



2021 Southern Nevada Hand Crew Application Instructions

Thank you for your interest in employment with the Southern Nevada Hand Crew On-call Program. Please take the time to **review this sheet**, **follow all instructions for each form**, **complete the checklist**, and **mail in everything.**

Incomplete or illegible applications will NOT be processed and may result in you not being hired. Please return the whole packet. I am applying for: ☐ Fire Application due date is **March 5th**, by close of business (4:30 pm). **NO EXCEPTIONS**. ✓ If you are applying for fire crew you will be required take and to pass an arduous test that consists of a 3-mile walk wearing a 45-pound vest and must be completed in 45 minutes or less. ✓ If you are selected for fire crew you will be going to a weeklong Rookie Fire School □ Page 3 (Southern Nevada Hand Crew Information Form) –Fill out ALL information and check ALL appropriate boxes. Ensure that ALL telephone contact information is **complete and accurate**. The address should be where you receive your mail, this is where all pay checks, tax information, and other correspondence will be sent. □ Pages 4-6 (Application for Federal Employment – OF-612) You must complete all blocks found in the OF-612 in Sections A through G, especially work experience. If you have never held a job please include any volunteer work or non-paid work. List all education and dates of graduation or anticipated graduation in Section D. Under Section E describe any job related training, skills, licenses / certificates, or awards. Complete Section F and **SIGN** Section G in ink. Failing to do this will jeopardize your potential employment opportunity. ☐ Attach a copy of your *Driver's license or State ID card and your Social Security Number Card*. Possession of valid state driver's license is not a job requirement. ☐ You be 18 years of age as of June 1, Current Year for Fire Crew. □ Double check to make sure all information is complete and accurate. Prior to due date, return application to: Southern Nevada BLM District Office Attn: BLM Fire Business Program Analysist, 4701 N. Torrey Pines Drive, Las Vegas, NV 89130, either in person, by standard mail, or by fax 702-515-5075. It is your responsibility to confirm that the application has been received and is complete prior to due date.

All applicants may be required to successfully pass a pre-employment urine screening test for illegal narcotics.

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Southern Nevada Hand Crew On-call Application

FILL OUT FORM $\underline{COMPLETELY\ AND\ LEGIBLY}$ OR APPLICATION $\underline{WILL\ NOT}$ BE PROCESSED

Last Name:	First Name:		Middle:		
Social Security Number:			ate of Birth (mm/dd/yyyy):/		
Sex: Male □ Female □				Age:	
Mailing Address	Pho	ne Numbers	(make sure	these are up to date):	
Physical		Home:			
PO Box		Work:			
City ST	Zip	Cell:			
E-Mail Address:					
Have you had any previous fire experience? - If yes, include it in your OF – 612.			Yes □	No 🗆	
Are you a returning to Southern Nevada Fire On-Call Program? - If yes, list your last year with Southern Nevada Fire:			Yes 🗆	No 🗆	
Are you transferring from another federal or state agency? - If yes, list agency and phone number:			Yes □	No 🗆	
Did you participate in the Firefighter M			Yes □	No 🗆	
Do you currently possess a valid State Driver's License?			Yes □	No 🗆	
I found out about this job by:					
☐ Returning employee ☐ News Paper				Γ.V. Announcement	
□ Radio	☐ Poster in Las	O			
☐ Family Resource Center	☐ Tribal Annou	ncement			
☐ Friend	☐ E-mail			BLM	
☐ Other (Please write):					

Comments or Questions to Hiring Official:

GENERAL INFORMATION

You may apply for most Federal jobs with a resume, the attached *Optional Application for Federal Employment* or other written format. If your resume or application does not provide all the information requested on this form and in the job vacancy announcement, you may lose consideration for a job. Type or print clearly in dark ink. Help speed the selection process by keeping your application brief and sending only the requested information. If essential to attach additional pages, include your name and Social Security Number on each page.

- For information on Federal employment, including job lists, alternative formats for persons with disabilities, and veterans' preference, call the U.S. Office of Personnel Management at 912-757-3000, TDD 912-744-2299, by computer modem 912-757-3100, or via the Internet (Telnet only) at FJOB.MAIL.OPM.GOV.
- If you served on active duty in the United States Military and were separated under honorable conditions, you may be eligible for veterans' preference. To receive preference if your service began after October 15, 1976, you must have a Campaign Badge, Expeditionary Medal, or a service-connected disability. Veterans' preference is not a factor for Senior Executive Service jobs or when competition is limited to status candidates (current or former career or career-conditional Federal employees.)
- Most Federal jobs require United States citizenship and also that males over age 18 born after December 31, 1959, have registered with the Selective Service System
 or have an exemption.
- The law prohibits public officials from appointing, promoting, or recommending their relatives.
- Federal annuitants (military and civilian) may have their salaries or annuities reduced. All employees must pay any valid delinquent debts or the agency may garnish their salary.
- Send you application to the office announcing the vacancy. If you have questions, contact that office.

