



BPA VACANCY ANNOUNCEMENT (#002788-05-DE)

U.S. DEPARTMENT OF ENERGY
BONNEVILLE POWER
ADMINISTRATION

POSITION AND LOCATION: Accountant, GS-510-5/7, Portland, OR

OPENING DATE	CLOSING DATE	ANNUAL PAY RATE
10/25/04	11/05/04	GS-5 \$27,612 - \$35,900 GS-7 \$34,202 - \$44,462

Selections at Bonneville Power Administration (BPA) are based on merit and are accomplished without regard to political, religious, or union affiliation or non-affiliation, marital status, race, color, national origin, sex, sexual orientation, age, or non-disqualifying physical disability; nor will such action be based upon any personal relationship, patronage, or nepotism.

WHO MAY APPLY: All US Citizens

POSITION LOCATION: Corporate, Office of the Chief Operating Officer, Office of the Chief Risk Officer, Transacting & Credit Risk Management-KKC

NOTES:

The full performance level of this position is GS-7.

This position may be filled at the **GS-5 or GS-7 level**. You must indicate on your application the grade levels for which you are applying. Candidates hired at less than full-performance level may be promoted without further competition when assigned higher-level duties and meeting all qualification requirements.

Relocation expenses will not be paid.

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.

CAREER TRANSITION ASSISTANCE PROGRAM (CTAP)/INTERAGENCY CAREER TRANSITION ASSISTANCE

PROGRAM (ICTAP): Displaced or surplus employees who may be entitled to consideration under CTAP/ICTAP must meet the OPM and BPA requirements for consideration. Individuals who have special priority selection rights under the Agency Career Transition Assistance Program (CTAP) or the Interagency Career Transition Assistance Program (ICTAP) must be well qualified for the position to receive consideration for special priority selection. Well qualified for merit promotion (status applicants) means an applicant who possesses the knowledge, skills, and abilities which clearly exceed the minimum qualification requirements for the position, including being evaluated at the "3" or equivalent rating level on all quality ranking factors. Well qualified for non-status applicants means an applicant who scores 85 points or higher prior to the addition of veteran's preference points, if applicable. Federal employees seeking CTAP/ICTAP eligibility must submit proof that they meet the requirements of 5 CFR 330.605(a) for CTAP and 5 CFR 330.704 for ICTAP. This includes a copy of the agency notice, a copy of their most recent Performance Rating, and a copy of their most recent SF 50 noting current position, grade level, and duty location. Please annotate your application to reflect that you are applying as a CTAP or ICTAP eligible. For additional information, please refer to <http://www.opm.gov> or to <http://www.jobs.bpa.gov>.

CONDITIONS OF EMPLOYMENT:

If selected, you will be required to complete a Declaration for Federal Employment (OF 306, revised 1/01) to determine your suitability for Federal employment and to authorize a background investigation. You will be asked to sign and certify the accuracy of all information in your application. If you make any false statement in any part of your application, you may not be hired; or you may be fined, jailed, or fired after you begin work. The correct version of the OF-306 form is available at: http://www.opm.gov/forms/pdf_fill/of0306.pdf.

Veteran's Preference: A 5-point preference is granted to veterans who entered military service prior to October 14, 1976, or who served in a military action for which they received a Campaign Badge or Expeditionary Medal, or who served on active duty during the Gulf War from August 2, 1990 through January 2, 1992 and who served continuously for a minimum of 24 months or for the full period for which called or ordered to active duty. You may be entitled to a 10-point veteran's preference if you are a disabled veteran or Purple Heart recipient or you are the widow, widower, or mother of a deceased veteran. You must submit a Standard Form 15 (SF-15) and documented proof of your claim.

