

APPOINTMENT AFFIDAVITS

USAR Unit Administrator

(Position to which Appointed)

(leave blank)

(Date Appointed)

Dept of Army

(Department or Agency)

63rd RRC

(Bureau or Division)

El Monte, CA

(Place of Employment)

I, John Q. Public, do solemnly swear (or affirm) that--

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. So help me God.

B. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof.

C. AFFIDAVIT AS TO THE PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing this appointment.

John Q. Public

(Signature of Appointee)

Subscribed and sworn (or affirmed) before me this 8th day of June, 2007

at Los Alamitos California

(City)

(State)

(SEAL)

Bobbie Roe

(Signature of Officer)

Admin Officer

(Title)

Commission expires _____
(If by a Notary Public, the date of his/her Commission should be shown)

Note - If the appointee objects to the form of the oath on religious grounds, certain modifications may be permitted pursuant to the Religious Freedom Restoration Act. Please contact your agency's legal counsel for advice.

CONDITION OF EMPLOYMENT - RESERVE MEMBERSHIP - TPU

DIRECTIONS: All individuals selected for positions in the United States Army Reserve Military Technician (USAR MT) Program, Troop Program Unit (TPU) must complete this form.

RESERVE MEMBERSHIP REQUIREMENTS: This requirement is governed by 10 USC 10216, DOD Directive 1205.18, and Army Regulation 140-315.

- You are employed in a Troop Program Unit (TPU)
- You must establish and maintain membership in this TPU. Loss of membership in this TPU is considered failure to maintain the Condition of Employment and may be grounds for removal.
- In both your military and civilian positions you must have compatible skills requirements. Any change of military or civilian position which is determined to be incompatible may be grounds for removal.

- EMPLOYEE CERTIFICATION: I HEREBY UNDERSTAND THE CONDITION OF EMPLOYMENT.
- I UNDERSTAND THAT I MAY NOT BE ELIGIBLE FOR AN UNREDUCED ANNUITY AT AGE 60. I UNDERSTAND THAT AN EXTENSION OF ANY APPLICABLE MANDATORY REMOVAL DATE OR MAXIMUM YEARS OF SERVICE LIMITATION MAY NOT BE GRANTED.

PRINTED NAME: *Jane Q Public*

SIGNATURE:	<i>Jane Q Public</i>	DATE:	<i>5/3/11</i>
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- RESERVE MEMBERSHIP CERTIFICATION:

COMMAND: _____ UNIT: _____

UIC: _____ DATE MEMBERSHIP ESTABLISHED: _____

MTOE paragraph & line #: _____

Mil Duty MOS: _____ Mil Position Title: _____

I certify the above information is true. Employee was advised of the above condition of employment on _____ (date).

I will ensure the selectee continues to maintain TPU Membership as stated above and failure to do so will be reported to the Civilian Personnel Advisory Center within 30 calendar days of notice of loss of reserve membership. I will ensure the technician's civilian supervisor is aware of his/her loss of membership.

PRINTED NAME: _____

SIGNATURE (CERTIFYING OFFICIAL): _____	DATE: _____
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CONDITION OF EMPLOYMENT - RESERVE MEMBERSHIP - Support Activity

DIRECTIONS: All individuals selected for positions in the United States Army Reserve Military Technician (USAR MT) Program, initially hired after 1 Oct 97, who are required to maintain membership in the Selected Reserve (Troop Program Unit or Individual Mobilization Augmentation) must complete this form.

RESERVE MEMBERSHIP REQUIREMENTS: This requirement is governed by 10 USC 10216, DOD Directive 1205.18, and Army Regulation 140-315.

- You are employed in a support activity, e.g., Area Maintenance Support Activity (AMSA), Aviation Support Facility (ASF) or Equipment Concentration Site (ECS), etc.
- You must establish and maintain membership in a TPU or Individual Mobilization Augmentation (IMA) position. Loss of membership is considered failure to maintain the Condition of Employment and may be grounds for removal.
- In both your military and civilian positions you must have compatible skill requirements. Any change of military or civilian position which is determined to be incompatible may be grounds for removal.

- EMPLOYEE CERTIFICATION: I HEREBY UNDERSTAND THE CONDITION OF EMPLOYMENT.
- I UNDERSTAND THAT I MAY NOT BE ELIGIBLE FOR AN UNREDUCED ANNUITY AT AGE 60. I UNDERSTAND THAT AN EXTENSION OF ANY APPLICABLE MANDATORY REMOVAL DATE OR MAXIMUM YEARS OF SERVICE LIMITATION MAY NOT BE GRANTED.

PRINTED NAME: *John Q Public*

SIGNATURE: *John Q Public*

DATE: *5/3/11*

- RESERVE MEMBERSHIP CERTIFICATION:

COMMAND: _____ UNIT: _____

UIC: _____ DATE MEMBERSHIP ESTABLISHED: _____

MTOE paragraph & line #: _____

Mil Duty MOS: _____ Mil Position Title: _____

I certify the above information is true. Employee was advised of the above condition of employment on _____ (date).

I will ensure the selectee continues to maintain Selected Reserve Membership as stated above and failure to do so will be reported to the Civilian Personnel Advisory Center within 30 calendar days of notice of loss of reserve membership. I will ensure the technician's civilian supervisor is aware of his/her loss of membership.

PRINTED NAME: _____

SIGNATURE (CERTIFYING OFFICIAL): _____

DATE: _____

Declaration for Federal Employment*

Form Approved:
OMB No. 3206-0182

(*This form may also be used to assess fitness for federal contract employment)

GENERAL INFORMATION

1. **FULL NAME** (Provide your full name. If you have only initials in your name, provide them and indicate "Initial only". If you do not have a middle name, indicate "No Middle Name". If you are a "Jr.," "Sr.," etc. enter this under Suffix. First, Middle, Last, Suffix)

♦ John Quincey Public

2. **SOCIAL SECURITY NUMBER**

♦ 987-65-4321

- 3a. **PLACE OF BIRTH** (Include city and state or country)

♦ Ames, Iowa

- 3b. **ARE YOU A U.S. CITIZEN?**

YES NO (If "NO", provide country of citizenship) ♦

4. **DATE OF BIRTH** (MM / DD / YYYY)

♦ 09/11/1971

5. **OTHER NAMES EVER USED** (For example, maiden name, nickname, etc)

♦ Johnny
♦

6. **PHONE NUMBERS** (Include area codes)

Day ♦ 999-555-1212

Night ♦ 999-555-8600

Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

- 7a. Are you a male born after December 31, 1959?

