

Guide To Employment Forms

(READ BEFORE COMPLETING FORMS)

This document provides instruction and helpful hints on completing your appointment forms accurately. Only the forms listed on your employment packet e-mail need to be completed; however, information on all forms is included in this document. **Failure to complete any form correctly could delay your start date.**

Return your completed forms to the following address:

CPAC (PECH-NCR-L)
2187 South J Street
Fort McCoy, WI 54656-5150

Unless otherwise indicated, you can access all forms on the Fort McCoy public website: <http://www.mccoy.army.mil>, click on "Civilian Employment," "Employment Forms," "Permanent or Term" or "Temporary".

Any forms requesting the following information should be completed as follows:

Department or Agency – Department of the Army

Bureau – the Command you will be working for, i.e., 88th RSC, 11th AVN, 80th TC

Division – the department, unit or maintenance activity where you will be working, i.e., Budget Div, AMSA 13, etc.

Fort McCoy Form (FMF) 421 and FMF 421-1 - Condition Of Employment - Reserve Membership: Select the Condition of Employment appropriate for your appointment – either Military Technician (MT) position in a Troop Program Unit or MT position in a Support Activity. Read, sign, and date the "Employee Certification" section. **Follow the specific instructions in your e-mail related to this form and coordinate with the Command point of contact (POC).**

SF 61 - Appointment Affidavit: Complete the top portion of the form, but leave "Date Appointed" blank. The Oath of Office should be administered by a military officer, supervisor, personnel/administrative officer, or Notary Public, who will complete and sign the bottom portion of the form.

I-9 - Employment Eligibility Verification: Before you can be appointed to a Federal position, we must verify your employment eligibility *and* that you are a U.S. citizen. Form I-9 can be used to verify both, if you provide the documentation described below. Complete, sign and date Section 1. For Section 2, the easiest form of documentation is a U.S. passport (List A). **If you have a U.S. passport, no other documentation is needed; otherwise, take your driver's license (List B) *and* an original or certified copy of your birth certificate (List C) to a military officer, supervisor, or personnel/administrative officer who will verify your documents and sign the certification in Section 2.** Section 2 certification cannot be done by a Notary Public. Make sure the requested information is annotated on the form, i.e., Issuing Authority, Document #, and Expiration Date. Do not send copies of the documentation with your packet – we need the completed Form I-9 only. **Failure to follow these instructions could delay your start date – contact the Civilian Personnel Advisory Center (CPAC) if you have any questions.**

OF 306 - Declaration for Federal Employment: Complete all items and **sign block 17a as the APPLICANT. Sign block 17b as the APPOINTEE only when requested by the CPAC.** Note that block 8 asks for active duty military service (include mobilization). If your only active duty was for training in the U.S. Army Reserves/National Guard, answer "NO." For any questions answered "YES", you will need to provide additional requested information in item 16.

SF 144 - Statement of Prior Federal Service: Despite the way question 4 is worded, **it is in your best interest to list all prior federal government civilian service in section 5 and all uniformed military service in section 7.** This helps to ensure you are given credit for all federal employment and military service at the time of your appointment if governing criteria is met.

FMF 418 - Reserve Status Code: For Activity/Command, put the Command where you will be working. MTs with a Dual Status requirement should check "Reserve Technician/TPU or IMA" (code 6). For positions not requiring U.S. Army Reserve (USAR) membership as a condition of employment (i.e., Department of Army civilian (DAC)), check "Not Applicable" if you have no USAR status or membership; otherwise, check the box that applies.

FMF 419 - Education Data Sheet: Follow the instructions on the form.

SF 181 - Ethnicity and Race Identification: Be sure to answer both Questions 1 and 2.

SF 256 - Self-Identification of Handicap: Follow the instructions on the form. This form is optional and the information provided is used for statistical purposes only.

Selected Reserve Incentive Program (SRIP) Information: This is not an employment form; however, if you are a recipient of the SRIP, it is important that you read and understand this information.

FMF 91 - Employee Address Form: Complete the form with your current information. Leave "Effective Date" blank and for Command, indicate the Command where you will be working.

W-4 - Federal Withholding Allowance Certificate: Follow the instructions on the form.

