



Department of Health and Human Services



This vacancy announcement is being advertised through the new HHS-wide QuickHire system. Because QuickHire will be used in advertising our vacancies we strongly encourage you to apply through this system. If you do not have access to the internet, we will be accepting hard copy applications for a short time. In order to be considered your hard copy application will be manually entered into the system. If you do not provide an e-mail account, one will be created for you and your new e-mail address and password will be sent to you. You may find out the status of your application by accessing this account. There are questions within this vacancy announcement that must be answered. Failure to answer any question may render your application incomplete. If you have questions please contact the Human Resources Specialist listed at the phone number or e-mail address listed.

Announcement Number: HHS-IHS-2005-0009  
Vacancy Description: Medical Records Technician, GS-675-5  
Open Period: 10/13/2004 - 10/26/2004  
Series/Grade: GS-0675-05  
Salary: \$26,699.00 TO \$34,714.00  
Promotion Potential: GS-05  
Hiring Agency: Indian Health Service  
Duty Locations: 1 vacancy in Browning, MT  
For more information, Contact: Bernice Hugs, 406-247-7216 [BAHumanResources@mail.ihs.gov](mailto:BAHumanResources@mail.ihs.gov)

Additional Information  
*Salary range listed above includes locality pay*

**POSITION DETAILS**

*Appointment Type:* Temporary NTE 1 year

*Work Schedule:* Full time

*Travel Required:* None

*Promotion Potential:* No

*Relocation Expenses:* Relocation expenses will not be paid. If there are no Indian preference eligible candidates within the commuting area and an Indian preference candidate is selected from outside the commuting area, relocation costs will be paid.

THE INDIAN HEALTH SERVICE IS COMMITTED TO EQUAL EMPLOYMENT WITHOUT REGARD TO RACE, RELIGION, COLOR, GENDER, NATIONAL ORIGIN, AGE, DISABILITY OR SEXUAL ORIENTATION. HOWEVER, IN ACCORDANCE WITH THE INDIAN PREFERENCE ACT (TITLE 25, U.S. CODE, SECTION 472 and 473). PREFERENCE IN FILLING VACANCIES IS GIVEN TO QUALIFIED INDIAN CANDIDATES.

**ORGANIZATIONAL LOCATION:**

HHS, IHS, Billings Area Indian Health Service, Blackfeet Service Unit, Browning, Montana

**AREA OF CONSIDERATION:** Local Commuting Area

**WHO MAY APPLY**

This vacancy announcement is used to fill appointments under Excepted Service Examining Plan, Merit Promotion Plan, and for Commissioned Officers. Please see the "How to Apply" Page for information on what information is required to apply under these authorities.

Excepted Service Examining Plan Candidates (ESEP) - Individuals entitled to Indian Preference who wish to be considered for excepted appointment in IHS, under authority of 5 CFR, Part 213, Schedule A 213.3116 (B)(8).

Merit Promotion Plan Candidates (MPP) - Current permanent competitive Federal status employees, reinstatement eligibles, and current IHS Indian Preference individuals and/or individuals who are eligible for excepted appointment in IHS under some other authority (e.g., handicapped authority, etc).

**Veteran's Preference - Preference eligible veterans.**

The policy of the IHS is to provide absolute preference to qualified Indian applicants and employees who are qualified and suitable for Federal employment. The Indian Health Service (IHS) by law is committed to affording employment preference to American Indian and Alaska Native candidates who meet the Secretary of the Interior's definition of Indian for appointment to vacancies within the IHS in accordance with established IHS policy as outlined in the Indian Health Manual Part 7, Chapter 3.

**THE FOLLOWING SPECIAL HIRING AUTHORITIES MAY ALSO BE UTILIZED:** Handicapped individuals, of former Peace Corps, VISTA, VRA eligible and 30% disabled veterans. Individuals who have special priority selection rights under the CTAP and ICTAP must be well qualified for the position to receive consideration. CTAP and ICTAP eligible candidates must be considered well qualified if: (1) Possesses the knowledge, skills and abilities which clearly exceed the minimum qualification requirements for the position. (2) Meets the basic qualification standards and eligibility requirements for the position. (3) Meets selective placement factor. (4) Be rated above minimally qualified candidates in accordance with the Indian Health Service Merit Promotion Plan. (5) Is physically qualified.

**DEFINITION OF WELL-QUALIFIED, AS DETERMINED IN THE BILLINGS AREA INDIAN HEALTH SERVICE:** Rating out at meeting at least a 3 or 4 on the majority of the KSA's for the position being filled. **EXAMPLE:** If there are 5 KSA's the applicant must have at least a 3 or 4 on three of the KSA's in order to be considered WELL QUALIFIED. CTAP and ICTAP candidates seeking eligibility must submit a copy of the agency notice, most recent performance rating and most recent SF-50 noting position, grade level and duty location. Please indicate on your application if you are applying as a CTAP or ICTAP eligible. This agency provides reasonable accommodations to applicants with disabilities. 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 on a case-by-case basis.

