



Southern Nevada Handcrew Application Instructions

Thank you for your interest in employment with the Southern Nevada Handcrew 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

Other

Name: _____

Application due date is **March 20th**, by close of business (4:30 pm). **NO EXCEPTIONS.**

- If you are applying for fire crew you will be required take a urine drug test and to pass and 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 Handcrew 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.**
- Page 7-9 (*Declaration for Federal Employment – OF-306*) You **must** complete all items 1 – 16 found in the OF-306. Sign and date item 17a. Fill out item 18 – 18c **only** if you have been employed through the Federal Government.
- Page 10 (*Health Screen Questionnaire*) – Read form, **SIGN and DATE** on the bottom. **If you fail to do this step you will be asked to fill it out properly.**
- 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 Analyst, 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 will be required to successfully pass a pre-employment urine screening test for illegal narcotics.

If you have any questions Email Amanda Soto at: asoto@blm.gov or call me at 702-515-5106

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Southern Nevada Handcrew On-call Application

FILL OUT FORM COMPLETELY AND LEGIBLY OR APPLICATION WILL NOT BE PROCESSED

Last Name: _____ First Name: _____ Middle: _____

Social Security Number: _____ - _____ - _____ Date of Birth (mm/dd/yyyy): ____/____/____

Sex: Male Female Age: _____

Mailing Address

Phone 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? Yes No
- If yes, include it in your OF – 612.

Are you a returning to Southern Nevada Fire On-Call Program? Yes No
- If yes, list your last year with Southern Nevada Fire: _____

Are you transferring from another federal or state agency? Yes No
- If yes, list agency and phone number: _____
(____)____-_____

Did you participate in the Firefighter Medical Exam Process last year? Yes No

Do you currently possess a valid State Driver’s License? Yes No

I found out about this job by:

- Returning employee
- Radio
- Family Resource Center
- Friend
- Other (Please write): _____
- News Paper
- Poster in Las Vegas
- Tribal Announcement
- E-mail
- T.V. Announcement
- BLM

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 your 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
ENA Fire / Camp Crew | 2 Grade(s) applying for
AD-A thru AD-F | 3 Announcement number
N/A |
| 4 Last name | First and middle names | 5 Social Security Number
- - |
| 6 Mailing address | | 7 Phone numbers (include area code) |
| City | State | Daytime () |
| | ZIP Code
- | Evening () |

WORK EXPERIENCE

8 Describe your paid and nonpaid work experience related to the job for which you are applying. Do **not** attach job descriptions.

Job title (if Federal, include series and grade)

1)

From (MM/YY)	To (MM/YY)	Salary	per	Hours per week
		\$		
Employer's name and address				Supervisor's name and phone number ()
Describe your duties and accomplishments				

Job title (if Federal, include series and grade)

2)

From (MM/YY)	To (MM/YY)	Salary	per	Hours per week
		\$		
Employer's name and address				Supervisor's name and phone number ()
Describe your duties and accomplishments				

9 May we contact your current supervisor?

YES

NO

If we need to contact your current supervisor before making an offer, we will contact you first.

EDUCATION

10 Mark highest level completed.

Some HS

HS/GED

Associate

Bachelor

Master

Doctoral

11 Last high school (HS) or GED school. Give the school's name, city, State, ZIP Code (if known), and year diploma or GED received.

12 Colleges and universities attended. Do not attach a copy of your transcript unless requested.

1)	Name	City	State	ZIP Code	Total Credits Earned		Major(s)	Degree - (if any)	Year Received
					Semester	Quarter			
2)									
3)									

OTHER QUALIFICATIONS

13 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.

GENERAL

14 Are you a U.S. citizen? YES NO Give the country of your citizenship.

15 Do you claim veterans' preference? NO YES Mark your claim of 5 or 10 points below.

5 points Attach your DD 214 or other proof. 10 points Attach an Application for 10-Point Veterans' Preference (SF 15) and proof required.

16 Were you ever a Federal civilian employee? NO YES For highest civilian grade give: Series Grade From (MM/YY) To (MM/YY)

17 Are you eligible for reinstatement based on career or career-conditional Federal status? NO YES If requested, attach SF 50 proof.

APPLICANT CERTIFICATION

18 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. I understand that any information I give may be investigated.

SIGNATURE

DATE SIGNED

**WILDLAND FIREFIGHTER
HEALTH SCREEN QUESTIONNAIRE**

The purpose is to identify individuals who may be at risk in taking the Work Capacity Test (WCT) and recommend an exercise program and/or medical examination prior to taking the WCT.

Employees are required to answer the following questions. The questions were designed, in consultation with occupational health physicians, to identify individuals who may be at risk when taking a WCT. The HSQ is not a medical examination. Any medical concerns you have that place you or your health at risk should be reviewed with your personal physician prior to participating in the WCT.

The information on this form may be disclosed as permitted by the Privacy Act (5USC552a(b)) to meet employment requirements.

Check the appropriate Yes or No response to the following questions:

- | <u>Yes</u> | <u>No</u> | |
|----------------------------|----------------------------|---|
| <input type="checkbox"/> Y | <input type="checkbox"/> N | 1) During the past 12 months have you at any time (during physical activity or while resting) experienced pain, discomfort or pressure in your chest. |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | 2) During the past 12 months have you experienced difficulty breathing or shortness of breath, dizziness, fainting, or blackout? |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | 3) Do you have a blood pressure with systolic (top #) greater than 140 or diastolic (bottom #) greater than 90? |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | 4) Have you ever been diagnosed or treated for any heart disease, heart murmur, chest pain (angina), palpitations (irregular beat), or heart attack? |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | 5) Have you ever had heart surgery, angioplasty, or a pace maker, valve replacement, or heart transplant? |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | 6) Do you have a resting pulse greater than 100 beats per minute? |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | 7) Do you have any arthritis, back trouble, hip /knee/joint /pain, or any other bone or joint condition that could be aggravated or made worse by the Work Capacity Test? |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | 8) Do you have personal experience or doctor's advice of any other medical or physical reason that would prohibit you from taking the Work Capacity Test? |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | 9) Has your personal physician recommended against taking the Work Capacity Test because of asthma, diabetes, epilepsy or elevated cholesterol or a hernia? |

Regardless whether you are taking the Work Capacity test at the Arduous, Moderate or Light duty level, a "Yes" answer requires a determination from your personal physician stating that you are able to participate. For Arduous Duty Employees, if you do not have a personal physician determination allowing you to take the Work Capacity Test, the FMO may request an Annual Form examination through the Interagency Wildland Firefighter Medical Standards Program.

I understand that if I need to be evaluated, it will be based on the fitness requirements of the position(s) for which I am qualified.

Signature: _____

Date: _____