

VACANCY INFORMATION



Announcement Number: HHS-IHS-2005-0012

Vacancy Description: Pharmacy Technician, GS-661-5

Open Period: 10/14/2004 - 10/27/2004

Series/Grade: GS-0661-05

Salary: \$26,699.00 TO \$34,714.00

Promotion Potential: GS-05

Hiring Agency: Indian Health Service

Duty Locations: 1 vacancy in Ft. Washakie, WY

For more information, Contact: Bernice Hugs, 406-247-7216
BAHumanResources@mail.ihs.gov

Additional Information

Salary range listed above includes locality pay

POSITION DETAILS

Appointment Type: TERM Not to Exceed 2 Years

Work Schedule: Full time

Travel Required: None

Promotion Potential: None

Relocation Expenses: None

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, Wind River Service Unit, Fort Washakie, Wyoming

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: Will assist any pharmacists with preparing medication orders for dispensing to patients as needed. Responsible for monitoring the Pharmacy Point of Sale Third-Party Collection System, which includes following up on rejected claims, correcting claim errors, and resubmitting claims as necessary. Repackaging pharmaceuticals with proper labeling/documentation for use in the clinic pharmacies. Stocks shelves in pharmacies, nursing stations, and treatment rooms. Incumbent is responsible for maintaining inventory levels for all areas mentioned. The incumbent will use the Prime Vendor computer system to place orders, and also receive the merchandise, check it in, and place in on pharmacy shelves. Inventories issued stock in pharmacy every month. The incumbent is responsible for conducting a monthly inspection of all drug storage areas in the clinic. Will assist or be responsible for bulk compounding of special ointments/creams or solutions for use in the clinic. Assist the pharmacists or supply department in identifying, storing, and returning of expired drugs to manufacturers or licensed processor companies for credit or destruction on a quarterly basis. Maintains Statistics of activities previously mentioned for use in completing data for the pharmacy workload reports.

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, 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-5 level. Qualifying specialized experience may have been gained in hospital pharmacies, retail pharmacies, or in pharmaceutical firms or laboratories. Experience must have provided a basic knowledge of:

- Pharmaceutical nomenclature;
- Characteristics, strengths, and dosage forms of pharmaceuticals;
- Pharmaceutical systems of weights and measures; and the
- Variety of procedures and techniques involved in the care, storage, repackaging, bulk compounding, and distribution of pharmaceuticals.

- OR -

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

GS-5: Successful completion of a full 4-year course of study leading to a bachelor's degree with major study in pharmacy, or that included at least 24 semester hours in pharmacy-related courses.

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

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.
- Do any of your relatives work for the Agency or Government organization to which you are submitting you application? If so, please list name, relationship, location.

PERSONAL INFORMATION

- Full name, mailing address (with zip codes), day and evening telephone numbers.
- Social Security Number
- Country of citizenship

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://jo](https://jobs.quickhire.com/scripts/hhs.exe)

[bs.quickhire.com/scripts/hhs.exe](https://jobs.quickhire.com/scripts/hhs.exe)

ADDITIONAL DETAILS ON USING THE HHS CAREERS QUICKHIRE SYSTEM

1. If you have never used the HHS Careers QuickHire system you will need to register as a new user. Registration will involve entering your resume into the system and responding to a series of core questions that will allow the HR specialists to evaluate your background for basic employment eligibility.

2. Once you have completed the registration process you must locate and view the vacancy you wish to apply for on the HHS Careers QuickHire system. Scroll down to the end of the vacancy announcement and select the "Apply to this Vacancy" button. Answer ALL questions that follow. You must click on the "Finished" button at the bottom of the screen to be considered for a specific position. Upon completing the application process you will receive an electronic acknowledgement that your application has been successfully transmitted. Select the "I would like a copy of the questions and my responses sent to my e-mail account." option to have your responses emailed to you.

NOTE: We encourage you to select the "View Vacancy Questions" button so you may preview the vacancy questions prior to applying for this position.