State Tax Form (if applicable): Follow the web links to find your state-specific tax withholding form. A more convenient alternative is to **complete a second W-4** and **annotate on the form "STATE of _____."** If you do not submit a form for state income tax withholding, it will be withheld at the single rate with zero exemptions.

FMS 2231 - FastStart Direct Deposit: Type of Payment in Block 2 is "Net Pay." The Check Digit in Block 3 is the 9th digit of your financial institution's routing transit number. A voided check may be attached in lieu of completing Block 3. Be sure to sign in Block 5.

SF 2817 – Life Insurance Election Federal Employees Group Life Insurance (FEGLI): **Please read the important information about FEGLI in the Benefits Information document included in your e-mail.** Carefully read and follow the instructions on the form. Make sure you sign and return an **original election form** (Parts 1, 2, 3) with **no alterations**. **If electing any life insurance, you must sign for Basic coverage in Block 3.** If you elect Optional coverage, you must also sign for the coverage(s) you choose in Block 4. If you choose **not** to elect **any** life insurance coverage, sign and date the waiver of all life insurance coverage in Block 5. If you don't complete and return an **original** election form with your employment packet, Basic coverage only will be input for you at the time your paperwork is processed. You will then have 60 calendar days from the date of your appointment to elect Optional coverage through the Army Benefits Center – Civilian (ABC-C) website.

SF 2823, Designation of Beneficiary (FEGLI); SF 3102, Designation of Beneficiary – Federal Employees Retirement System (FERS); SF 1152 - Designation Of Beneficiary – Unpaid Compensation of Deceased Civilian Employee: Follow the instructions on each form. Make sure you sign and date the form in the appropriate place (in the middle of the form). Only **original** forms with **no alterations** can be accepted. Two witnesses must also sign and provide an address. The witnesses cannot be identified as beneficiaries. Type or print your return address where indicated (bottom of SF 3102 and SF 1152; section C of SF 2823).

FMF 423 - Veterans Recruitment Appointment Agreement: Complete the top portion. Read, sign and date the form.

FMF 422 - Obligated Position Agreement: Complete the top portion. Read, sign and date the form.

FMF 417 – Conditions of Employment-Term Employment: Read, sign and date the form. Indicate the period of the term in paragraph 2.

FMF 420 – Condition of Employment - Commercial Driver's License (CDL): Follow the instructions on the form. Sign the employee acknowledgment in Part II. Complete Part III and sign at the bottom of the page.

DA Form 5019 - Condition of Employment for Certain Civilian Positions Identified Critical Under the Department of Army – Drug-Free Federal Workplace Program: Write the Command information in Box 1, your personal information in Box 2 and sign and date Box 4.

DD Form 2760 – Qualification to Possess Firearms or Ammunition: Follow the instructions on the form if your position is subject to the Lautenberg Amendment. Complete and sign SECTION II, 1, 2, and 3.

Temporary Employment Agreement: Read, sign and date the form, if applicable.

SF 87 - Fingerprint Cards: The SF-87s will be sent to your home address via FedEx or First Class mail.

Fingerprinting may be done at most police stations. Be sure the card is signed and dated by the person taking your fingerprints and that you sign the card and complete the personal information requested. An envelope and instructions will be included with the fingerprint cards. The envelope will be labeled with the Center of Excellence (CoE) address. After your fingerprint cards are completed, mail to the CoE in the enclosed envelope. **YOU MUST USE THE SF 87 CARDS PROVIDED; NO OTHER FINGERPRINT CARDS WILL BE ACCEPTED.**

OF 178 – Certificate of Medical Examination: Completion is required for selectees for Wage Grade positions. Complete the employee portion (Part A) of the form. Sign and date block 10 and 11. The physician administering your exam must complete the remainder of the form. You may choose a private physician to administer your physical exam at your own expense. If you had a physical exam within the last year, a new exam may not be necessary. Contact CPAC and provide a copy of the physical as soon as possible so it can be reviewed and a determination made as to whether a new exam will be required.

Selective Service: You can access the Selective Service Online Registration Verification website at <https://www.sss.gov/RegVer/wfVerification.aspx> to confirm your registration, if applicable.

Rev. 07/2012