**COMMISSIONED OFFICERS:** May indicate their interest in being considered by submitting a resume or curriculum vitae. It is the responsibility of the Officer to submit sufficient information as stated on the "How to Apply" page to permit this office to determine whether you meet the qualification requirement.

**NOTE:** If you are a current permanent IHS employee with Indian Preference you may be considered under the Merit Promotion Plan (MPP) and Excepted Service Examining Plan (ESEP). You must indicate on your application your request to be considered under both plans. Temporary IHS employees, Bureau of Indian Affairs Excepted employees and other Indian Preference candidates will be evaluated under the Excepted Service Examining Plan. Other current permanent Federal employees or reinstatement eligible applicants, may be considered under the MPP and Open Competitive process.

**NOTE:** If you are a current permanent federal employee or reinstatement eligible individual you may be considered under the Merit Promotion Plan (MPP) and Delegated Examining. You must indicate on your application your request to be considered under both plans.

**DUTIES AND RESPONSIBILITIES:** Performs all functions necessary to ensure the accurate, timely coding/data entry, and processing of clinical data into the RPMS PCC of the IHS. Performs complex data entry functions for this on-line medical information system. Coordinates processing schedules with the Area PCC coordinator and performs the monthly data transmission activity, adjusting the transmission site parameters as necessary, in order to meet established Area and Headquarters deadlines. Provides PCC data entry functions, interacts with the ICD computer assisted coding systems, IHS and PCC coding conventions and procedures. Generates PCC visit review error reports (VRR) at regularly scheduled intervals and performs error resolution activities prior to the monthly data transmission, notifying the various departments. Maintains receipt logs and record count of all forms received to ensure all visits have been processed. Maintains the files of all forms processed and is responsible for maintaining complete confidentiality of all patient data and security of the information contained in the database.

**BASIC QUALIFICATIONS:**

**EXPERIENCE:** Candidates must meet time after competitive appointment, time in grade, legal, regulatory, qualification requirements.

**GS-5:** 1 year of specialized experience that equipped the applicant with the particular knowledge, skills, and abilities (KSA's) to perform successfully the duties of the position, and that is typically in or related to the position to be filled. To be creditable, specialized experience must have been equivalent to at least the next lower grade level. Applicants who have the 1 year of appropriate specialized experience, as indicated in the table, are not required by this standard to have general experience, education above the high school level, or any additional specialized experience to meet the minimum qualification requirements. Experience must have been equivalent to at least the GS-4 level.

- OR -

**EDUCATION:** If substituting education for experience you MUST submit a copy of your transcripts.

**GS-5:** 4 years above high school

**QUESTIONS REGARDING THIS ANNOUNCEMENT SHOULD BE REFERRED TO:**

Bernice Hugs

Telephone: 406-247-7216

Fax: 406-247-7251

(Fax all supporting documentation to this fax number within 72 hours of the closing date).

E-mail: [BAHumanResources@mail.ihs.gov](mailto:BAHumanResources@mail.ihs.gov)

**Material may be sent to:**  
**Billings Area Indian Health Service**  
**Attn: Human Resources**  
**P.O. Box 36600**  
**Billings, MT 59107**

**HOW TO APPLY:**

Choose one of the following forms to apply for this job.

**PLEASE SUBMIT ONE APPLICATION OR RESUME FOR EACH JOB YOU ARE APPLYING FOR.**

- Optional Application for Federal Employment (OF-612)
- Application for Federal Employment (SF-171)
- Resume or other written application format

ALL APPLICANTS MUST ENSURE THE APPLICATION YOU SUBMIT CONTAINS WITH THE FOLLOWING REQUIRED DOCUMENTATION. FAILURE TO SUBMIT ALL REQUIRED DOCUMENTATION WITH YOUR APPLICATION WILL RESULT IN YOUR APPLICATION BEING INCOMPLETE. APPLICANTS WITH INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED FOR THE POSITION.

**Your resume or other application format MUST contain the following information**

QUESTIONNAIRE FOR CHILD CARE POSITIONS BY THE CRIME CONTROL ACT OF 1990 must be submitted by ALL applicants. A YES to any of the questions may remove you from competition.

Indian Child Care Form

**JOB INFORMATION**

- Announcement number and lowest grade you wish to be considered for.
- To receive consideration under the Merit Promotion Plan and the Excepted Service Examining Plan you must submit a written request with your application.
- Full name, mailing address (with zip codes), day and evening telephone numbers.
- Social Security Number
- Country of citizenship
- Do any of your relatives work for the Agency or Government organization to which you are submitting your application? If so, please list name, relationship, location.*

**EDUCATION**

- Official Transcripts must be submitted

**WORK EXPERIENCE**

Give the following for your paid and non-paid work experience related to the job for which you are applying:

- Job title
- Duties
- Employer/Supervisor's name, address and/or telephone number
- Starting and ending dates of employment must include - month and year
- Average hours worked per week
- Indicate if we may contact your current supervisor

## **OTHER QUALIFICATIONS**

- Job related training courses (title and year)
- Job related skills, for example: other languages, computer software/hardware, tools, machinery, typing speed
- Job related certificates and licenses (if you are a licensed medical professional, submit a copy of your license to practice)