YES NO (If "NO", proceed to 8.)

- 7b. Have you registered with the Selective Service System?

YES (If "YES", proceed to 8.) NO (If "NO", proceed to 7c.)

- 7c. If "NO," describe your reason(s) in item 16.

Military Service

8. Have you ever served in the United States military?

YES (If "YES", provide information below) NO

If you answered "YES," list the branch, dates, and type of discharge for all active duty.

If your only active duty was training in the Reserves or National Guard, answer "NO."

Branch	From (MM/DD/YYYY)	To (MM/DD/YYYY)	Type of Discharge
Army	08/01/2003	07/31/2004	Honorable

Background Information

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9,10, and 11, your answers should include convictions resulting from a plea of *nolo contendere* (no contest), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law .

9. During the last 7 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved. YES NO

10. Have you been convicted by a military court-martial in the past 7 years? (If no military service, answer "NO.") If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved. YES NO

11. Are you currently under charges for any violation of law? If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved. YES NO

12. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency? If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address. YES NO

13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) If "YES," use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt. YES NO

Declaration for Federal Employment*

Form Approved
OMB No. 3206-0182

(*This form may also be used to assess fitness for federal contract employment)

Additional Questions

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) If "YES," use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative works. YES NO
15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service? YES NO

Continuation Space / Agency Optional Questions

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position and your agency is authorized to ask them).

9) 9/12/1992, Disorderly Conduct, Carson Park, Eau Claire, WI. Eau Claire Police Dept., 740 2nd Ave, Eau Claire, WI 54703

Certifications / Additional Questions

APPLICANT: If you are applying for a position and have not yet been selected, carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

APPOINTEE: If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments 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 for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

17a. Applicant's Signature: John Q Public Date 7/2/12
(Sign in ink)

17b. Appointee's Signature: John Q Public Date 7/3/12
(Sign in ink)

Appointing Officer:
Enter Date of Appointment or Conversion
MM / DD / YYYY

18. Appointee (Only respond if you have been employed by the Federal Government before): Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

- 18a. When did you leave your last Federal job? MM / DD / YYYY
DATE:
- 18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance? YES NO DO NOT KNOW
- 18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled. YES NO DO NOT KNOW



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)

Last Name (Family Name) Public		First Name (Given Name) Jane		Middle Initial Q	Other Names Used (if any) Doe	
Address (Street Number and Name) 120 Main St.			Apt. Number	City or Town Birmingham	State AL	Zip Code 35209
Date of Birth (mm/dd/yyyy) 10/01/1981	U.S. Social Security Number 987-65-4321	E-mail Address "Optional"			Telephone Number "Optional"	

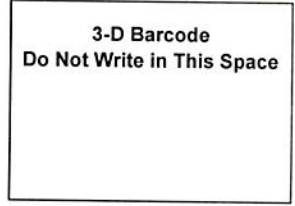
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

- Alien Registration Number/USCIS Number: _____
- OR**
- Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____
Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: Jane Q. Public	Date (mm/dd/yyyy): 03/09/2013
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:			Date (mm/dd/yyyy):		
Last Name (Family Name)			First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code	

STOP **Employer Completes Next Page** STOP

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1: Public, Jane Q

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: <u>Driver's License</u>		Document Title: <u>Birth Certificate</u>
Issuing Authority:		Issuing Authority: <u>Alabama DMV</u>		Issuing Authority: <u>State of OHIO</u>
Document Number:		Document Number: <u>P-2016-625-09</u>		Document Number: <u>40312506</u>
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <u>10/01/2018</u>		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		← If a US passport is Available, only List A needs to be Completed, otherwise complete as Above		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				3-D Barcode Do Not Write in This Space
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>Bobbie Roe</u>		Date (mm/dd/yyyy) <u>03/09/2013</u>	Title of Employer or Authorized Representative <u>Admin Officer</u>	
Last Name (Family Name) <u>Roe</u>		First Name (Given Name) <u>Bobbie</u>	Employer's Business or Organization Name <u>Unit/ORG Name</u>	
Employer's Business or Organization Address (Street Number and Name) <u>Unit/ORG Address</u>		City or Town	State	Zip Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyyy):

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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RESERVE STATUS CODE

NAME

John Q. Public

DIRECTORATE / COMMAND

81st RSC

INSTRUCTIONS: Please check the reserve code indicating your Military Reserve Status.

EMPLOYEES IN MILITARY TECHNICIAN POSITIONS (Dual Status Requirement)

For Office Use Only

- Reserve Technician / TPU or IMA 6
- Reserve Technician / Individual Ready 7
- Reserve Technician / Standby 8
- Reserve Technician / Status Quo (not in Active Reserves) 9

EMPLOYEES IN NON DUAL STATUS POSITIONS (No Reserve Membership Requirement)

- Retired Reserve / RET on points, under age 60-non paid 1
- AD REG RET / Under age 60, not for disability 2
- AD RES RET / 20 yrs + AD / Fleet RES under 60 not for disability 3
- Category III / RES / Reg / RET, over age 60 A/O 30% disabled 4
- Draft Eligible 5
- IMA - Air Force A
- IMA - Army B
- IMA - Coast Guard C
- IMA - Marine Corps D
- IMA - Navy E
- Selected Reserve - Air Force F
- Selected Reserve - Army G
- Selected Reserve - Coast Guard H
- Selected Reserve - Marine Corps I
- Selected Reserve - Navy J
- Air National Guard K
- Army National Guard (Active) L
- IRR - Air Force M
- IRR - Army N
- IRR - Coast Guard O
- IRR - Marine Corps P
- IRR - Navy Q
- Army National Guard (Inactive) T
- Standby Reserve - Air Force S
- Standby Reserve - Army T
- Standby Reserve - Coast Guard U
- Standby Reserve - Marine Corps V
- Standby Reserve - Navy W
- Navy Reserve - Merchant Marine X
- Not Applicable - No Reserve Status or Membership Y

STATEMENT OF PRIOR FEDERAL SERVICE
 To be Completed by Employee

1. Name (Last, First, Middle Initial) Public, John Q.	2. Social Security Number 987-65-4321	3. Date of Birth (Month, Day, Year) 9/11/1971
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4. Does the application or resume that you submitted, for the position to which you are being appointed, list all of your Federal government civilian and uniformed service, including beginning and ending dates, as well as the type of appointment and work schedule for civilian service?
 Yes — If "Yes", check this block and skip to Item 8. No — If "No", check this block and complete Items 5 - 9.