MAJOR DUTIES:

GS-05 Duties:

The incumbent serves as an entry level accountant supporting the Middle Office function within the Transacting and Credit Risk Management organization, which is located in the Chief Risk Officer (CRO) organization. The position reports to the Transacting and Credit Risk Manager. Documents procedures to support accurate and timely transaction recording, confirmations, compliance monitoring and reporting. Confirms transactions, monitors and assists in resolution of any aged confirmations. Sources forward curves or independently validates forward curves sourced by the Front Office. Performs information upload (e.g., prices, volatility curves, correlation matrices) to Risk Management System for daily portfolio valuation. Monitors all trading and marketing positions to ensure they are in compliance with corporate policies, authorities, and limits. Prepares and distributes management reports for energy positions and limits, net revenue and market risk measurements. Communicates limit violations to appropriate supervisor. Supports New Product Approval processes, providing comment and analysis on control, systems, and valuation implications of proposed product. Assists in exception and variance analysis. Creates and/or support creation of risk management reports. Interfaces between trade floor and risk control. Assists as needed with the development of quantitative and qualitative market and risk control-related accounting disclosures and general ledger entries for annual reports.

GS-07 Duties:

The incumbent serves as an accountant supporting the Middle Office function within the Transacting and Credit Risk Management organization, which is located in the Chief Risk Officer (CRO) organization. The position reports to the Transacting and Credit Risk Manager. Documents procedures to support accurate and timely transaction recording, confirmations, compliance monitoring and reporting. Confirms transactions, monitors and assists in resolution of any aged confirmations. Sources forward curves or independently validates forward curves sourced by the Front Office. Performs information upload (e.g., prices, volatility curves, correlation matrices) to Risk Management System for daily portfolio valuation. Monitors all trading and marketing positions to ensure they are in compliance with corporate policies, authorities, and limits. Prepares and distributes management reports for energy positions and limits, net revenue and market risk measurements. Communicates limit violations to appropriate supervisor. Supports New Product Approval processes, providing comment and analysis on control, systems, and valuation implications of proposed product. Assists in exception and variance analysis. Creates and/or support creation of risk management reports. Interfaces between trade floor and risk control. Assists as needed with the development of quantitative and qualitative market and risk control-related accounting disclosures and general ledger entries for annual reports.

BASIC REQUIREMENTS (to qualify for GS-5):

- A. Successful completion of a full 4-year course of study in an accredited college or university leading to a bachelors or higher degree that included a major field of study in accounting; or a degree in related field such as business administration, finance, or public administration that included or was supplemented by 24 semester hours in accounting. The 24 hours may include up to 6 hours of credit in business law. (The term "accounting" means "accounting and/or auditing". Similarly, "accountant" should be interpreted, generally, as "accountant and/or auditor.")
- OR
- B. Combination of education and experience – at least 4 years of experience in accounting, or an equivalent combination of accounting experience, college-level education, and training that provided professional accounting knowledge. The applicant's background must also include one of the following:
1. 24 semester hours in accounting or auditing courses of appropriate type and quality. This can include up to 6 hours of business law;
 2. A certificate as Certified Public Accountant or a Certified Internal Auditor, obtained through written examination; or
 3. Completion of the requirements for a degree that included substantial course work in accounting or auditing, e.g. 15 semester hours, but that does not fully satisfy the 24 semester hour requirement of paragraph A, provided that (a) the applicant has successfully worked at the full performance level in accounting, auditing, or a related field, e.g., valuation engineering or financial institution examining; (b) a panel of at least two higher level professional accountants or auditors has determined that the applicant has demonstrated a good knowledge of accounting and of related and underlying fields that equals in breadth, depth, currency, and level of advancement that which is normally associated with successful completion of the 4 year course of study described in paragraph A; and (c) except for literal nonconformance to the requirement of 24 semester hours in accounting, the applicant's education, training, and experience fully meet the specified requirements.

NOTE: Applications will be accepted from students who expect to complete qualifying education by December 2004, however we must verify that the education was completed successfully (and GPA verified) **before you can be appointed.** We will use the transcripts you submit with your application for qualification purposes, but appointment will be tentative until verified with final transcripts.

