Per Annum

(May be adjusted on Present/Former Federal Employees)

"Possibility of up to 25% Recruitment Incentive on base salary"

**PROMOTION POTENTIAL:** None Beyond GS-9 **RELOCATION EXPENSES:** May be Authorized in Accordance with

AREA INDIAN

SUPERVISORY/MANAGERIAL: No Federal Regulations

<u>AREA OF CONSIDERATION</u>: OPEN TO ALL US CITIZENS <u>DUTY LOCATION</u>: Claremore Indian Hospital, Claremore, Oklahoma

**INDIAN PREFERENCE:** In the filling of this position by appointment, promotion, transfer, reassignment, reinstatement, or any other personnel action, we are required by law to give absolute preference in selection to qualified Indian preference candidates. Eligibility will be determined from current Indian Health Service Policy. (See APPLICATION FORMS for information on how to claim Indian Preference) **EQUAL EMPLOYMENT:** Except for Indian Preference, consideration will be made without regard to any non-merit factor such as race, color, religion, sex, sexual orientation, national origin, politics, disabilities, marital status, age, or membership or non-membership in any employee organization.

**REASONABLE ACCOMMODATIONS:** Reasonable accommodation is provided to applicants with disabilities, except when so doing would impose an undue hardship on the Indian Health Service. 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 made on a case-by-case basis.

**SELECTIVE SERVICE CERTIFICATION:** If you are a male born after December 31, 1959, and you want to be employed by the Federal Government, you must (subject to certain exemptions) be registered with the Selective Service System.

MULTIPLE GRADE ANNOUNCEMENT: Announcement at the multiple grade interval is intended as a mechanism of providing consideration for the greatest number of potential candidates. This position maybe filled at any level, dependent upon the applicant's demonstrated ability, experience, and other qualifying criteria. If the position is filled at less than the upper level, there is NO commitment for future promotions, based solely on selection resulting from this announcement. Conversely, if the employee demonstrates the ability to perform at a higher level, is recommended by the supervisor, and otherwise meets the qualifications, he/she may be promoted without further competition under the Area Merit Promotion Program, however for temporary positions, conversion without competition may not be possible unless the selectee was within reach at the higher grade on the initial certificate of eligibles. In addition, no further competition is required if it becomes necessary through the reclassification process to upgrade the position.

#### CONDITIONS OF EMPLOYMENT:

- 1. One Full-Time Permanent Position.
- 2. <u>IMMUNIZATION REQUIREMENT-</u> In accordance with the IHS Employee Immunization policy, selectee will be required to be immunized against measles and rubella by providing documentation/proof of immunity to measles and rubella prior to entrance on duty. Exceptions are persons born before 1957 who 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 vaccine or have a history of severe reaction to a vaccine or who are currently pregnant. This applies to candidates for positions in any Service Unit or any Area Office position which requires regular work at a Service Unit
- 3. In accordance with the Child Services Act, applicants must complete the attached addendum and submit it to the Human Resources Office with their application. (See item 4.under APPLICATION PROCEDURES/APPLICATION FORMS)
- 4. Candidates must possess and <u>maintain</u> a current, valid, active, <u>unrestricted</u> license in any State, the District of Columbia, or a territory of the United States. New graduates must also possess this licensure as indicated with no grace period allowed.
- 5. Subject to rotating shifts, call-back, holiday and weekend work. Overtime may be required during peak periods of work.

#### APPLICATION PROCEDURES

<u>SUBMIT APPLICATION TO THE FOLLOWING ADDRESS</u>: Oklahoma City Area Indian Health Service, Southeast Region Division of Human Resources, 701 Market Drive, Oklahoma City, OK 73114. All applications become property of the Division of Human Resources and will not be returned except for **incomplete applications which will be returned**. Therefore, all original documents and the completed application forms should be duplicated before being submitted. **ELECTRONICALLY FILED APPLICATIONS (email attachments)**<u>WILL BE ACCEPTED. FAXED APPLICATIONS WILL BE ACCEPTED AT 405-951-3953</u>. We do not fax vacancy announcements. For further information or application forms contact the Southeast Region Division of Human Resources at 405-951-3750. Forms may also be available at the nearest IHS facility. Vacancy announcements may also be downloaded from the OPM Website – USAJOBS at <a href="http://www.usajobs.opm.gov">http://www.usajobs.opm.gov</a> or IHS Website at <a href="http://www.ihs.gov">http://www.ihs.gov</a>. The IHS Website has <a href="http://www.usajobs.opm.gov">current vacancy locations listed</a>.