5. List below your prior civilian service. Include service with the DC Government on appointments made before October 1, 1987.

NAME AND LOCATION OF AGENCY	FROM			TO			TYPE OF APPOINTMENT AND WORK SCHEDULE (Full-Time, Part-Time, or Intermittent)
	Year	Month	Day	Year	Month	Day	
Dept of Interior Provo, Utah	04	12	07	06	01	06	TERM APPT (Full-Time)

6. During periods of employment shown in Item 5, did you have a total of more than 6 months' absence without pay during any one calendar year?
 Yes — If "Yes", list the following information. No — If "No", go to Item 7.

TYPE OF ABSENCE, IF KNOWN (LWOP, Furlough, Suspension, AWOL, or Placement in Nonpay Status)	FROM			TO			TOTAL		
	Year	Month	Day	Year	Month	Day	YEARS	MONTHS	DAYS

7. List all uniformed service below. List active service in any branch of the Armed Forces of the United States, including active duty as a reservist, and active service in the commissioned corps of the Public Health Service or the National Oceanic and Atmospheric Administration.

BRANCH OF SERVICE	FROM			TO			DISCHARGE (Honorable or Dishonorable)
	Year	Month	Day	Year	Month	Day	
Army	03	08	01	04	07	31	Honorable

8. Do you claim any type of veterans' preference which has not been verified?
 No Yes — Check one of the statements, if it applies to you. I claim preference as the:
 Spouse of a disabled veteran Mother of a deceased or disabled veteran Unmarried widow/widower of a veteran

9. CERTIFICATION: The prior Federal civilian and uniformed service listed on my application/resume and listed above constitutes my entire record of Federal employment. I have no other Federal service for which I want to claim credit.

Signature John Q. Public	Date 6/22/07
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ETHNICITY AND RACE IDENTIFICATION
(Please read the Privacy Act Statement and instructions before completing form.)

Name (Last, First, Middle Initial) Public, Jane Q.	Social Security Number 987-65-4321	Birthdate (Month and Year) 09/1971
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Agency Use Only

Privacy Act Statement

Ethnicity and race information is requested under the authority of 42 U.S.C. Section 2000e-16 and in compliance with the Office of Management and Budget's 1997 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity. Providing this information is voluntary and has no impact on your employment status, but in the instance of missing information, your employing agency will attempt to identify your race and ethnicity by visual observation.

This information is used as necessary to plan for equal employment opportunity throughout the Federal government. It is also used by the U. S. Office of Personnel Management or employing agency maintaining the records to locate individuals for personnel research or survey response and in the production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained, or for related workforce studies.

Social Security Number (SSN) is requested under the authority of Executive Order 9397, which requires SSN be used for the purpose of uniform, orderly administration of personnel records. Providing this information is voluntary and failure to do so will have no effect on your employment status. If SSN is not provided, however, other agency sources may be used to obtain it.

Specific Instructions: The two questions below are designed to identify your ethnicity and race. **Regardless of your answer to question 1, go to question 2.**

Question 1. Are You Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)
 Yes No

Question 2. Please select the racial category or categories with which you most closely identify by placing an "X" in the appropriate box. Check as many as apply.

RACIAL CATEGORY (Check as many as apply)	DEFINITION OF CATEGORY
<input type="checkbox"/> American Indian or Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
<input type="checkbox"/> Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<input type="checkbox"/> Black or African American	A person having origins in any of the black racial groups of Africa.
<input checked="" type="checkbox"/> Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/> White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

SELF-IDENTIFICATION OF DISABILITY
 (see instructions and Privacy Act information on reverse)