HONORS, AWARDS, AND SPECIAL ACCOMPLISHMENTS, FOR EXAMPLE: PUBLICATIONS, MEMBERSHIPS IN PROFESSIONAL OR HONOR SOCIETIES, LEADERSHIP ACTIVITIES, PUBLIC SPEAKING, AND PERFORMANCE AWARDS

*SUBMIT THE FOLLOWING DOCUMENTS ALONG WITH YOUR CHOSEN APPLICATION FORMAT IF YOU ARE IN ANY OF THE FOLLOWING CATEGORIES*

**INDIAN PREFERENCE** - Excepted Service Examining Plan-Verification of Indian Preference for Employment - MUST submit BIA form 4432

-Current Billings Area IHS employees may state that proof of Indian preference is on file in their Official Personnel Folder.

-CURRENT OR FORMER FEDERAL EMPLOYEE MUST SUBMIT MOST RECENT FINAL PERFORMANCE APPRAISAL RATING

FEDERAL EMPLOYEE - Merit Promotion Plan (Current, Former, or Displaced Employees)

-Current Federal Employees or Reinstatement Eligible Individuals must submit Notification of Personnel Action SF50-B, which shows #24 Tenure and #34 Position Occupied.

-Current Permanent Employees and Reinstatement Eligible Individuals must submit most recent FINAL performance appraisal rating.

-IF NO PERFORMANCE APPRAISAL IS AVAILABLE, APPLICANTS MUST PROVIDE WRITTEN JUSTIFICATION FOR ITS ABSENCE.

## **COMMISSIONED OFFICER**

-Current Billet description (if available)

-Submit a copy of your most recent Commissioned Officer Effectiveness Rating (COER).

## **VETERAN PREFERENCE**

-DD-214 Form (Honorable Discharge)

-Form SF-15, if claiming 10-point preference (must submit additional required documents listed on the SF-15)

THESE ITEMS MUST BE SUBMITTED TO RECEIVE PREFERENCE.

## **DELEGATED EXAMINING - (Outside of the Federal Government)**

-Current Federal Employees or Reinstatement Eligible Individuals must write on their application that they wish to be considered under Delegated Examining.

If this statement is not on the application and an SF-50 is received, the applicant will be considered under the Merit Promotion Plan.

*If you are submitting your application via the QuickHire website all supporting documentation must be received in our office within 72 hours of the closing date of the vacancy announcement. If you are submitting a hard copy application it must be received with supporting documentation in our office by the closing date of the vacancy announcement. You must include your e-mail address regardless of what process you use to apply. All correspondence regarding this vacancy announcement will be done via e-mail. It is advisable that you check your e-mail on a regular basis.*

Applications (resume and application questions) for this vacancy can be received on-line via the HHS Careers QuickHire web site before midnight Eastern Standard Time ([click here for current time](#)) on the closing date of this announcement. If you have any questions, please contact the Human Resources Specialist listed on this announcement.

*The HHS Careers QuickHire system simplifies the Federal application process by replacing the former KSA job-element statements with on-line self-assessment questions. Your resume and responses to the self-assessment questions are an integral part of the process for determining your basic and specialized qualifications for the position. Therefore, it is important to support your responses to the applicant assessment questions by providing examples of past and present experience when requested.*

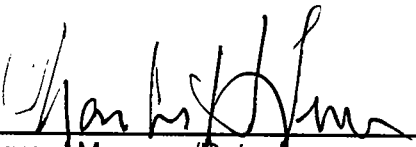
Additional details on the application process can be found at the end of this announcement.

The HHS QuickHire web site can be accessed at:

<https://jobs.quickhire.com/scripts/hhs.exe>

THIS IS NOT AN AEP TARGETED POSITION.

THE BILLINGS AREA INDIAN HEALTH SERVICE IS A SMOKE FREE WORK ENVIRONMENT.

  
\_\_\_\_\_  
Program Manager/Date 10/13/04

  
\_\_\_\_\_  
Human Resources Officer/Date 10/13/2004

This is a PREVIEW ONLY! To apply for the vacancy you will answer the questions online.

## Job Specific Questions

### Grade: 05

**\* 1. GS-5 Choose one answer that best describes your experience, education or combination of education and experience as related to the basic qualification requirements for this position:**

1. I have at least one year of specialized experience that has equipped me with the particular knowledge, skills and abilities to successfully perform the duties of the position. This experience is related to the work of the position and equivalent to at least the GS-04 level in the Federal service as described in the vacancy announcement.
2. I have completed four full years of education above high school level.
3. I have a combination of post-high school education and specialized experience that meets 100% of the qualification requirements for this position.
4. I do not meet any of the requirements described above.

### All Grades

**\* 1. Please describe your training/experience filing loose medical records material.**

1. I have not had education, training or experience in performing this task.
2. I have had education or training in performing this task, but have not yet performed it on the job.
3. I have performed this task on the job, with close supervision from supervisor or senior employee.
4. I have performed this task as a regular part of the job, independently and usually without review by supervisor or senior employee.
5. In addition to independently performing this task as a regular part of my job, I have supervised performance of this task and/or I have trained others in performance and/or am normally consulted by others as expert for assistance in performing task.