### ADDITIONAL SELECTIONS OF CANDIDATES MAY BE POSSIBLE WITHIN 90 DAYS FROM DATE THE CERTIFICATE OF ELIGIBLES IS ISSUED FROM THE ANNOUNCEMENT, FOR FILLING ADDITIONAL SIMILAR VACANCIES.

EMAIL APPLICATIONS: These applications must be sent as an email attachment to: <a href="mailto:aov@ihs.gov">aov@ihs.gov</a>. The Recruitment Announcement Number must be included in the subject line of the e-mail. Additional required forms may be sent as e-mail attachments or mailed as hard copies. Application materials provided by different means must be cross-referenced so they may be combined at the Human Resources office. Applicants are responsible for ensuring that application materials are formatted in a manner that will transmit successfully.

### APPLICATION FORMS LISTED BELOW MUST BE SUBMITTED AND INDIVIDUALLY IDENTIFIED BY ANNOUNCEMENT # SER-09-0002B1-COA

- 1. The Federal Government does not require a standard application form for most jobs, but certain information is needed to evaluate your qualifications and determine if you meet legal requirements for Federal employment. Applicants must submit one of the following: (1) OF-612 (Optional Application for Federal Employment), (2) Resume, or (3) any other written application format. For (2) and (3) see "ADDITIONAL INFORMATION REQUIRED FOR RESUMES AND OTHER APPLICATION FORMATS" section below. Position Descriptions will not be accepted.
- 2. "Declaration for Federal Employment"- OF-306 (revised January 2001), must be fully completed and submitted with current dated signature to determine your suitability for Federal employment, to authorize a background investigation, and to certify the accuracy of all the information in your application. If you make a false statement in any part of your application, you may not be hired; you may be fired after you begin work; or you may be fined or jailed. Form may be downloaded from the IHS Human Resources Website at: <a href="http://www.ihs.gov/NonMedicalPrograms/DHR/index.cfm?module=applicants">http://www.ihs.gov/NonMedicalPrograms/DHR/index.cfm?module=applicants</a>.
- 3. <u>Verification of Indian Preference</u>: If claiming Indian Preference, applicants must submit a copy of a properly completed and signed Bureau of Indian Affairs (BIA) certification form, 4432, "Verification of Indian Preference for Employment in BIA and IHS". Current employees with acceptable proof (as identified above) on file in their Official Personnel Folder are still required to submit a copy of the required BIA form 4432 with their applications. **Indian Preference will not be given unless the BIA form 4432, as previously explained, is attached to the application/resume.**
- 4. The attached "Addendum to Declaration for Federal Employment (IHS) in Child Care and Indian Child Care Worker Positions" for Civil Service and Commissioned Corps applicants. This OMB Approved form No. 0917-0028 (expires 2/28/09) is available at nearest IHS Facility, and must be fully completed and submitted with current dated signature. Form may also be downloaded from the IHS HR Website at: <a href="http://www.ihs.gov/NonMedicalPrograms/DHR/Documents/ApplicantInfo/PL101-630.pdf">http://www.ihs.gov/NonMedicalPrograms/DHR/Documents/ApplicantInfo/PL101-630.pdf</a>.
- 5. If claiming <u>Veteran's Preference</u> or <u>eligibility for VEOA</u> or other special appointing authority for Veterans, a copy of all DD-214 forms, one for each period of service, and if claiming 10-point Veterans' preference, a completed <u>SF-15</u> with all supporting documents.
- 6. <u>Copy of latest Personnel Action (SF-50)</u>, if a current or former Federal Employee, <u>or</u> if requesting Reinstatement Eligibility, the <u>SF-50</u> proof of Career or Career-Conditional Status must be submitted.
- 7. A copy of your most recent performance appraisal for current Federal employees.
- 8. Narrative Statement, related to the Quality Ranking Knowledge, Skills, and Abilities (KSA's) as outlined in Evaluation Methods.
- 9. A <u>copy of college transcript(s)</u>, listing college courses and credits earned is required in order to receive appropriate credit for education. <u>When allowed by Qualification Standards, copies of training certificates (non-college)</u> must be submitted for appropriate credit. Although a transcript is always preferred, a list of courses and credit hours earned is sufficient at the time of application; however, by the time of appointment an appointee must provide an official college transcript (not a copy).
- 10. <u>Licensure</u>: Candidates must submit verification of current, valid, active, <u>unrestricted professional nursing</u> licensure, listing expiration date, from any State, the District of Columbia, the Commonwealth of Puerto Rico, or a territory of the United States. New graduates must also submit verification of this licensure as indicated with no grace period allowed. **Applications submitted without verification of licensure will be considered incomplete.**
- 11. Required Work Location Availability Statement Form (attached).
- 12. <u>To request CTAP/ICTAP special selection priority</u>, you must submit a copy of the RIF separation notice, Certification of Expected Separation (CES) or Notice of Proposed Separation for declining a Directed Reassignment or Transfer of Function outside the local commuting area.