Last Name, First Name, and MI Public, John G	Date of Birth (mm/yy) 09/1971	Social Security Number 123-45-6789	ENTER CODE HERE _____ > 05
<p>Definition: An individual with a disability: A person who (1) has a physical impairment or mental impairment (psychiatric disability) that substantially limits one or more of such person's major life activities; (2) has a record of such impairment; or (3) is regarded as having such an impairment. This definition is provided by the Rehabilitation Act of 1973, as amended (29 U.S.C. 701 et. seq.).</p>		<p>Purpose: Self-identification of disability status is essential for effective data collection and analysis. The information you provide will be used for statistical purposes only and will not in any way affect you individually. While self-identification is voluntary, your cooperation in providing accurate information is critical.</p>	
<p>Part I. Targeted/Severe Disabilities</p> <p>Hearing 18 - Total deafness in both ears (with or without understandable speech)</p> <p>Vision 21 - Blind (inability to read ordinary size print, not correctable by glasses, or no usable vision, beyond light perception)</p> <p>Missing Extremities 30 - Missing extremities (missing one arm or leg, both hands or arms, both feet or legs, one hand or arm and one foot or leg, one hand or arm and both feet or legs, both hands or arms and one foot or leg, or both hands or arms and both feet or legs)</p> <p>Partial Paralysis 69 - Partial paralysis (because of a brain, nerve or muscle impairment, including palsy and cerebral palsy, there is some loss of ability to move or use a part of the body, including both hands; any part of both arms or legs; one side of the body, including one arm and one leg; and/or three or more major body parts)</p> <p>Complete Paralysis 79 - Because of a brain, nerve or muscle impairment, including palsy and cerebral palsy, there is a complete loss of ability to move or use a part of the body, including both hands; one or both arms or legs; the lower half of the body; one side of the body, including one arm and one leg; and/or three or more major body parts</p> <p>Other Impairments 82 - Epilepsy 90 - Severe intellectual disability 91 - Psychiatric disability 92 - Dwarfism</p>		<p>Part II. Other Disabilities</p> <p>Hearing Conditions 15 - Hearing impairment/hard of hearing</p> <p>Vision Conditions 22 - Visual impairments (e.g., tunnel or monocular vision or blind in one eye)</p> <p>Physical Conditions 26 - Missing extremities (one hand or one foot) 40 - Mobility impairment (e.g., cerebral palsy, multiple sclerosis, muscular dystrophy, congenital hip defects, etc.) 41 - Spinal abnormalities (e.g., spina bifida, scoliosis) 44 - Non-paralytic orthopedic impairments: chronic pain, stiffness, weakness in bones or joints, some loss of ability to use part or parts of the body 51 - HIV Positive/AIDS 52 - Morbid obesity 61 - Partial paralysis of one hand, arm, foot, leg, or any part thereof 70 - Complete paralysis of one hand 80 - Cardiovascular/heart disease with or without restriction or limitation on activity; a history of heart problems w/complete recovery 83 - Blood diseases (e.g., sickle cell anemia, hemophilia) 84 - Diabetes 86 - Pulmonary or respiratory conditions (e.g., tuberculosis, asthma, emphysema, etc.) 87 - Kidney dysfunction (e.g., required dialysis) 88 - Cancer (present or past history) 93 - Disfigurement of face, hands, or feet (such as those caused by burns or gunshot wounds) and noticeable gross facial birthmarks 95 - Gastrointestinal disorders (e.g., Crohn's Disease, irritable bowel syndrome, colitis, celiac disease, dysphagia, etc.) 98 - History of alcoholism</p> <p>Speech/Language/Learning Conditions 13 - Speech impairment - includes impairments of articulation (unclear language sounds), fluency (stuttering), voice (with normal hearing), dysphasia, or history of laryngectomy 94 - Learning disability - a disorder in one or more of the processes involved in understanding, perceiving, or using language or concepts (spoken or written) (e.g., dyslexia, ADD/ADHD)</p> <p>Other Options 01 - I do not wish to identify my disability status. (Please read the notes on the next page.) (Note: Your personnel officer may use this code if, in his or her judgment, you used an incorrect code.) 05 - I do not have a disability. 06 - I have a disability, but it is not listed on this form.</p>	

EDUCATION DATA SHEET

PRIVACY ACT STATEMENT

AUTHORITY: Executive Order 9397 authorizes uses of Social Security Number (SSN) to identify Army employees.
PRINCIPAL PURPOSE: To identify the individual and accurately submit the education data.
ROUTINE USES: Information will be used by civilian personnel representatives.
DISCLOSURE: Voluntary, however, if you do not provide the SSN your education information will not be added to your packet.

NAME
 Jane Q Public

SOCIAL SECURITY NUMBER
 987-65-4321

Please complete this form to ensure accurate input of educational information into the records system. A separate form for each entry is required.

Transcripts are not required for this update.

1. Education level - Check the highest

- | | |
|--|--|
| <input type="checkbox"/> 00 - NA | <input type="checkbox"/> 12 - Four years college |
| <input type="checkbox"/> 01 - Some elementary school | <input checked="" type="checkbox"/> 13 - Bachelor's degree |
| <input type="checkbox"/> 02 - Elementary school | <input type="checkbox"/> 14 - Post-Bachelor's |
| <input type="checkbox"/> 03 - Some high school | <input type="checkbox"/> 15 - First professional degree |
| <input type="checkbox"/> 04 - High school graduate or GED | <input type="checkbox"/> 16 - Post-first professional |
| <input type="checkbox"/> 05 - Terminal occupational program - not complete | <input type="checkbox"/> 17 - Master's degree |
| <input type="checkbox"/> 06 - Terminal occupational program - complete | <input type="checkbox"/> 18 - Post-Master's |
| <input type="checkbox"/> 07 - Some college - Less than one year | <input type="checkbox"/> 19 - Sixth year degree |
| <input type="checkbox"/> 08 - One year college | <input type="checkbox"/> 20 - Post-sixth year |
| <input type="checkbox"/> 09 - Two years college | <input type="checkbox"/> 21 - Doctorate degree |
| <input type="checkbox"/> 10 - Associate degree | <input type="checkbox"/> 22 - Post-Doctorate |
| <input type="checkbox"/> 11 - Three years college | |

One year college = (30-59 semester hours / 45-89 quarter hours)
 Two years college = (60-89 semester hours / 90-134 quarter hours)
 Three years college = (90-119 semester hours / 135-179 quarter hours)
 Four years college = (120+ semester hours / 180+ quarter hours) and (no degree)

2. Field of study Business Administration

3. Major Minor

4. Year degree attained 1995

5. Credit hours 140

6. Credit type - (Please check one) Semester Quarter

7. Type of school - (Please check one) College/University Junior College Vocational / Tech School

8. Academic institution name Iowa State University

If you are selected for a job with a specific education requirement or where your education substituted for experience, you will be required to furnish a transcript to verify your education.

Fraudulent education claims are subject to disciplinary action that may result in termination from Federal employment.

I certify that all information provided is correct to the best of my knowledge.

Click to Approve
 Signature: Jane Q Public Date: 5/3/11

EMPLOYEE ADDRESS FORM

PRIVACY ACT INFORMATION

AUTHORITY: 10 U.S.C. 3013 and 8013; Army Regulation 215-3, Nonappropriated Funds Personnel Policies and Procedures; and Army Regulation 60-21, Personnel policies; and E.O. 9397 Social Security Number (SSN).

PRINCIPAL PURPOSE: To provide the basic source of factual data about an employee's home address and phone number.

ROUTINE USES: The employee's home address is used for distribution of information from the Civilian Personnel Advisory Center (CPAC) and US Army Reserve Pay Center (UPC). Completion of this form identifies the address to which the employee desires information to be mailed. The phone number is used to reach the employee when in a nonpay status or on days off, when necessary. The SSN is required to identify the individual in appropriate records.

