

U.S. DEPARTMENT OF COMMERCE

Bureau of the Census
Seattle Regional Census Center
Bothell, WA 98011

RECRUITING BULLETIN:

Assistant Manager for Technology- Fairfield

HOW TO APPLY

STEP ONE- Testing:

- ❖ Contact the 2010 Census Jobs Line at (866) 861-2010, to schedule an appointment to take the Census Supervisor Test (D-270). If you have already taken and passed the Supervisor Test (within the last two years), you do not need to take the test again.
- ❖ **Applicants MUST bring the following documentation to the testing session:**
 - Two forms of current acceptable identification (one must be a government issued picture ID). A list of acceptable identification has been provided below.
 - List of three references (personal or professional)- name, phone number and address.
 - DD-214, Certificate or Release or Discharge from Active Duty (*if applicable*); the document must include the type of discharge (e.g. Honorable, General).
 - SF-15, Application for 10-Point Veteran Preference (*if applicable*) and supporting documentation.
- ❖ **Applicants will complete the following forms at the testing session:**
 - BC-170D, Census Employment Inquiry
 - I-9, Employment Eligibility Verification
 - D-237, Certificate of VSIP or "Buyout" (*if applicable*)
 - D-270, Census Supervisor Test

STEP TWO- Application:

- ❖ **Submit required application materials by mail:**
 - [OF-612, Optional Application for Federal Employment](#) (PDF version is available on our Regional website, or at OPM.gov), or a [Resume](#) (any format). The following must be included on the OF-612 or Resume:
 - Recruiting Bulletin number (**e.g. AF-10-2010-AMT-01FAF**) & title of position.
 - Your full name (first, middle & last), mailing address (including zip), day and evening phone numbers (with area code), and e-mail address.

- List of your work duties and accomplishments relating to the job for which you are applying; paid and non-paid related work experience. For each work experience include: job title, series/grade (if Federal employment), duties and accomplishments, employer's name and address, supervisor's name and address, starting and ending dates (month/year), hours per week (full-time or part-time), salary, and indicate if we may contact your current supervisor/employer.
 - [Evaluation Criteria Statement](#)- A guide to help you complete the Evaluation Criteria Statement has been provided below.
 - [OF-306, Declaration for Federal Employment](#)- A PDF version is available on our Regional website, at OPM.gov, at the testing sites, and in this announcement.
 - [Employment References Worksheet](#)- See attached worksheet. This worksheet is in addition to the one completed at the testing session.
 - [Copy of Veterans' Preference documents](#)- Although these documents are collected at the testing session (maintained by the LCO), applicants are encouraged to submit an additional copy with the application package to ensure proper Veterans' Preference credit is given.
- ❖ Disabled veterans or any other applicants eligible for non-competitive appointments, should specify their special eligibility on the application. Individuals with a disability may request reasonable accommodations by contacting the LCO Recruiting Dept. (listed above).
 - ❖ Failure to provide the required application materials and information may result in the loss of consideration.
 - ❖ If you have questions regarding the [Application](#) process, please call Lori Brockmeyer at (425) 908-3053.

[STEP THREE- Application Submission:](#)

- ❖ **Application materials must be submitted, by mail, to the address below:**

U.S. Census Bureau
[Attn: Lori Brockmeyer](#)
19820 North Creek Parkway
Suite 100
Bothell, WA 98011

- ❖ **Testing & Application Deadline:**

- The testing process must be completed by the closing date to receive consideration. The required application materials listed above must be submitted by mail (no faxes)- *do not* turn in your application at the testing session, or directly to the Local Census Office. Applications must be **received** by the closing date to receive consideration.

EXAMPLES OF ACCEPTABLE IDENTIFICATION

The following is an *example* list of acceptable identification documents. These documents will be used to: 1) establish your identity, and 2) your employment eligibility. You are required to provide **two** documents, **one document from list A and one document from list B**.