### ADDITIONAL INFORMATION REQUIRED FOR RESUMES AND OTHER APPLICATION FORMATS:

Resumes or other application formats must contain all of the information listed below in sufficient detail to enable the Division of Human Resources to make a determination that you have the required qualifications for the position. Applicants for positions in some occupational series must meet certification, licensure, or registration requirements, if required by law, in addition to meeting experience and/or educational requirements. SPECIFICALLY, THE INFORMATION PROVIDED UNDER #6 (HIGH SCHOOL), #7 (COLLEGES AND UNIVERSITIES), #8 (WORK EXPERIENCE), AND #10 (JOB-RELATED TRAINING) WILL BE USED TO EVALUATE YOUR QUALIFICATIONS FOR THIS POSITION. FAILURE TO INCLUDE ANY OF THE INFORMATION LISTED BELOW MAY RESULT IN LOSS OF CONSIDERATION FOR THIS POSITION. ADDITIONAL INFORMATION WILL NOT BE SOLICITED BY THIS OFFICE.

- 1. Announcement Number, Title and Grade of the job for which you are applying.
- 2. Full Name, Mailing Address (with Zip Code) and Day and Evening Phone Numbers (with Area Codes).
- 3. Social Security Number.
- 4. Country of Citizenship.
- 5. Highest Federal civilian grade held (give Job Series and Dates held).
- 6. High School Name, City, State (Zip Code if known), and date of Diploma or GED.

- 7. College and University Credit/Degrees Name, City, State (Zip Code if known), Majors, Type and Year of any Degrees received (if no Degree show Total Semester or Quarter-Hours earned).
- 8. Work Experience (paid and non-paid) Job Title (include series and grade if Federal job), Duties and Accomplishments, Employer's Name and Address, Supervisor's Name and Phone Number, Starting and Ending Dates (month, day and year), Hours Per Week, and Salary.
- 9. Indicate if we may contact your current Supervisor.
- 10. Job-related Training Courses, Skills, Honors, Awards, Special Accomplishments.

NOTE: PERSONS WHO SUBMIT INCOMPLETE APPLICATIONS WILL BE GIVEN CREDIT ONLY FOR THE INFORMATION THEY PROVIDE AND MAY NOT, THEREFORE, RECEIVE FULL CREDIT FOR THEIR VETERANS' PREFERENCE, INDIAN PREFERENCE, EDUCATION, TRAINING AND/OR EXPERIENCE. All application forms are subject to verification. Therefore, careful attention 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 a determination of unsuitability for Federal employment.