DISCLOSURE: Providing the above information is voluntary, however, non-release of the above information may result in a delay or incorrect address change. This could result in non-receipt of important mailings from CPAC or UPC.

THRU CPAC (PECP-NCR-L) 2187 SOUTH J STREET, FORT MCCOY, WI 54656-5150

TO USAR PAY CENTER (AFRC-COO-RM) 1932 SOUTH 11TH AVENUE, FORT MCCOY WI 54656-5122

SUBJECT: EMPLOYEE HOME ADDRESS

INSTRUCTIONS: Please complete the information requested below to update your home address. Please PRINT all information.

EFFECTIVE DATE: (Leave Blank) COMMAND / DIRECTORATE: 81st RSC
WORK TELEPHONE NUMBER: 999-555-5151

NAME: Jane Q. Public SOCIAL SECURITY NUMBER: 123-45-6789
STREET ADDRESS: 120 Main St.
CITY: Houston STATE: TX ZIP CODE: 77054
HOME TELEPHONE NUMBER: 999-555-5151

Jane Q Public

Click to Approve

5/3/11

DATE SIGNED:

Form W-4 (2007)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2007 expires February 16, 2008. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$850 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on

itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax

for individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners/Multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2007. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent. A _____

B Enter "1" if:
 { • You are single and have only one job; or
 • You are married, have only one job, and your spouse does not work; or
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less. } B _____

C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) C _____

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return D _____

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) E _____

F Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit F _____
 (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G **Child Tax Credit** (including additional child tax credit). See Pub 972, Child Tax Credit, for more information.
 • If your total income will be less than \$57,000 (\$85,000 if married), enter "2" for each eligible child.
 • If your total income will be between \$57,000 and \$84,000 (\$85,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have 4 or more eligible children. G _____

H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶ H _____

For accuracy, complete all worksheets that apply.
 { • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
 • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married) see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
 • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4		Employee's Withholding Allowance Certificate		OMB No. 1545-0074	
Department of the Treasury Internal Revenue Service		▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2007	
1	Type or print your first name and middle initial. Jane Q.	Last name Public	2	Your social security number 123 45 6789	
Home address (number and street or rural route) 120 Main St.		3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.			
City or town, state, and ZIP code Little Rock, AR 72204		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>			
5	Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5	4		
6	Additional amount, if any, you want withheld from each paycheck	6	\$		
7	I claim exemption from withholding for 2007, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ 7				
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (Form is not valid unless you sign it.) ▶ Jane Q. Public		Date ▶ 6/22/07			
8	Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9	Office code (optional)	10	Employer identification number (EIN)

State of Arkansas

Form W-4 (2007)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2007 expires February 16, 2008. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$850 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 adjust your withholding allowances based on

itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals.

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Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax

for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

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Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2007. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent. A _____

B Enter "1" if: B _____

- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less.

C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) C _____

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return D _____

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) E _____

F Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) F _____

G Child Tax Credit (including additional child tax credit). See Pub 972, Child Tax Credit, for more information. G _____

- If your total income will be less than \$57,000 (\$85,000 if married), enter "2" for each eligible child.
- If your total income will be between \$57,000 and \$84,000 (\$85,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have 4 or more eligible children.

H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) H _____

For accuracy, complete all worksheets that apply. ▶

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married) see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service	Employee's Withholding Allowance Certificate ▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.	OMB No. 1545-0074 2007
1 Type or print your first name and middle initial. Last name Public		2 Your social security number 123 45 6789
Home address (number and street or rural route) 120 Main St.		3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code Little Rock, AR 72204		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 4
6 Additional amount, if any, you want withheld from each paycheck		6 \$
7 I claim exemption from withholding for 2007, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ 7		
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (Form is not valid unless you sign it.) ▶ Jane Q. Public		Date ▶ 6/22/07
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) 10 Employer identification number (EIN)

State of Arkansas

FASTSTART DIRECT DEPOSIT

INSTRUCTIONS FOR PROCESSING FEDERAL EMPLOYEE PAYMENTS

Use: For processing Federal employee net salary, allotments, and other agency - approved payments associated with Federal employment (i.e. travel reimbursement, uniform allowance, etc). Employee must complete items 1,2,3 and 5. Complete item 4 only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

1. EMPLOYEE INFORMATION (SSN) EMPLOYEE PAYROLL IDENTIFICATION NUMBER 123456789			
EMPLOYEE NAME (as on payroll records) PUBLIC JANE Q		(Last, First, Initials)	
TELEPHONE NUMBER (WORK) 999 555 5151		(HOME) 999 555 1212	
2. TYPE OF ACCOUNT <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	3. DIRECT DEPOSIT ACCOUNT INFORMATION - NET PAY/TRAVEL/OTHER (Use Sec. 4 for allotments) A voided personal check/sharedraft may be attached in lieu of completing this section. See instructions on back of this form.		
TYPE OF PAYMENT <input checked="" type="checkbox"/> Net Pay <input type="checkbox"/> Travel <input type="checkbox"/> Other Federal employment related payments	ROUTING TRANSIT NUMBER 12345678 9 Check Digit		
ACCOUNT NUMBER 2468013579			
ACCOUNT TITLE <u>Jane Q. Public</u> (Account Holder's Name)			
FINANCIAL INSTITUTION NAME <u>Mytown Credit Union</u>			
4. ALLOTMENT INFORMATION Complete this section only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.			
TYPE OF ALLOTMENT (Check One) <input type="checkbox"/> Savings (whole dollar amounts only) <input type="checkbox"/> Discretionary or Third Party	TYPE OF ACCOUNT (Check One) <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING	ACTION (Check One) <input type="checkbox"/> START <input type="checkbox"/> CANCEL <input type="checkbox"/> CHANGE	AMOUNT (Check One) <input type="checkbox"/> INCREASE TO: <input type="checkbox"/> DECREASE TO: New Total \$ _____
ALLOTTEE NAME (person/company who will receive allotment) 			
ALLOTTEE'S ROUTING NUMBER Check Digit			
ALLOTTEE'S ACCOUNT NUMBER 			
ALLOTTEE'S ACCOUNT TITLE (Account Holder's Name) _____			
FINANCIAL INSTITUTION NAME _____			
5. AUTHORIZATION <div style="display: flex; justify-content: space-between; align-items: center;"> * <i>Jane Q Public</i> 6/22/07 </div> EMPLOYEE'S SIGNATURE DATE			
6. AGENCY USE:			

VETERANS RECRUITMENT APPOINTMENT AGREEMENT

1. I, John Q. Public (Name of employee) having been selected for a Veterans Recruitment Appointment to the position of Unit Administrator, GS-0303-07 in the 81st RSC (Position title/pay plan/series/grade) in the 81st RSC (Directorate/Command) agree to participate in appropriate training and/or education while serving under this appointment.