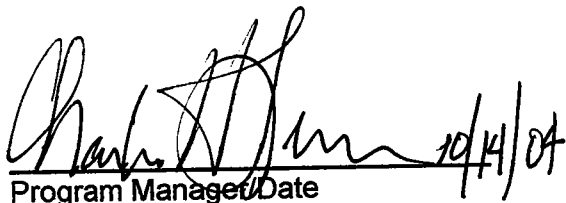
To be considered for this position, all applicable materials must be received by this office. If any part of the application is incomplete you will not be considered. You must provide the required user information (including your resume in the designated section), as well as responses to the questions specific to the vacancy in order to receive consideration.

APPLICATIONS (RESUME AND APPLICATION QUESTIONS) MUST BE RECEIVED ON-LINE VIA THE QUICKHIRE WEB SITE BEFORE MIDNIGHT EASTERN TIME ON THE CLOSING DATE OF THIS ANNOUNCEMENT. PLEASE SEE BELOW FOR DETAILS ON USING THE QUICKHIRE SYSTEM. THE QUICKHIRE WEBSITE 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


Human Resources Officer/Date

USER INFORMATION

Please note: Your SSN and birthdate are used only by the Human Resources staff to uniquely identify you. This information is only available to those directly involved in the hiring process. All fields with an * require a response to be considered for employment.

* **First Name:** _____

MI: _____

* **Last Name:** _____

* **Date of Birth:** _____ (Format MM/DD/YYYY)

* **SSN:** _____ (Format XXX-XX-XXXX)

* **Address1:** _____

Address2: _____

* **City:** _____

* **State:** _____

* **Zip Code:** _____

Plus 4: _____

* **Phone:** _____ (Format XXX-XXX-XXXX)

* **Email:** _____ Enter only ONE
E-Mail Address(example: john_doe@company.com)

Complete all questions as provided. Circle your response or provide information indicated. Questions with an * require a response to be considered for employment.

* **Are you a US Citizen?** Yes No

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: _____ (Format MM/DD/YYYY)

End of Service: _____ (Format MM/DD/YYYY)

RESUME

FOR CONSIDERATION FOR EMPLOYMENT, YOU MUST ATTACH YOUR RESUME. YOU MAY ATTACH YOUR RESUME TO THIS PAGE. YOUR RESUME CANNOT EXCEED 16,000 CHARACTERS. PLEASE ENSURE THAT YOU HAVE THE FOLLOWING INFORMATION IN YOUR RESUME.

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 relating to that job.) 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 (Note: You may be asked to submit a copy of your college transcript prior to interview and selection if the position you apply for requires proof of education.)

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 job 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).

CORE QUESTIONS

Complete all questions as provided. Circle your response or provide information indicated. Questions with an asterisk require a response to be considered for employment.

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 preceding 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. If you are a current Federal civilian employee, are you serving under a VRA Appointment as defined by the categories below?

1. Yes
2. No

The following individuals are eligible for a Veterans Recruitment Appointment (VRA):

- Disabled veterans;
- Veterans who served on active duty in the Armed Forces during a war declared by Congress, or in a campaign or expedition for which a campaign badge has been authorized;

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- Veterans who, while serving on active duty in the Armed Forces, participated in a military operation for which the Armed Forces Service Medal was awarded; **and**
- Veterans separated from active duty within the past 3 years. There is no minimum service requirement, but the individual must have served on active duty, not active duty for training.

For additional information, go to <http://www.usajobs.opm.gov/ei4.asp>

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)
- Department of Health and Human Services Employment Packet

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 appropriate Bureau of Indian Affairs (BIA) authorized certification?**

1. Yes

2. No

(Note: All applicants responding "yes" to this question must provide a copy of their Indian preference certification with appropriate authorized signatures to the hiring office. To be considered a "preference" eligible within the Indian Health Service, an applicant claiming Indian preference must submit a copy of a properly completed & signed form BIA 4432 ("Verification of Indian Preference for employment in the BIA and the IHS Only") certifying that he/she is an Indian as defined by the IHS Manual Part 7 Chapter3. The Servicing Personnel Office will then determine verification of Indian preference. You must submit this documentation by the deadline mentioned in the vacancy announcement.) For more information, please click [here](#).