**\* 2. I am knowledgeable regarding State, Federal, Tribal and local laws, rules and regulations as they pertain to release of medical record information.**

Yes No

**\* 3. Of the following, please indicate which item best describes the concept of confidentiality.**

1. The right of individuals to control access to their personal health information.
2. The protection of healthcare information from damage, loss, and unauthorized alteration.
3. The expectation that personal information shared by an individual with a healthcare provider during the course of care will be used only for its intended purpose.
4. The expectation that only individuals with the appropriate authority will be able to have access to healthcare information.

**\* 4. Please indicate which of the following is the most effective way to correct an error in a medical record.**

1. The correction should be dated and signed or initialed.
2. The reason for the change should be noted.
3. The incorrect information should be obliterated.

4. The word error should be printed at the top of the entry.

**\* 5. Please indicate which of the following Laws you have experience with.**

Check all that apply

1. Privacy Act 1974
2. HIPAA-1996 Health Insurance Portability and Accountability Act
3. FOIA-Freedom of Information Act
4. IHClA-Indian Health Care Improvement Act
5. None of the above

**\* 6. Are you knowledgeable in the use of terminal digit filing?**

Yes No

**\* 7. Please indicate which of the following RPMS function(s) you have experience with.**

Check all that apply

1. PCC Data Entry
2. Admitting a patient
3. Discharging a patient
4. Transferring a patient
5. Running PCC Reports
6. V-Gen Reports
7. P-Gen Reports
8. Q-Man Reports
9. Patient Registration Reports
10. None of the above

**APPLICANT GUIDANCE:**

Please be sure to allow yourself adequate time to apply for this vacancy. We recommend that you review the questions for this announcement before you start the application process. The system will not save your responses unless you finish all of the questions for the specific grade level for which you are applying. If you wish to save your answers and return to your application at a later time, then you must respond to all of the questions for the specific grade level.

**HOW TO SAVE YOUR ANSWERS:** The QuickHire system only saves responses on a screen-by-screen basis. What does that mean? Each time you reach AND select a "Continue" or "Finish" button at the bottom of the page, the system saves the answers on that screen. All questions up to that button must have an answer, or an error message will be created. **WHAT IF YOU EXIT THE APPLICATION AND DON'T ANSWER ALL OF THE QUESTIONS BEFORE THE "CONTINUE" OR "FINISH" BUTTON?** Those answers on that screen will not be saved!!



## User Information

You only need to provide this information once, but you can revise it at any time if you choose to do so. Your information will be stored as HHS applicant data and used each time you apply for specific vacancies.

You must answer all of the online application registration questions even if you think some of them might not pertain to the type of jobs you normally will be applying for. The registration process is designed to solicit basic information from a wide variety of potential applicants (e.g. merit promotion, new competitive appointments, special appointing authorities for veterans, etc.). This limits the number of additional questions you must answer in response to individual vacancy announcements.

First Name

MI

Last Name

Date of Birth

SSN  (Format: nnn-nn-nnnn)

Note: Your Social Security Number (SSN) is required under authority of Executive Order 9397 to uniquely identify your record from other applicants' records who may have the same name. As allowed by law or Presidential directive, this number may also be used to seek information about you from employers, schools, banks and others who may know you. Providing your SSN is voluntary, but we cannot process your application without it.

Address1

Address2

City

State

Zip Code

Plus 4

Phone  (Format: nnn-xxx-nnnn)

Email

Enter only ONE Internet E-Mail Address (example: john\_doe@company.com)

Password  (Minimum 5 characters)

Password Confirm

Secret Question

Secret Answer  (Minimum 5 characters, Maximum 25 characters)

I am a US Citizen.  I am NOT a US Citizen.

## Military Service and Veteran Preference

1.  Not a veteran.
2.  30 percent or more compensably disabled veteran.
3.  10-point compensable veteran. You must have an existing compensable service-connected disability of 10 percent or more.
4.  Other 10-point veteran. You must be one of the following:
  - a. A disabled veteran or a veteran who was awarded the Purple Heart for wound or injuries received in action.
  - b. A veteran's widow or widower who has not remarried.
  - c. The wife or husband of a veteran who has a service-connected disability which disqualified the veteran for civil service appointments.
  - d. The widowed, divorced or separated mother of an ex-service son or daughter who died in action, or who is totally and permanently disabled.
5.  5-point veteran. You must have been discharged under honorable conditions and had one of the following:
  - a. Active duty in the Armed Forces of the United States, in a war, or during the period 4/28/52-7/1/55.
  - b. Active duty for more than 180 consecutive days other than for training, any part of which occurred during the period beginning 2/1/55 and 10/14/76.
  - c. Active duty during the Gulf War sometime between 8/2/1990 - 1/2/1992
  - d. Active duty in a campaign or expedition for which a campaign badge has been authorized.
6.  Had active duty or reserve service which does not meet any of the above.