2. I understand that this training plan is to be prepared jointly by my supervisor and myself. Training and education included in the plan will be of a type meaningful to me, and consistent with the needs of the Department of the Army and will be attainable within two years.

3. I further understand that my appointment will be converted to a Career-Conditional Appointment within 30 days after I have completed two years of service, provided my performance has been satisfactory and the education/training on my plan has been satisfactorily completed.

4. I recognize that failure to meet conditions of this agreement may be grounds for removal from my position.

EMPLOYEE PRINTED NAME	EMPLOYEE SIGNATURE	DATE
John Q. Public	<i>John Q. Public</i>	5/3/11
FORT MCCOY FORM 423 FEB 2011		FM Form 423 JUL 2009 is Obsolete.
		PE v1.0

CONDITIONS OF EMPLOYMENT - TERM EMPLOYMENT

1. You are hereby offered a term appointment. This information is provided to help you understand the conditions of your employment.

2. Your appointment is term, not to exceed (NTE) 13 months because the need for your position is not permanent and there is no guarantee as to how long you may be employed. You may be employed up to the date indicated as the "NTE" date in your appointment documents, however, if funds or workload are no longer available you may be terminated at an earlier date. You may also be extended beyond the NTE date of your original appointment if the need for your term position is still appropriate and funds are available. There is no guarantee that any such extension will occur. If it becomes necessary to terminate your appointment before your NTE date, reduction-in-force procedures will be applied with appropriate advance notice.

3. Term employees must serve a one year trial period. Prior Federal civilian service may be credited toward completion of the trial period if certain criteria is met. Term employees with full or part-time work schedules are eligible for coverage under the Federal Employees Health Benefits Program, the Federal Employees Group Life Insurance Program, and the Federal Employees Retirement System.

4. This term appointment does not confer appointment eligibility for a permanent position. You must apply and be considered for permanent positions. If you are eligible to apply for jobs with an agency (e.g., Veterans Recruitment Appointment (VRA), Veterans Employment Opportunity Act (VEOA), reinstatement eligibility, etc.) you should apply accordingly.

5. Your signature below acknowledges your understanding of term employment.

PRINTED NAME:

Jane Q. Public

SIGNATURE

Jane Q. Public

DATE

5/3/11

CONDITIONS OF TEMPORARY EMPLOYMENT

You have been appointed to a position which is temporary and which has a Not-to-Exceed (NTE) date. Listed below are important facts concerning temporary appointments.

1. A temporary appointment is made for the period of time considered necessary to get a particular job done. However, there is no guarantee that the job will last the indicated period of time. Authority also exists to extend temporary appointments, but there is no guarantee that your temporary appointment will be extended. Temporary employees can be terminated at any time, with little or no prior notification.
2. If your appointment is for less than 90 days you will not accrue any annual leave. However, if your appointment is extended and continues without a break in service for more than 90 days, you will accrue annual leave based on your Service Computation Date (SCD). Your SCD gives you credit for prior creditable civilian and military service. If you have less than 3 years creditable service, you will accrue 4 hours of annual leave per pay period; 3 thru 14 years - 6 hours of annual leave per pay period; 15 years or more - 8 hours of annual leave per pay period. You will accrue 4 hours of sick leave per pay period regardless of your length of service. If your appointment is intermittent-on-call, you will not accrue any annual or sick leave, regardless of the length of appointment.
3. Regardless of the duration of your temporary appointment, you are not eligible for life insurance while serving on a temporary appointment.
4. You are also ineligible for health benefits until you complete one year of current continuous employment. After a year of current continuous employment, you may select health benefits for which you will be charged the full premium. We will notify you in writing when you become eligible. You will have the opportunity to enroll or decline the health benefits coverage within 31 days after becoming eligible.
5. If you are an intermittent-on-call employee, you are not eligible for health benefits, regardless of the duration of your appointment.
6. You are eligible for Within-Grade-Increases (WGI's) if you are employed in a Wage Grade (WG) position. You are not eligible for WGI's while you are employed in a temporary General Schedule (GS) position. WG intermittent-on-call employee's eligibility for a WGI is based on days actually worked.
7. WG intermittent-on-call employees do not receive night shift differential or holiday pay.
8. This temporary appointment does not confer Civil Service eligibility for appointment to permanent positions and there are no provisions under existing regulations for conversion to permanent positions. As a temporary employee, you cannot apply for permanent positions advertised under Merit Promotion Announcements unless you have a particular status specified in the announcement.

John Q. Public

Signature

6/22/07

Date

CONDITION OF EMPLOYMENT - CDL

THIS FORM MUST BE COMPLETED BY ALL INDIVIDUALS SELECTED FOR OR OCCUPYING POSITIONS THAT REQUIRE A COMMERCIAL DRIVER'S LICENSE (CDL).

PRIVACY ACT STATEMENT

AUTHORITY: Title 5 US Code Section 3301 chapter 3; Executive Order 9397, November 22, 1943 (SSN).

PRINCIPAL PURPOSE: To determine your qualifications for Federal employment.

ROUTINE USES: Make requests about you from other sources, former employers or schools. To check violations of law or other lawful purposes in connection with hiring or retaining you on the job, or issuing you a security clearance. To courts when lawfully required by Congress, the office of Management and Budget, or the General Services Administration.