Education obtained outside the United States

If your education has been obtained outside the U.S., you must submit proof with your application that your transcripts have been evaluated by a private organization that specializes in interpretation of foreign educational credentials and have been deemed at least equivalent to that gained in conventional U.S. education programs.

PLEASE NOTE: You **MUST** provide a copy of all relevant college transcripts with your application (Photocopies are sufficient). **Failure to provide transcripts will result in a rating of not qualified.**

GS-7 LEVEL QUALIFICATION REQUIREMENTS

To qualify for the GS-7 level, in addition to meeting the education requirements above, you must have at least 1 year of graduate-level education that provided you with the knowledge, skills and abilities necessary to do the work, superior academic achievement* OR 1 year of professional accounting experience equivalent to at least the GS-5 level.

BASIS OF RATING: You will be rated on the basis of degree, scholastic achievement and/or experience.

APPLICATION INFORMATION:

There is no specific required application form. There is specific information that you are required to submit. For further information on completing your application, please refer to the statement below "Required Information on Resumes."

- Applicants may, at their choice, submit a resume, the Optional Application for Federal Employment (OF 612), a copy of the obsolete Application for Federal Employment (SF 171), or any other written application format.
- All applications must contain sufficient information to determine eligibility for the position.
- **Applicants will not be contacted for missing information. Material received after the closing date will not be accepted.**

HOW TO APPLY:

Submit your application with supplemental information. It must be received with the application. Your application package should include the following:

1. Your resume, or other application, that fully describes your education and experience.
1. College transcripts (**REQUIRED – copies are acceptable**).
2. If you are applying for consideration with 5-point veteran's preference, you must provide a copy of your DD-214 (Member 4).
3. If you are applying for consideration with 10-point veteran's preference, you must provide a copy of your DD-214 (Member 4), Standard Form 15 (Application for 10-Point Veteran Preference), and documented proof of claim as specified on SF-15.
4. All applicants are encouraged to complete and submit DOE F 1600.7e, Applicant Disability, Race/National Origin and Sex Identification form (attached or may be accessed at: <http://www.directives.doe.gov/pdfs/forms/1600-7.pdf>).
5. OF-306 (revised 1/01), Declaration for Federal Employment

REQUIRED INFORMATION ON RESUME*:

1. Announcement number, title, and grade of the position for which you are applying.
2. Your full name, mailing address, and day and evening telephone number.
3. Your e-mail address (please provide if available – failure to provide will not effect the processing of your application.)
4. Your Social Security Number.
5. Country of citizenship.
6. High school attended which includes name of high school, location (city/state), and date of diploma or GED.
7. Work experience (Paid and non-paid experience related to the job for which you are applying. Include job title (**YOU MUST INCLUDE SERIES AND GRADE IF FEDERAL JOB**), duties and accomplishments, employer's name and address, supervisor's name and phone number, starting and ending dates (**including month and year**), salary, hours worked per week, salary).
8. Indicate if we may contact your current supervisor.
9. A list of other job related training, skills (for example, languages, tools, machinery, typing speed, etc.), certificates and licenses, honor societies, awards, professional membership, publications, leadership activities, performance awards, etc.

****Please note that if your resume or application does not provide all the information requested in the vacancy announcement, you may lose consideration.**

FORMS AVAILABILITY: All application materials may be obtained from all Bonneville Power Administration Human Resources offices (2401 NE Minnehaha, Construction Services Building, Vancouver, WA 98663; or 905 NE 11th Avenue, Portland, OR 97232), or by calling 360-418-2090 or 503-230-3055. You may also download a copy of this announcement, including all forms from our website at <http://www.jobs.bpa.gov/>

If you have questions, you may call the Staffing Center, 360-418-2090 or 503-230-3055.

Applicants should retain a copy of their application as BPA does not return applications or provide copies.