Provide **one** picture identification: Must be a Federal or State issued ID with your picture on it. Must be a valid ID- *unexpired*. Some examples include, but are not limited to:

A

- U.S. Passport or U.S. Passport Card
- Driver's License or State ID card
- U.S. Military card or Military dependent's ID card
- Photo ID issued by federal, state, or local government agencies or entities

Second identification- Some examples include, but are not limited to:

B

- U.S. Social Security card
- Original, or certified copy of a birth certificate issued by a state, county, municipal, authority or outlying possession of the United States bearing an official seal.
- Native American tribal document
- U.S. Citizen ID card (Form I-197)

EVALUATION CRITERIA STATEMENT-TIPS

- ❖ You **must** complete the Evaluation Criteria Statement.
- ❖ In "Column A", circle the answer which best fits your experience; circle an answer for **all three** questions.
- ❖ In "Column B":
 - Write the specific name of the position (as listed on your OF-612/Resume), for all three questions, which supports your answer; *or*
 - If your supporting experience is *not* listed on your OF-612/Resume, write the employer's name & address, title of position, dates of employment, and a **detailed** description of the experience which supports your answer.
- ❖ Your answer to all three questions **must** be supported by: your OF-612/Resume, **OR** by a complete description in Column B. Failure to support your answers with a detailed description of your experience, may result in a lower rating, or loss of consideration.
- ❖ When describing your experience on the OF-612/Resume, or in Column B- include the actual (or estimated) number of employees you supervised. Also include the level of management you worked at (i.e. General Manager, First-Line Supervisor...), the number of management levels, and a detailed answer for *each part* of the question.

Each position has a different Evaluation Criteria Statement

EVALUATION CRITERIA STATEMENT FOR ASSISTANT MANAGER FOR RECRUITING	
COLUMN A	COLUMN B
<p>Applicants are required to answer each of the three questions below in Column A by circling the best response <u>and</u> completing the corresponding information in Column B.</p> <p>1. Please select the answer that best describes your experience managing a time critical recruitment operation.</p> <p>a. I have managed a geographically dispersed team of recruiters that included all of the following: a) managing at least two levels/tiers of subordinate management (e.g. I supervised manager(s) who, in turn, supervised other supervisor(s) or team-lead(s)); b) managing more than 20 employees; and that c) included all of the following responsibilities: directing and controlling all recruiting and testing functions; being responsible for the accomplishment recruitment goals, and development of recruitment strategies.</p> <p>b. I have managed limited recruiting activities including a) managing at least one level/tier of subordinate management (e.g. I supervise supervisor(s)/team lead(s)); b) managing equal more than 10 employees; and c) included <u>some</u> of the following responsibilities: administering the testing of applicants, accomplishing recruiting goals, and implementing recruiting strategies.</p> <p>c. I have been a recruiter and have supervised a staff of employees, but I have not had to supervise another recruiter/supervisor/team-lead or have supervised one level/tier of subordinate management, but the staff I managed was less than 10 employees. I have also been responsible for <u>some</u> of the following tasks: administering applicant testing, carrying out recruitment strategies and meeting individual recruiting goals.</p> <p>d. My experience is less than what is described above.</p>	<p>Applicants are also required to complete the following.</p> <p>1. Indicate the job from your attached resume or other application form that verifies the answer you selected. OR</p> <p>2. Write in the space below your experience that supports your answer. In addition to listing your experience, you must include the employer's name and address, the title of the position, and the dates of employment.</p> <p><i>Response must support answer circled in Column A.</i></p> <p>XYZ Company 1234 Lane Ave, Seattle, WA 98101 Recruiter, 5/2000-10/2005 As a Recruiter, I managed a staff of <u>12</u> employees; I was the <u>first-line</u> supervisor. As a Recruiter, I worked with the HR Dept. to determine the hiring need. I then created a strategy to recruit the required number of qualified applicants. I executed my strategy by...</p>

Circle the appropriate answer in Column A

Support your answer by completing Column B. Your answer must be supported by information provided in Column B, or on your OF-612/Resume.

U.S. DEPARTMENT OF COMMERCE

Bureau of the Census

Recruiting Bulletin

ISSUE DATE: **November 3, 2009**

Recruiting Bulletin No. AF-10-2010-AMT-01FAF

CLOSING DATE: **November 19, 2009**

**Seattle Regional Census Center
Bothell, WA**

POSITION TITLE: **Assistant Manager for Technology (AMT)**

PAY RATE: **\$ 19.25 per hour**

NUMBER OF VACANCIES: **One**

EXCEPTED SERVICE APPOINTMENT: **Schedule A Appointment, not-to-exceed one year, with the possibility of extension until 9/25/2010.**

WORK SCHEDULE: **This is a temporary full-time position. The incumbent of this position is covered by the mixed-tour employment program.**

DUTY LOCATION: **Fairfield, CA**

AREA OF CONSIDERATION: **External-All qualified U.S. Citizens currently residing in one of the following counties: Colusa, Solano, Sutter, Yolo, Yuba.**