SELECTION FOR THIS POSITION WILL BE IN ACCORDANCE WITH THE INDIAN PREFERENCE POLICIES OF THE INDIAN HEALTH SERVICE AND THE AREA OFFICE. CANDIDATES, IF CLAIMING INDIAN PREFERENCE, MUST FURNISH THE APPROPRIATE DOCUMENTATION AS EXPLAINED UNDER "APPLICATION PROCEDURES" OR WILL BE CONSIDERED AS A NON-INDIAN CANDIDATE.

ALL OTHER INFORMATION SUCH AS WHO MAY APPLY, QUALIFICATION REQUIREMENTS, ETC., CAN BE FOUND IN RECRUITMENT ANNOUNCEMENT <u>SER-09-0002-COA</u>.

RECRUITMENT CASE FILE CONTACT:

|s| Delphine S. Martin

Delphine S. Martin Human Resources Specialist

DSM:050509/O:/STF/COA/Bulletins/0610-4.5.7.9 Nurse/Clinical Nurse

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

\_\_\_\_\_

Nam	e:	Social Security Number:
	(Please print)	
Job T	Citle in Announcement: <u>Nurse/Clinical Nu</u>	<u>urse</u> Announcement Number: <u>SER-09-0002B1-COA</u>
contain		1-647, requires that employment applications for Federal child care positions een arrested for or charged with a crime involving a child and for the
of Heal		Law 101-630, contains a related requirement for positions in the Department with or control over Indian children. The agency must ensure that persons eaded nolo contendere or guilty to certain crimes.
Γo ass	sure compliance with the above laws, the follows	ing questions are added to the Declaration for Federal Employment:
1)	Have you ever been arrested for or charged w	vith a crime involving a child? YESNO
	[If A YES, provide the date, explanation of the occurrence, and the name and address of the	he violation, disposition of the arrest or charge, place of police department or court involved.]
misdemeanor offense under Federal, State, or tribal law		ed a plea of nolo contendere (no contest) or guilty to, any felonious or tribal law involving crimes of violence; sexual assault, molestation, s against persons; or offenses committed against children?
	[If A YES, provide the date, explanation of the and the name address of the police department	he violation, disposition of the arrest or charge, place of occurrence, nt or court involved.]
\$2,000 anders	O or 5 years imprisonment, or both; and (2) I have	de under penalty of perjury, which is punishable by fines of up to be received notice that a criminal check will be conducted. It history report made available to the Indian Health Service and my right formation contained in the report.
Appli	cant's Signature (sign in ink)	

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 Expires 02/28/2009

### WORK LOCATION AVAILABILITY STATEMENT FORM

NAME:		DATE:
ANNOUNCEMENT	000 001	
NUMBER: SER-09-0		
PLEASE INDICATE WHEN YOU WILL EMPLOYMENT:	BE AVAILABLE FOR	
Grade/Pay: The position must pay at least grade	\$per	(year, month, day or hour) or be at least a
CHECK ONLY THE LOCATION(S) WHI	ERE YOU WILL ACCE	PT EMPLOYMENT:
<b>HOSPITALS</b> : IHS – OKLAHOMA AREA		
CLAREMORE, OK	LAWTON, OK _	
HEALTH CENTERS: (OUTPATIENT FA	ACILITIES)	
ANADARKO, OK	PAWHUSKA, OK _	WATONGA, OK
CLINTON, OK	PAWNEE, OK _	WEWOKA, OK
EL RENO, OK	LAWRENCE, KS _	
ARE YOU WILLING TO WORK: (RES 40 hours per week (full time)? 25-32 hours per week (part time)? 17-24 hours per week (part time)?	POND YES OR NO TO I YES	EACH OF THE FOLLOWING) NO
16 or fewer hours per week (part time)?		
An intermittent job (on-call/seasonal)?		
		NS OF EMPLOYMENT" item #5. "Subject to by be required during peak periods of work."
ARE YOU WILLING TO TAKE A TEM THE FOLLOWING)	PORARY JOB LASTING YES	G: (RESPOND YES OR NO TO EACH OF NO
Over 12 months to 2 years		
5 - 12 months		
1 - 4 months		
Loss than 1 month		