WHERE TO APPLY:

If **mailing** your application, please send to the following address: Bonneville Power Administration, ATTN: Personnel Services – CHP/CSB-2, PO Box 491, Vancouver, WA 98666, (street address): 2401 NE Minnehaha Street, Vancouver, WA 98663

If applications are delivered in person, they can be delivered to the address above **OR** to: Bonneville Power Administration, Personnel Services, 905 NE 11th Avenue, Portland, OR 97232.

RECEIPT OF APPLICATION:

Your complete application must be received no later than 12 midnight Pacific Standard Time (PST) of the closing date to be accepted. Applications submitted by fax or e-mail must be time/date stamped or electronically postmarked at point of origin no later than 12 midnight PST.

Applicants will be notified of receipt of their application package.

FAX APPLICATIONS:

Faxed applications should be sent to **360-418-2063**. Applicants are responsible for ensuring that application materials transmit successfully.

EMAIL APPLICATIONS:

Applications should be sent as email attachments to: jobs@bpa.gov. The Announcement Number must be included in the subject line of the email. Required forms may be sent as email attachments, may be faxed, or sent as hard copy. Application materials provided by different means must be cross-referenced so they may be combined at BPA. Applicants who apply by email will receive an email confirmation. Applicants are responsible for ensuring that application materials are formatted in a manner that will transmit successfully.

THE BONNEVILLE POWER ADMINISTRATION IS A HARASSMENT FREE WORKPLACE.

www.va.gov	http://www.jobs.bpa.gov/	www.usajobs.opm.gov	http://www.opm.gov/qualifications/index.htm
Veterans Administration	Bonneville Power Administration	Office of Personnel Management Jobs	Office of Personnel Management

APPLICANT DISABILITY, RACE/NATIONAL ORIGIN AND SEX IDENTIFICATION
(Please read the Instructions and Privacy Act Statement before completing this form)

OMB Burden Disclosure Statement

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Office of Information Resources Management Policy, Plans, and Oversight, Records Management Division, HR-422-GTN, Paperwork Reduction Project (1910-0600), U.S. Department of Energy, 1000 Independence Avenue, S.W., Washington, DC 20585; and to the Office of Management and Budget (OMB), Paperwork Reduction Project (1910-0600), Washington, DC 20503.

PRIVACY ACT STATEMENT

This data is being collected to plan and evaluate the agency's recruitment of persons with disabilities, minorities and women, and to help ensure that agency personnel practices meet the requirements of Federal law and regulation. The data you supply will be used for statistical analysis only. **SUBMISSION OF THIS INFORMATION IS VOLUNTARY. Failure to provide this information will have no effect on the processing of your application for Federal employment. Individual personnel selections are not made based on this information.**

Authority: Sections 1302, 3301, 3302, 3304 and 7201 of Title 5n of the U.S. Code; Section 2000e of Title 42 U.S. Code; and Section 791 of Title 29 of the U.S. Code.

Solicitation of your Social Security Number (SSN) is authorized by Executive Order 9397 (November 22, 1943), which requires agencies to use the SSN as the means for identifying individuals in Personnel information systems. It will be used only for that purpose. Submission of your SSN is voluntary and failure to furnish your SSN on this form will have no effect on your application.

Vacancy Announcement Number	Position Title, Series, Grade
Name (Last, First, Middle Initial)	Social Security Number
Sex <input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE

SECTION A. DISABILITY STATUS

A person is disabled if he or she has a physical or mental impairment, which substantially limits one or more major life activities. Please read the disability descriptions below and then write the two-digit numeric code in the box above which best describes your disability, if any. If you have more than one disability, choose the one which results in the most substantial limitation.

NOTE: Please place only ONE two-digit code number in the box.

- 05. I do not have a disability
- 16. Total deafness in both ears, with or without understandable speech.
- 23. Inability to read ordinary size print, not correctable by glasses (can read oversize print or use assisting device)
- 25. Blind in both eyes (no usable vision, may have some light perception).
- 28. Missing one arm or one leg.
- 33. Missing hands or both arms or both feet or both legs.
- 35. Missing one hand or arm and one foot or leg.
- 64. Partial paralysis of both hands. Partial paralysis of both legs, any part, or both arms, any part.
- 65. Partial paralysis of both legs, any part, or both arms, any part.