DUTIES: Incumbent is responsible for managing automation functions in the LCO. Individually, or through designated automation staff, is the first line of contact for all hardware, software, and telecommunication problems in the LCO and between the LCO and Regional Census Center (RCC). This job includes troubleshooting duties and evaluating, analyzing, and coordinating automation operations to efficiently support LCO functions. The individual is responsible for managing LCO support functions for Mobile Computing Equipment (MCE) to be used for automated data collection. Works under the direction of the Local Census Office Manager and provides technical guidance and support to Assistant Managers at the LCO, in such areas as: training; making adjustments to expedite production, including the scheduling and coordinating of data entry operations for optimal use of workstations and print devices; managing the property control system for Office Computing Equipment (OCE), MCE and peripherals; coordinating printing activities and assuring that printers are prepared to handle large, long-running print jobs without jams, breakdowns, toner shortages, and so on; and coordinating the workflow of documents in and out of the automation area. Selects and supervises Technical Support Supervisors and Inventory Control Clerk(s) responsible for supporting various automation activities. As needed trains, or supervises others to train, LCO office employees on software, hardware and automation operations. The incumbent will be responsible for installation and configuration support operations for OCE, MCE and associated peripheral devices. The incumbent will also lead all OCE, MCE and automation support efforts and coordinate resources to support all LCO data entry and related automation activities for the operations control system, asset management systems, and payroll and personnel system. The incumbent will be responsible for administering user accounts for the various programs utilized by the LCO staff. The incumbent is responsible for the paper and automated tracking of property management to include: ensuring necessary forms are accurately filled out; property management systems are updated; and regular audits. The incumbent is also responsible for reporting and documenting lost, missing, and stolen equipment and the coordination of warranty repairs. Under the direction of the RCC Support Staff, the incumbent will conduct onsite LAN/WAN hardware diagnostics for infrastructure cabling and hardware such as Customer Switching Unit/Digital Switching Units (CSU/DSU), router, switch, NetWare servers, Personal Computers (PCS), Voice over Internet Protocol (VOIP) telecommunications systems and printers. Supervises and performs troubleshooting duties by identifying problems with hardware or software and solves the problems when possible. For unresolved problems, records pertinent details about the problems, communicates them to the RCC Support Staff and resolves the problems by following instructions from the RCC. Works closely with the RCC Support Staff to develop solutions to problems. Works with the FLD Data

Collection Automation (FDCA) Help Desk to obtain technical guidance. The incumbent will troubleshoot and maintain desktops configured with Microsoft Windows XP operating system. The incumbent will provide first-line support for various products, such as, MS Office 2007 and Microsoft Works v.9. Manages trouble-shooting of complex MCE hardware and software problems that could not be solved by field staff that use MCEs for automated data collection. Manages trouble-shooting of other automation problems related to systems, hardware, software, and telecommunications. Uses judgment in the management of trouble-shooting activities and schedules support staff for expected peak activity periods to manage the handling of incoming problems. Ensures that problem resolutions are timely and within quality guidelines.

QUALIFICATIONS: To qualify for this position, you MUST

- Pass the written Census Supervisor Test (D-270); and
- Have at least the minimum experience in each of the three areas contained in the Evaluation Criteria Attachment. Your experience for all three must be at least at the level described as “c” in the attachment. If you do not have that level of experience for any one of the questions, you are not qualified for the position. For each of the three Evaluation Criteria Statements, select the letter that best describes your experience. You must have experience in **all** aspects (each part of the question) of the work described, in order to claim credit for any given level. If you do not meet any part of the description for a level, you may not take credit for it and must choose one of the lower levels that you do meet in full.

ADDITIONAL INFORMATION

- ❖ This is a Mixed-Tour work schedule that may be changed from full-time, part-time, or intermittent to accommodate fluctuating workloads.
- ❖ Candidates selected for these positions must sign agreements outlining the conditions of employment prior to the appointment.
- ❖ Payment of relocation expenses **IS NOT** authorized.
- ❖ You will be required to complete a Declaration of Federal Employment (OF-306) to determine your suitability for Federal employment and to authorize a background investigation. You will also be required to sign and certify the accuracy of all the information in your application. If you make false statements in any part of your application, you may not be hired; or you may be fired after you begin work; or you may be fined or jailed.
- ❖ Public law requires all new appointees to present proof of identity and employment eligibility (e.g., U.S. citizenship).
- ❖ If selected, male applicants born after 12/31/59 must confirm their selective service registration status.
- ❖ Applicants must be 18 years of age or older to be hired.
- ❖ Retired Civilian Federal Annuitants are encouraged to apply; pay off-set waivers are approved on a case by case basis at the Regional level for LCO Manager positions.
- ❖ Veteran’s Preference –Applicants who do not provide the supporting documentation for the 10-point preference, but do provide the documentation for the 5-point preference, will receive the 5-point preference only (until the documentation for the 10-point preference is received).
- ❖ Use of any Government agency envelopes to file job application is a violation of Federal laws and regulations. Applications submitted in Government envelopes will not be accepted.