If you answered 2,3,4,5 or 6 above stating that you are a veteran, you must supply service dates below:

**Start of Service:**

**End of Service:**

FULL NAME

MAILING ADDRESS

DAY AND EVENING TELEPHONE NUMBERS (With area code)

EDUCATION - (Some jobs may require certain coursework which will be asked in the questions related to that job.)

**IMPORTANT NOTE:** - Read the vacancy announcement's application instructions to determine if you will need to submit copies of your college transcripts and/or foreign education accreditation certification, if applicable, before the closing date of the announcement, as part of the application process. If announcements do not require college documentation as part of the application process, you may be required to submit a copy of your college transcript and foreign education accreditation certification prior to interview and selection if the position you apply for requires proof of education.

Education information that should be included (if required):

- High School - Name, City, State, Date of diploma or GED
- College/University - Name, city, State
- Majors
- Type and year of any degrees received
- Total credits earned and indicate whether semester or quarter hours
- Vocational/trade/business or technical School - Name. City. State. Date of certificate or

graduation.

**WORK EXPERIENCE** - (Include paid and nonpaid job-related work experience. List your most recent or jobs first, and work back.) Job title and grade level if Federal employment

Duties and accomplishments

Employer's name and address

Supervisor's name and telephone number

Starting and ending dates (month and year)

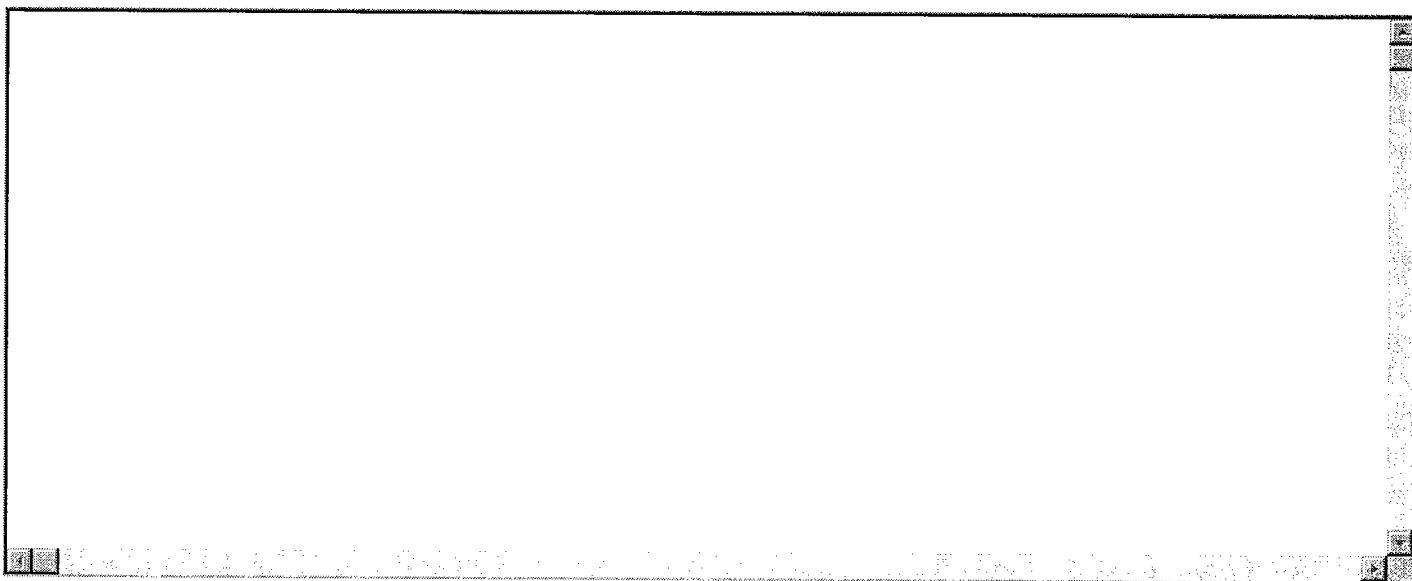
Hours worked per week

Salary

**OTHER QUALIFICATIONS** (Include job-related training courses; Job-related skills such as typing speed, computer software/hardware tools, other languages, etc.; Job-related honors, awards, special accomplishments, publications, memberships in professional or honor societies, leadership activities, and performance awards).

**Resume:** The maximum value for this text area is 16,000 characters including hidden characters like new line, tabs, etc. You may check your resume length by clicking the button below.

Note: Some text editing programs are not taking the hidden characters into account.



Reminders: 1) You may come back as a Registered User at any time to input and/or update your resume using the "Edit Personal Information/Resume" radio button. 2) You must have a resume in the online application by the time a specific vacancy closes to be considered for that position. 3) We do not accept resumes by E-mail.

### **Notification Preferences**

1.  I would NOT like to be notified by email about new job postings.
2.  I would like to be notified by email about ALL new job postings.
3.  I would like to be notified by email about new job postings that meet my specified email notification criteria.  
(Email notification criteria will be selected on the next page.)

**If you indicated you want to be notified about job openings, you will be notified from now on about any new jobs that open up or existing jobs that are updated, however you will need to scan the web site now to see what jobs are currently available. Being**

**notified is dependent on having entered a valid e-mail address. Please be sure your e-mail address is correct.**

All Questions require a response to be considered for any position.