DISCLOSURES: Disclosure of your Social Security Number is voluntary. However, failure to do so may result in your not receiving an accurate rating, which may hinder your chance for obtaining Federal employment.

PART I - CDL REQUIREMENTS - To be completed by supervisor

A. Please check the block annotating when the employee must have a CDL. If the employee is not required to have a CDL prior to entering on duty, annotate how many days that employee has to obtain a CDL.

- Prior to entering on duty.
Within ___ days after entering on duty.

B. The nature of work performed by the position requires a CDL with the following class requirements and endorsements (annotate class and endorsements required):

Class
Endorsements

PART II - EMPLOYEE ACKNOWLEDGEMENT

Due to the nature of work performed by the position you have been selected for, a CDL is required for you to perform your duties. As a result, maintaining a CDL is now a condition of your employment. This also requires mandatory drug and alcohol testing. Should you lose your CDL, or fail to take and/or pass a drug and alcohol test, you may be subject to removal from your civilian position.

I do hereby understand and concur with the condition of my employment.

John G Public
Signature

5/3/11
Date

PART III - EMPLOYEE SELF-CERTIFICATION OF CDL CLASS AND ENDORSEMENT. To be completed by employee.

A. CDL CLASS - Please check the class(es) for which you have a valid CDL:

- Class A - Any combination of vehicles with a gross weight rating of 26,001 or more pounds. In addition, any towed unit(s) must weigh more than 10,000 pounds.
Class B - A single vehicle with a gross weight rating of 26,001 or more pounds. In addition, any towed unit(s) must weigh less than 10,000
Class C - Any single vehicle, or combination of vehicles, that do not meet the definitions of classes A and B, but are designed to carry 16 or more passengers including the driver, or to transport hazardous materials.
NOTE: You cannot drive this class of vehicle without the endorsement for passengers or hazardous materials.
Class D - All vehicles outside of the CDL classification system. NOTE: Certain endorsements may apply.

B. CDL ENDORSEMENT - Please check the endorsement(s) for which you have a valid CDL:

- N - Tank Vehicles
H - Hazardous Materials
P - Passengers
Air - Air brakes

C. CDL INFORMATION - Please complete the following:

Commercial Driver's License Number: State Issued: Expiration Date (MDY)

A false answer to any question on this form may be grounds for not employing you or for dismissing you after you begin work. All statements are subject to investigation, including a check of your fingerprints, police records, and former employers. All the information you give will be considered in reviewing this form and is subject to investigation.

I CERTIFY that all of the statements made on this form are true, complete and correct to the best of my knowledge and belief, and are made in good faith.

PRINTED NAME: John G Public
SSN: 987-65-4321
DATE: 5/3/11
SIGNATURE: John G Public

**CONDITION OF EMPLOYMENT FOR CERTAIN CIVILIAN POSITIONS IDENTIFIED CRITICAL UNDER THE
DEPARTMENT OF THE ARMY DRUG-FREE FEDERAL WORKPLACE PROGRAM**

For use of this form, see DA PAM 600-85; the proponent agency is ODCSPER

1. FROM 63rd RRC 924th TC Det Fresno, CA	2. TO <i>(Employee name, title, series, and grade)</i> John Q. Public Unit Administrator, GS-303-7
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3. NOTICE TO APPLICANT OR CURRENT EMPLOYEE OF RANDOM DRUG TESTING UNDER THE DEPARTMENT OF THE ARMY DRUG-FREE FEDERAL WORKPLACE PROGRAM

- A. Your position, or the position for which you have applied, meets the criteria for random drug testing under the Department of the Army Drug-Free Federal Workplace Program. Performance of the duties of your position is sufficiently critical that screening to detect the presence of drugs is warranted as a requirement of your position. It is mandatory for your continued employment in this position that you refrain from the use of illegal drugs and submit to drug testing when directed.
- B. If you are an applicant and fail to sign this notice, you will not be selected for the position. If you sign this notice and later in the selection process refuse to submit to drug testing, or if illegal drug use is detected through a verified positive applicant drug test result, you will not be selected for the position. If selected, you will be subject to random drug testing on an unannounced basis as a condition of continued employment.
- C. If you are currently in a testing designated position (TDP), you may be subject to random drug testing on an unannounced basis no sooner than 30 days from receipt of this notice.
- D. The collection, handling, and testing of the urine sample will be conducted under chain-of-custody procedures established by the Department of Health and Human Services. The procedures used to test the urine specimens are very accurate and tightly monitored to ensure reliable results. The test results will be handled with maximum respect for individual confidentiality. In the event your specimen tests positive, you will be given an opportunity to submit medical documentation to a designated medical review officer that may support legitimate use of the specific drug(s) before any administrative action is taken.
- E. If you refuse to furnish a urine specimen or fail to report for testing as directed, you will be subject to the same range of administrative action as a verified positive test result for illegal drug use for failure to meet a condition of employment. If, by any means, illegal drug use is detected, you will be (1) immediately taken out of your TDP through reassignment, detail, or other personnel action to ensure that you do not occupy a TDP, and (2) referred to the Employee Assistance Program (EAP). In addition, you may be reassigned, demoted, or separated according to applicable regulations.
- F. If you believe you have a drug problem, you are encouraged to seek counseling and/or referral services by contacting the EAP *(provide name, address, telephone number of point of contact)*.

4. ACKNOWLEDGMENT OF RECEIPT: Your signature below acknowledges that you have read this notice.

a. EMPLOYEE'S SIGNATURE John Q. Public	b. DATE (YYYYMMDD) 20070622
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NOTE: If an employee refuses to sign the acknowledgment above, the supervisor must sign below, thereby certifying that a copy of the notice was provided to the employee.

5a. SUPERVISOR'S SIGNATURE	5b. SUPERVISOR'S TELEPHONE NUMBER AND FAX NUMBER
5c. SUPERVISOR'S E-MAIL ADDRESS	5d. DATE (YYYYMMDD)

OBLIGATED POSITION AGREEMENT

The position I have been selected for, Unit Administrator, GS-0303-07
(Position Title/Pay Plan/Series/Grade)

on TDA paragraph/line number 03/5 is an obligated position.