**THE U.S. DEPARTMENT OF COMMERCE IS AN
EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER**

THIS CENSUS BUREAU DOES NOT DISCRIMINATE IN EMPLOYMENT ON THE BASIS OF RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, POLITICAL AFFILIATION, SEXUAL ORIENTATION, MARITAL STATUS, DISABILITY, AGE, MEMBERSHIP IN AN EMPLOYEE ORGANIZATION, OR OTHER NON-MERIT FACTOR

**EVALUATION CRITERIA STATEMENT FOR
ASSISTANT MANAGER FOR TECHNOLOGY**

COLUMN A

COLUMN B

Applicants **are required** to answer each of the three questions below in Column A by **circling the best response and completing the corresponding information in Column B.**

Applicants **are also required to complete the following.**

1. Indicate the job from your attached resume or other application form that verifies the answer you selected. **OR**
2. Write in the space below your experience that supports your answer. In addition to listing your experience, you **must include** the employer's name and address, the title of the position, and the dates of employment.

1. Describe your experience managing automation functions to support field data collection activities and administrative programs. (Circle the appropriate letter.)

Response must support answer circled in Column A.

- a. I have experience managing an automation operation for **all** of the following: field data collection activities, production, **and** administrative programs. This includes experience with servers, desktops, laptops, mobile computing devices, **and** systems for tracking and managing property. Additionally, I have experience troubleshooting complex automation related problems and implementing solutions to correct any deficiencies.
- b. I have experience managing an automation operation for **at least one** of the following: field data collection operations, production **or** administrative operations. This includes experience with servers, desktops, laptops, and mobile computing devices. I have experience resolving routine automation related issues.
- c. I do not have managerial experience, but I have technical experience and/or related education providing knowledge of troubleshooting evaluating and analyzing.
- d. My experience is less than what is described above.

2. Describe your experience demonstrating the ability to manage a time-critical automation support function through subordinate staff. (Circle the appropriate letter.)

Response must support answer circled in Column A.

- a. I have experience with **both** of the following: managing at least one level/tier of subordinate management (e.g., I directly supervised either supervisor(s) or team lead(s)); **and** managing the implementation of solutions to correct complex problems regarding automation operation.
- b. I have experience managing a staff of automation operation technicians. I have lead teams involved in resolving automation related issues.
- c. I do not have supervisory experience, but I have technical experience and/or related education providing knowledge of automated environments and troubleshooting automation related issues.
- d. My experience is less than what is described.

**EVALUATION CRITERIA STATEMENT FOR
ASSISTANT MANAGER FOR TECHNOLOGY**

COLUMN A

COLUMN B

3. Please select the answer that best describes your experience demonstrating your ability to effectively communicate automated related information to multiple levels of an organization. (Circle the appropriate letter.)

Response must support answer circled in Column A.

- a. I have experience communicating automation-related issues to multiple levels of staff including managers. This includes communicating and resolving technical and non-technical automated related issues. I have experience providing training to automation and other organizational staff.
- b. I have experience communicating automation-related issues to subordinate staff. I have experience providing training to subordinate staff.
- c. I have experience working on a help-desk to resolve automation issues for staff. I do not necessarily have any experience training individuals or groups, but would be comfortable speaking in front of groups of employees.
- d. My experience is less than what is described above.