**Questions with an \* are required to proceed to the next page.**

**\*1. Are you a veteran who was separated from the armed forces under honorable conditions after completing an initial continuous tour of duty of 3 years (may have been released just a few days short of three (3) years)?**

1.  Yes
2.  No

(Note: If yes, and if you claim veterans preference you will need to provide a copy of your DD-214, Certificate of Release or Discharge from Active Duty, or other proof of eligibility by the deadline mentioned in the vacancy announcement. Additionally, persons claiming 10 point preference will need to submit SF-15.)

**\*2. Individuals who have retired from active military service with a disability rating of thirty (30) percent or more OR who have been rated by the Department of Veteran Affairs (VA) within the proceeding twelve (12) months as having a compensable service-connected disability of thirty (30) percent or more are eligible for a noncompetitive temporary appointment for more than sixty (60) days or a term appointment. Are you eligible for such appointments?**

1.  Yes
2.  No

(Persons claiming ten (10) point preference will need to submit an SF-15 and a supporting letter from the Department of Veteran Affairs (VA) indicating a rating by the VA within the preceding twelve (12) months as having a compensable service-connected disability by the closing date mentioned in the announcement.)

**\*3. Individuals who have served in the Armed Forces on active duty for more than one hundred and eighty (180) days, in the past ten (10) years and have been separated under condition other than dishonorable are eligible for a Veterans Readjustment Appointment (VRA). If you are a current federal civilian employee, are you serving under a Veterans Readjustment Authority (VRA) appointment?**

1.  Yes
2.  No

Individuals who have served in the Armed Forces on active duty for more than one hundred and eighty (180) days, in the past ten (10) years and have been separated under condition other than dishonorable are eligible for a Veterans Readjustment Appointment (VRA). (Note: the 180 day active duty service in the past 10 years requirement does not apply to veterans having a compensable service connected disability).

**\*4. If you are currently a Federal civilian employee, by what agency and organization are you employed?**

1.  Administration for Children and Families, HHS
2.  Administration on Aging, HHS
3.  Agency for Healthcare Research and Quality, HHS
4.  Agency for Toxic Substances and Disease Registry, HHS
5.  Centers for Disease Control and Prevention, HHS
6.  Centers for Medicare and Medicaid Services, HHS
7.  Food and Drug Administration, HHS
8.  Health Resources and Services Administration, HHS
9.  Indian Health Service, HHS
10.  National Institutes of Health, HHS
11.  Office of the Secretary of Health and Human Services, HHS
12.  Program Support Center, HHS
13.  Substance Abuse and Mental Health Services Administration, HHS
14.  I am not a current Federal employee
15.  I work for another agency within the Federal Government

**5. If you indicated that you work for another agency within the Federal Government, please specify the agency and organization.**

\*Maximum length 50 Characters

**6. If your position is covered by an HHS bargaining unit, please indicate to which bargaining unit it belongs.**

1.  National Treasury Employees Union (NTEU)
2.  American Federation of Government Employees (AFGE)
3.  National Alliance of Postal and Federal Employees (NAPFE)
4.  Other
5.  Not Applicable

**7. If you are a current Federal employee, what is your current duty station [City,State]?**

\*Maximum length 250 Characters

**\*8. If you are currently a Federal employee (or Commissioned Corps Officer/Applicant), under what type of appointment are you serving?**

1.  Permanent-Career, competitive service
2.  Career-Conditional, competitive service
3.  Temporary (Time-Limited Appointment - not to exceed one (1) year)
4.  Temporary Promotion
5.  Term (Time-Limited Appointment - more than one (1) year, not more than four (4) years).
6.  TAPER (Worker-Trainee Program)
7.  Student Career Experience Program (SCEP)
8.  Student Temporary Employment Program (STEP)
9.  Veterans Readjustment Act (VRA)
10.  Title 42, Excepted Service
11.  PHS Commissioned Officer (This includes active duty officers, inactive reserve officers, and applicants who have been approved for commissioning in the USPHS Commissioned Corps)
12.  Excepted Service (PMI, VRA, Disability, etc)
13.  Other
14.  Not Applicable

**9. If you selected "Other" in the above question, please enter the type of appointment you are currently serving.**

\*Maximum length 250 Characters

(Note: If you are unsure, refer to your most recent Notification of Personnel Action (SF-50) or ask your servicing personnel specialist.)

**10. Are you a student appointee under the Student Career Experience Program (SCEP) who has completed all requirements for graduation and conversion under the SCEP appointing authority and is in the 120 day period for conversion to term, career or career-conditional appointment?**

1.  Yes
2.  No

**\*11. If you are NOT currently serving in the competitive service as a permanent career or career conditional Federal employee, are you eligible for reinstatement?**

- 1.  Yes
- 2.  No
- 3.  Not Applicable

(Note: For more information on reinstatement eligibility, refer to: <http://www.usajobs.opm.gov/ei2.asp>).