THE FEDERAL GOVERNMENT IS AN EQUAL OPPORTUNITY EMPLOYER

PRIVACY ACT AND PUBLIC BURDEN STATEMENTS

- The Office of Personnel Management and other Federal agencies rate applicants for Federal jobs under the authority of sections 1104, 1302, 3301, 3304, 3320, 3361, 3393, and 3394 of title 5 of the United States Code. We need the information requested in this form and in the associated vacancy announcements to evaluate your qualifications. Other laws require us to ask about citizenship, military service, etc.
- We request your Social Security Number (SSN) under the authority of Executive Order 9397 in order to keep your records straight; other people may have the same name. As allowed by law or Presidential directive, we use your SSN to seek information about you from employers, schools, banks, and others who know you. Your SSN may also be used in studies and computer matching with other Government files, for example, files on unpaid student loans.
- If you do not give us your SSN or any other information requested, we cannot process your application, which is the first step in getting a job. Also, incomplete addresses and ZIP Codes will slow processing.
- We may give information from your records 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 violations of law or regulation; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representing employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearances, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public and private organizations including news media that grant or publicize employee recognition and awards; and the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives, the Federal Acquisition Institute, and congressional offices in connection with their official functions.
- We may also give information from your records to: prospective nonfederal employers concerning tenure of employment, civil service status, length of service, and date and nature of action for separation as shown on personnel action forms of specifically identified individuals; 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 nonfederal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from self-and-family to 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 employee about fitness-for-duty or agency-filed disability retirement procedures.
- We estimate the public reporting burden for this collection will vary from 20 to 240 minutes with an average of 40 minutes per response, including time for reviewing instructions, searching existing data sources, gathering data, and completing and reviewing the information. You may send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to U.S. Office of Personnel Management, Reports and Forms Management Officer, Washington, DC 20415-0001.
- Send your application to the agency announcing the vacancy.

APPLICATION FOR FEDERAL EMPLOYMENT - OF 612

You may apply for most jobs with a resume, this form, or other written format. If your resume or application does not provide all the information requested on this form and in the job vacancy announcement, you may lose consideration for a job.

1	Job title in announcement	-		_	3 Announcement number			
	ENA Fire / Camp Crev		AD-A thru AD-F			N/A		
4	Last name		First and middle names		5	Social Security Number		
6	Mailing address				7	Phone numbers (include area code)		
						Daytime ()		
	City		State	ZIP Code				
				-		Evening ()		
W	ORK EXPERIE	NCE .						
8	Describe your paid and	nonpaid work experience rel	ated to the job f	or which you are apply	ing. Do not attacl	n job descriptions.		
1)		aclude series and grade)						
,	From (MM/YY)	To (MM/YY)	Salary	per		Hours per week		
	Employer's name and	laddress	\$			Supervisor's name and phone number		
						()		
	Describe your duties a	and accomplishments						
2)	Job title (if Federal, in	iclude series and grade)						
_,	From (MM/YY)	To (MM/YY)		Salary	ner	Hours per week		
	110III (IVIIVI/ 1 1)	TO (IVIIVI/ T T)		\$	per	Hours per week		
	Employer's name and	l address				Supervisor's name and phone number		
						()		
	Describe your duties a	and accomplishments				. ,		

9	May we contact your current supervisor?
	YES If we need to contact your current supervisor before making an offer, we will contact you first.
ED	DUCATION
10	Mark highest level completed. Some HS HS/GED Associate Bachelor Master Doctoral
11	
12	Colleges and universities attended. Do not attach a copy of your transcript unless requested.
14	Name Total Credits Earned Major(s) Degree - Year
1)	Semester Quarter (if any) Received
	City State ZIP Code
2)	
	<u>-</u>
3)	
	<u>-</u>
13	THER QUALIFICATIONS Job-related training courses (give title and year). Job-related skills (other languages, computer software/hardware, tools, machinery, typing speed, etc. Job-related certificates and licenses (current only). Job-related honors, awards, and special accomplishments(publications, memberships in professional/honor societies, leadership activities, public speaking, and performance awards.) Give dates, but do not send documents unless requested.
GE	ENERAL
14	Are you a U.S. citizen? YES NO è Give the country of your citizenship.
15	Do you claim veterans' preference? NO YES è Mark your claim of 5 or 10 points below. 5 points è Attach your DD 214 or other proof. 10 points è Attach an Application for 10-Point Veterans' Preference (SF 15) and proof required.
16	Were you ever a Federal civilian employee? Series Grade From (MM/YY) To (MM/YY) NO VES Series Grade From (MM/YY) To (MM/YY)
17	NO YES è For highest civilian grade give: Are you eligible for reinstatement based on career or career-conditional Federal status?
17	NO YES if requested, attach SF 50 proof.
<i>AP</i> 18	PLICANT CERTIFICATION I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete and made in good faith. I understand that false or fraudulent information on or attached to this application may be grounds for not hiring me or firing me after I begin work, and may be punishable by fine or imprisonment. understand that any information I give may be investigated.

SIGNATURE DATE SIGNED