Declaration for Federal Employment

GENERAL INFORMATION

1. FULL NAME <i>(First, middle, last)</i> ◆	2. SOCIAL SECURITY NUMBER ◆
3. PLACE OF BIRTH <i>(Include city and state or country)</i> ◆	4. DATE OF BIRTH <i>(MM/DD/YYYY)</i> ◆
5. OTHER NAMES EVER USED <i>(For example, maiden name, nickname, etc)</i> ◆ ◆	6. PHONE NUMBERS <i>(Include area codes)</i> Day ◆ Night ◆

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" skip 7b and 7c. If "YES" go to 7b.*
- 7b. Have you registered with the Selective Service System? YES NO *If "NO" go 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 *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 <small>MM/DD/YYYY</small>	To <small>MM/DD/YYYY</small>	Type of Discharge

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 10 years, have you been convicted, been imprisoned, been on probation, or been on parole? <i>(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.</i> | YES | NO |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you been convicted by a military court-martial in the past 10 years? <i>(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.</i> | YES | NO |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are you now under charges for any violation of law? <i>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.</i> | YES | NO |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? <i>If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.</i> | YES | NO |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Are you delinquent on any Federal debt? <i>(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.</i> | YES | NO |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Declaration for Federal Employment

Form Approved:
OMB No. 3206-0182

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*).

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: _____ Date _____
(Sign in ink)
- 17b. Appointee's Signature: _____ Date _____
(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? DATE: _____
MM / DD / YYYY

- 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

Declaration for Federal Employment

Form Approved
OMB No. 3206-0182

Instructions

The information collected on this form is used to determine your acceptability for Federal and Federal contract employment and your enrollment status in the Government's Life Insurance program. You may be asked to complete this form at any time during the hiring process. Follow instructions that the agency provides. If you are selected, before you are appointed you will be asked to update your responses on this form and on other materials submitted during the application process and then to recertify that your answers are true.

All your answers must be truthful and complete. **A false statement on any part of this declaration or attached forms or sheets may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by a fine or imprisonment (U.S. Code, title 18, section 1001).**

Either type your responses on this form or print clearly in dark ink. If you need additional space, attach letter-size sheets (8.5" X 11"). Include your name, Social Security Number, and item number on each sheet. We recommend that you keep a photocopy of your completed form for your records.

Privacy Act Statement

The Office of Personnel Management is authorized to request this information under sections 1302, 3301, 3304, 3328, and 8716 of title 5, U. S. Code. Section 1104 of title 5 allows the Office of Personnel Management to delegate personnel management functions to other Federal agencies. If necessary, and usually in conjunction with another form or forms, this form may be used in conducting an investigation to determine your suitability or your ability to hold a security clearance, and it may be disclosed to authorized officials making similar, subsequent determinations.

Your Social Security Number (SSN) is needed to keep our records accurate, because other people may have the same name and birth date. Public Law 104-134 (April 26, 1996) asks Federal agencies to use this number to help identify individuals in agency records. Giving us your SSN or any other information is voluntary. However, if you do not give us your SSN or any other information requested, we cannot process your application. Incomplete addresses and ZIP Codes may also slow processing.

ROUTINE USES: Any disclosure of this record or information in this record is in accordance with routine uses found in System Notice OPM/GOVT-1, General Personnel Records. This system allows disclosure of information to: training facilities; organizations deciding claims for retirement, insurance, unemployment, or health benefits; officials in litigation or administrative proceedings where the Government is a party; law enforcement agencies concerning a violation of law or regulation; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representation of employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearance, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public and private organizations, including news media, which grant or publicize employee recognitions and awards; the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives and Records Administration, and Congressional offices in connection with their official functions; prospective non-Federal employers concerning tenure of employment, civil service status, length of service, and the date and nature of action for separation as shown on the SF 50 (or authorized exception) of a specifically identified individual; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and non-Federal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from a self-and-family to a self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement, or job for the Federal government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employees about fitness-for-duty or agency-filed disability retirement procedures.

Public Burden Statement

Public burden reporting for this collection of information is estimated to vary from 5 to 30 minutes with an average of 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to the U.S. Office of Personnel Management, Reports and Forms Manager (3206-0182), Washington, DC 20415-7900. The OMB number, 3206-0182, is valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

Employment References Worksheet

Applicant's Name: _____

Applicant's Phone #: _____

Please complete the form below, and include with your application package. Include only those references you approve us to contact.

Professional References (include supervisors and others who know you in the work place)				
	First and Last Name	Phone #s (Include Area Code)	Email address if known	Relationship to you
1		(W) _____ (C) _____ (H) _____		
2		(W) _____ (C) _____ (H) _____		
3		(W) _____ (C) _____ (H) _____		

Personal References (do not include relatives or partners)				
	First and Last Name	Phone #s (Include Area Code)	Email address if known	Relationship to you
1		(W) _____ (C) _____ (H) _____		
2		(W) _____ (C) _____ (H) _____		
3		(W) _____ (C) _____ (H) _____		