**12. If you are, or ever were, a Federal civilian employee, please indicate pay plan and series of the highest graded position you held (as an example GS-0341):**

\*Maximum length 8 Characters

(You will need to submit an SF-50 by the deadline mentioned in the vacancy announcement.)

**13. If you are, or ever were, a Federal civilian employee, please indicate the grade level of the position referenced in the above question:**

- 1.  Not Applicable
- 2.  01
- 3.  02
- 4.  03
- 5.  04
- 6.  05
- 7.  06
- 8.  07
- 9.  08
- 10.  09
- 11.  10
- 12.  11
- 13.  12
- 14.  13
- 15.  14
- 16.  15
- 17.  00 - ES

**14. If you are, or ever were, a Federal civilian employee, please indicate the dates of the highest graded position or appointment you held (MM-YYYY**

**to MM-YYYY, MM-YYYY to Present, or NA if Not Applicable):**

\*Maximum length 50 Characters

(Note: Time-In-Grade restrictions apply in relation to advancement to General Schedule positions of employees in the competitive service.)

**15. If you are, or were, a Federal employee who held a permanent position in the competitive service, what is the highest GS equivalent full performance level/promotion potential of that position?**

1.  NA (this includes excepted service employees such as AD pay plan)
2.  01
3.  02
4.  03
5.  04
6.  05
7.  06
8.  07
9.  08
10.  09
11.  10
12.  11
13.  12
14.  13
15.  14
16.  15
17.  00 - ES

**\*16. If you are a male at least 18 years of age, born after December 31, 1959, have you registered with the Selective Service System?**

1.  Yes
2.  No
3.  No, but I have an approved exemption
4.  Not Applicable

(Note: You will be asked to provide a copy of the exemption by the deadline mentioned in the vacancy announcement.)

**17. Are you a retiree receiving a Federal annuity, either military or civilian?**



1.  Yes
2.  No

(Note: If you are an annuitant, your salary or annuity may be reduced upon employment.)

**\*18. Have you accepted a buyout from a Federal agency within the past five (5) years?**

1.  Yes
2.  No

**\*19. Are you eligible for noncompetitive appointment under a Special Appointing Authority (e.g. Outstanding Scholar, present or former Peace Corps personnel, current Postal Service personnel, etc)?**

1.  Yes
2.  No

(For information on Special Appointing Authorities, see the [OPM](#) website. You must provide supporting documentation at the time you are applying to a position.)

**20. If you are eligible for noncompetitive appointment under a Special Appointing Authority, what authority are you applying under?**

\*Maximum length 50 Characters

**21. Are you eligible for the Federal Employment Program for Persons with Disabilities? (For information on Schedule A appointments, see the [OPM](#) website.)**

1.  Yes
2.  No

**\*22. Are you eligible for Indian preference as defined by the Department of the Interior (DOI) and as evidenced by Bureau of Indian Affairs (BIA) certification?**

1.  Yes
2.  No

(Note: Persons who established preference in a previous appointment and who were employed by the Indian Health Service (IHS) or the BIA as of February 16, 1978, will continue to be preference eligibles as long as they are continuously employed by the IHS and/or the BIA.)

**\*23. Are you eligible for preference based on being a PL 437 Scholarship recipient?**

1.  Yes
2.  No

**\*24. Displaced employee information:**

1.  I am an employee of the Department of Health and Human Services who has been declared surplus or displaced AND I am requesting special selection priority under the HHS` Career Transition Assistance Plan (CTAP)?
2.  I am a displaced employee from another Federal agency and eligible for selection preference based on the Interagency Career Transition Assistance Plan (ICTAP)?
3.  I am not a displaced employee from a Federal Agency.

(Note: If you are eligible for one of these plans, you will need to provide a copy of RIF separation notice, proposed removal for declining a directed reassignment outside of the local commuting area, or other official notification granting eligibility by the deadline mentioned in the vacancy announcement. Follow the links listed below for ICTAP and CTAP eligibility and supporting documentation requirements: for CTAP eligibility:

[http://www.opm.gov/deu/Handbook\\_2003/DEOH-CTAP.asp](http://www.opm.gov/deu/Handbook_2003/DEOH-CTAP.asp) for ICTAP eligibility:

[http://www.opm.gov/deu/Handbook\\_2003/DEOH-ICTAP.asp](http://www.opm.gov/deu/Handbook_2003/DEOH-ICTAP.asp)

**25. If you are a displaced employee, please indicate the pay plan and grade level of the position from which you were separated.**

\*Maximum length 8 Characters

**26. What was the duty location of the position (City, State)?**

\*Maximum length 50 Characters

**Demographic Information**

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Applicant Background Survey**

This survey is used to collect and analyze data involving race, sex, disability and national origin from applicants for employment. The information you provide will be used for statistical purposes only and will not in any way affect you individually. While completion of this form is voluntary, your cooperation is important to help ensure accurate information regarding employment practices. We ask you answer each of the questions to the best of your ability. Read each item thoroughly before selecting the appropriate response.