Position is located at: 81st / RSC
(Directorate/Command)

An obligated position is one to which an employee has statutory restoration rights based on active military service, compensable injury or disability when fully recovered, or return rights based on having served on an overseas tour(s). In accordance with 5 CFR 353 or AR 690-300, Chapter 352, the previous incumbent has reemployment rights to this position.

I have been advised and understand this means I may be displaced by reassignment or reduction in force procedures at a later time should the previous incumbent exercise his/her reemployment rights.

PRINTED NAME:	SIGNATURE	DATE
Jane Q. Public	Jane Q. Public	5/3/11

FORT MCCOY FORM 422 FEB 2011 FM Form 422 MAR 2009 is Obsolete PE v1.0

QUALIFICATION TO POSSESS FIREARMS OR AMMUNITION

PRIVACY ACT STATEMENT

AUTHORITY: 18 U.S.C. 922(g)(9); E.O. 9397.

PRINCIPAL PURPOSE(S): To obtain information to determine if you have been convicted of a crime of domestic violence which would disqualify you from shipping, transporting, possessing or receiving either Government-issued or private firearms or ammunition and to determine if reassignment, reclassification, detail or other administrative action is warranted. Your Social Security Number is solicited solely for purposes of verifying your identity.

ROUTINE USE(S): To the Department of Justice so that such information can be included in the National Instant Criminal Background Check System which may be used by firearm licensees (importers, manufacturers or dealers) to determine whether individuals are qualified to receive or possess firearms and ammunition.

DISCLOSURE: Mandatory for all personnel who are required to certify. Failure to provide the information may result in (1) (military only) the imposition of criminal or administrative penalties for failing to obey a lawful order, and (2) (civilian only) the imposition of administrative penalties, to include removal from Federal service. However, neither your answers nor information or evidence gained by reason of your answers can be used against you in any criminal prosecution for a violation of Title 18, United States Code, Section 922(g)(9), including (military only) prosecutions under the Uniform Code of Military Justice, based on a violation of Section 922(g)(9), for conduct which occurred prior to the completion of this form. The answers you furnish and any information resulting therefrom, however, may be used against you in a criminal or administrative proceedings if you knowingly and willfully provide false statements or information.

SECTION I - INSTRUCTIONS

An amendment to the Gun Control Act of 1968 (18 U.S.C. 922) makes it a felony for anyone who has been convicted of a misdemeanor crime of domestic violence to ship, transport, possess, or receive firearms or ammunition. It is also a felony for any person to sell or otherwise dispose of a firearm to any person so convicted.

The Department of Defense has, by policy, expanded the prohibitions contained in Title 18 Section 922(g)(9) to those military or civilian personnel who have felony convictions for crimes of domestic violence. Convictions of crimes of domestic violence do not include summary court-martial convictions, the imposition of nonjudicial punishment (Article 15, UCMJ), or deferred prosecutions (or similar alternative dispositions) in civilian courts. Furthermore, a person shall not be considered as having committed a "crime of domestic violence" for purposes of the firearms restriction of the Gun Control Act unless all of the following elements are present:

- (1) the person was convicted of a crime;
- (2) the offense has as its factual basis the use or attempted use of physical force, or threatened use of a deadly weapon;
- (3) the convicted offender was at the time of the offense:
 - (a) a current or former spouse, parent or guardian of the victim,
 - (b) a person with whom the victim shared a child in common,

- (c) a person who was cohabiting with or has cohabited with the victim as a spouse, parent, or guardian, or
- (d) a person who was similarly situated to a spouse, parent, or guardian of the victim;
- (4) the convicted offender was represented by counsel, or knowingly and intelligently waived the right to counsel;
- (5) if entitled to have the case tried by jury, the case was actually tried by jury or the person knowingly and intelligently waived the right to have the case tried by jury;
- (6) the conviction has not been expunged or set aside, or the convicted offender has not been pardoned for the offense or had civil rights restored, unless the pardon, expungement, or restoration of civil rights provides that the person may not ship, transport, possess or receive firearms.

If you have ever received a domestic violence conviction: (1) you may not possess any firearm or ammunition; and (2) you must return any Government-issued firearm or ammunition to your commander or immediate supervisor; and (3) you must take steps to relinquish possession of any privately owned firearms or ammunition. Furthermore, any previously issued authorization to possess a firearm or ammunition is revoked.

If you have any questions, or you are uncertain if you have such a conviction, you may wish to contact a legal assistance attorney, if eligible, or a private attorney, at your own expense.

SECTION II - QUALIFICATION INQUIRY *(Complete and return to your commander or immediate supervisor within 10 days of receipt)*

1. HAVE YOU EVER BEEN CONVICTED OF A CRIME OF DOMESTIC VIOLENCE AS DESCRIBED ABOVE: *(Initial and date)* **JP 5/3/11**

YES	NO X	I DON'T KNOW <i>(Provide explanation on reverse)</i>
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2. IF YOU ANSWERED "YES" TO THE FIRST QUESTION, PROVIDE THE FOLLOWING INFORMATION WITH RESPECT TO THE CONVICTION:

a. COURT/JURISDICTION	b. DOCKET/CASE NUMBER
c. STATUTE/CHARGE	d. DATE SENTENCED (YYYYMMDD)

3. **CERTIFICATION.** I hereby certify that, to the best of my information and belief, all of the information provided by me is true, correct, complete, and made in good faith. I understand that false or fraudulent information provided herein may be grounds for criminal and/or administrative proceedings, to include (if civilian) adverse action, up to and including removal, and (if military) disciplinary action under the Uniform Code of Military Justice. I further understand that I have a continuing obligation to inform my Commander or Supervisor should I be convicted of a crime of domestic violence in the future.

a. NAME <i>(Last, First, Middle Initial)</i> Public, John Q.	b. RANK/GRADE GS-7	c. SOCIAL SECURITY NUMBER 987-65-4321
d. ORGANIZATION 81st RSC	e. SIGNATURE <i>John Q. Public</i>	f. DATE SIGNED <i>(YYYYMMDD)</i> 20110503