*** 23. Are you eligible for preference based on being a Public Law 94-437 Indian Health Service Scholarship recipient? For more information, please click [here](#).**

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 for ICTAP eligibility: 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 throughly 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.
2. Not Hispanic or Latino

2. Race:

Circle all that apply

1. 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.
2. 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.
3. Black or African American - a person having origins in any of the black racial groups of Africa.
4. Native Hawaiian or Other Pacific Islander - a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands.
5. White - a person having origins in any of the original peoples of Europe, the Middle East, or North America.

3. Gender:

1. M - Male
2. 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.

Circle all that apply

1. I do not have a disability.
2. Deaf

3. Blind
4. Missing extremities
5. Partial paralysis
6. Complete paralysis
7. Convulsive disorder
8. Mental retardation
9. Mental or emotional illness
10. Severe distortion of limbs and/or spine
11. 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

GRADE and LOCATION SELECTION

This position may be offered at multiple grade levels. To better determine your eligibility you can opt in for the grades for which you would like to compete. You will be considered separately for each grade you select. Select from the list

below. Questions with an * require a response to be considered for employment.

* 1. Please indicate the grade(s) for which you wish to be considered. *(Must Answer)*

1. 05

To better match applicants with location preferences, indicate location preferences below.

* 2. Please indicate the locations for which you wish to be considered. *(Must Answer)*

Circle all that apply

1. 1 vacancy in Ft. Washakie, WY

VACANCY QUESTIONS

All Grades Questions

Complete all questions as provided. Circle your response or provide information indicated. Questions with an * require a response to be considered for employment.

*

*

1. Please select the statement that most closely describes your experience in maintaining pharmacy storeroom stocks.

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. Please select the statement that most closely describes your experience with repackaging drugs, maintaining control logs and generating labels.

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.

*

3. Please select the statement that most closely describes your experience with assisting in the pharmacist in patient care activities.

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.

4. Please select the statement that most closely describes your training as a pharmacy aid/technician.

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.

5. Please select the statement that most closely describes your experience with general and specific storage requirements.

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.

6. Please select the statement that most closely describes your experience with the use of medical terminology.

1. I have not had any experience, education or training in the use of medical terminology.

2. I have completed formal education or training in the use of medical terminology.

3. Under close supervision by a supervisor or senior pharmacy technician I am able to assist the pharmacist in patient care activities utilizing medial terminology.

4. Without review of a supervisor or a senior pharmacy technician I routinely apply the knowledge of medical terminology in patient care activities.

*** 7. Have you ever had prime vendor duties that included ordering?**

1. Yes
2. No

*** 8. Do you have experience with 3rd party billing?**

1. Yes
2. No

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!!

Grade05 Questions

Complete all questions as provided. Circle your response or provide information indicated. Questions with an *
require a response to be considered for employment.

*** 1. GS-5 Choose one answer that best describes your education and experience as it pertains to the basic requirement for Pharmacy Technician positions.**

1. I have completed a full 4 year course of study leading to a bachelor's degree with major study in pharmacy, or that included at least 24 semester hours in pharmacy related courses.
2. I have successfully completed pertinent specialized training courses in pharmaceutical and pharmacy practices while serving in the Armed Forces.
3. I possess at least one year of specialized experience equivalent to at least GS-4.
4. I do not meet any of the requirements as described above.

Important! All the information you provide may be verified by a review of the work experience and/or education as shown on your application forms, by checking references and through other means, such as the interview process.

Any exaggeration of your experience, false statements, or attempts to conceal information may be grounds for not hiring you, or for firing you after you begin work.

Please make sure that you have attached your resume. You will be disqualified from consideration if your resume has not been submitted before this vacancy closes.

Please remember to send all supporting documentation to the HR office for proper consideration.

Thank you for your interest in working for Department of Health and Human Services

Applicant's Signature

Date Application Completed

Applicant's Name Printed

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