**1. Ethnicity:**

1.  Hispanic or Latino -a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

- Not Hispanic or Latino

## 2. Race:

Check all that apply

- American Indian or Alaska Native - a person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment.
- 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, or Vietnam.
- Black or African American - a person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander - a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands.
- White - a person having origins in any of the original peoples of Europe, the Middle East, or North America.

## 3. Gender:

- M - Male
- F - Female

**4. A person is disabled if he or she has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment.**

Check all that apply

- I do not have a disability.
- Deaf
- Blind
- Missing extremities
- Partial paralysis
- Complete paralysis
- Convulsive disorder
- Mental retardation
- Mental or emotional illness
- Severe distortion of limbs and/or spine
- I have a disability, but it is not listed

## **PRIVACY ACT AND PAPERWORK REDUCTION STATEMENT**

**Privacy Act Information:** This information is provided pursuant to Public Law 93-579 ("Privacy Act of 1974") for individuals completing Federal records and forms that solicit personal information. The authority is Title V of the U.S. Code, sections 1301, 3301, 3304, and 7201. **Purpose and Routine Uses:** This form is maintained in Privacy Act system records 09-90-0006, Applicants for Employment Records, HHS/OS/ASMB. The information in this survey is used solely for research and for statistical purposes to help ensure that agency personnel practices meet the requirements of Federal law. No other uses will be made of this information. This form will be separated from other application materials upon receipt. **Effects of Non-Disclosure:** Providing this information is voluntary; no individual personnel selections are made based on this information. **Paperwork Reduction Act Statement:** 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 current valid OMB control number. Public reporting burden for this collection of information is estimated to vary from one to three minutes with an average of two minutes per response, including time for reviewing instructions, and completing and reviewing the collection of information..

**THE DEPARTMENT OF HEALTH AND HUMAN SERVICES IS AN EQUAL OPPORTUNITY EMPLOYER**

# REQUIRED APPLICATION QUESTIONNAIRE FOR CHILD CARE POSITIONS

NAME (PLEASE PRINT) \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

JOB TITLE IN ANNOUNCEMENT \_\_\_\_\_

ANNOUNCEMENT NUMBER \_\_\_\_\_

**CITIZENSHIP:**

Are you a U.S. Citizen? YES  NO  If no, give the country of your citizenship.

Section 231 of the Crime Control Act 1990, Public Law 101-647, requires that employment applications for Federal child care positions contain a question asking whether the individual has ever been arrested for or charged with a crime involving a child and for the disposition of the arrest or charge

Section 408 of the Miscellaneous Indian Legislation, Public 101-630, contains a related requirement for positions in the Department of Health and Human Services that involve regular contact with or control over Indian children. The agency must ensure that persons hired for these positions have not been found guilty of or pleaded nolo contendere to violent crimes.

**PERSONS APPOINTED TO POSITIONS WITH THE INDIAN HEALTH SERVICE CONSIDERED TO HAVE REGULAR CONTACT WITH OR CONTROL OVER INDIAN CHILDREN SHALL NOT HAVE BEEN FOUND GUILTY OF, OR ENTERED A PLEA OF NOLO CONTENDERE OR GUILTY TO, ANY FELONIOUS OFFENSE, OR ANY OF TWO OR MORE MISDEMEANOR OFFENSES UNDER FEDERAL, STATE, OR TRIBAL LAW INVOLVING CRIMES OF VIOLENCE; SEXUAL ASSAULT, MOLESTATION, EXPLOITATION, CONTACT OR PROSTITUTION; OR CRIMES AGAINST PERSONS; OR OFFENSES COMMITTED AGAINST CHILDREN. RESPONDING "YES" TO EITHER OF THE FOLLOWING QUESTIONS, OR FAILURE TO PROVIDE COMPLETE INFORMATION MAY CONSTITUTE REASON TO CONSIDER YOU INELIGIBLE FOR THE POSITION IDENTIFIED ABOVE.**

Have you ever been arrested for or charged with a crime involving a child? *[If "YES" provide the information requested below]* **YES** **NO**

| Date (mo/yr) | Charge | Felony/ Misdemeanor | Disposition | City/State of charge/crime | Police Dept/ Court |
|--------------|--------|---------------------|-------------|----------------------------|--------------------|
|              |        |                     |             |                            |                    |
|              |        |                     |             |                            |                    |
|              |        |                     |             |                            |                    |

Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any offense under Federal (this includes military service), State (this includes municipalities), or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; or crimes against persons? *[If "YES" provide the information requested below]* **YES** **NO**

| Date (mo/yr) | Charge | Felony/ Misdemeanor | Disposition | City/State of charge/crime | Police Dept/ Court |
|--------------|--------|---------------------|-------------|----------------------------|--------------------|
|              |        |                     |             |                            |                    |
|              |        |                     |             |                            |                    |
|              |        |                     |             |                            |                    |

I certify that (1) my response to these questions is made under penalty of perjury, which is punishable by fines of up to \$10,000 or 5 years Imprisonment, or both; and (2) I have received notice that a criminal check will be conducted. I understand my right to obtain a copy of any criminal history report made available to the Indian Health Service and my right to challenge the accuracy and completeness of any information contained in the report.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

SIGNATURE AND CURRENT DATE REQUIRED