APPLICANT DISABILITY, RACE/NATIONAL ORIGIN AND SEX IDENTIFICATION

- 67. Partial paralysis of one side of the body, including one arm and one leg.
- 68. Partial paralysis of three or more major parts of the body (arms and legs)
- 71. Complete paralysis of both hands or both arms or both legs.
- 72. Complete paralysis of one arm or one leg.
- 76. Complete paralysis of lower half of body, including legs.
- 77. Complete paralysis of one side of body, including one arm and one leg.
- 78. Complete paralysis of three or more major parts (of body) (arms and legs).
- 82. Convulsive disorder (e.g. epilepsy).
- 90. Mental retardation (a chronic and lifelong condition involving a limited ability to learn, to be educated, and to be trained for useful productive employment as certified by a state vocational rehabilitation agency).
- 91. Mental or emotional illness (a history of treatment for mental or emotional problems).
- 92. Severe distortion of limbs and/or spine (e.g. dwarfism, severe distortion of the back).
- 06. I have a disability, but it is not listed above. Describe:

SECTION B. RACE/NATIONAL ORIGIN

The categories below provide descriptions of race and national origins. Read the descriptions and then check the box next to the category with which you identify yourself. If you are a mixed race and/or national origin, select the category with which you identify yourself. NOTE: Please mark only ONE box.

- A. American Indian or Alaskan Native A person having origins in any of the original peoples of North America, and who maintains cultural identification through community recognition or tribal affiliation.
- B. Asian or Pacific Islander A person having origins in any of the original peoples of the Far East, Southeast Asia, the India subcontinent, or the Pacific Islands. For example: China, India, Japan, Korea, the Philippine Islands, Samoa and Vietnam.
- C. Black, not of Hispanic origin A person having origins in any of the black racial groups of Africa. This does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins.
- D. Hispanic A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins. This does not include persons of Portuguese culture or origin.
- E. White, not of Hispanic origin A person having origins in any of the original peoples of Europe, North Africa or the Middle East. This does not include persons of Mexican, Puerto Rican, Cuban, Central or South American cultures of origins.

F. Other

A person not included in the above categories.

In order for us to assess the effectiveness of our Recruitment efforts please identify how you learned about this job by marking the appropriate box and providing the name of the source:

Internet web-site

Newspaper Ad

Trade Journal

Other (Please indicate)

Declaration for Federal Employment

GENERAL INFORMATION	
1. FULL NAME (First, middle, last)	2. SOCIAL SECURITY NUMBER
3. PLACE OF BIRTH (Include City and State or Country)	4. DATE OF BIRTH (MM/DD/YY)
5. OTHER NAMES EVER USED (For example, maiden name, nickname, etc.)	6. PHONE NUMBERS (Include Area Codes) 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 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 MM/DD/YYYY	TO MM/DD/YYYY	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 whose 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? (Includes felonies, firearms or explosives, violations, misdemeanors, and all other offenses.) <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"/>
10. Have you been convicted by a military court-martial in the past 10 years? (If no military service, answer "NO".) <i>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"/>
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 name and address of the police department or court involved.</i>	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
12. During the last 5 years, were you 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? <i>If "YES", use item 16 to provide the date, an explanation of the problem and reason for leaving, and the employer's name and address.</i>	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
13. Are you delinquent on any Federal debt? (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.) <i>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"/>

Declaration for Federal Employment

Electronic Form Approved
by CILR 07/24/02

ADDITIONAL QUESTIONS

- | | YES | NO |
|--|--------------------------|--------------------------|
| 14. Do any of your relatives work for the agency or organization to which you are submitting this form? (Includes 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, stepson, stepdaughter, stepbrother, stepsister, halfbrother, and halvesister.) <i>If "YES", use item 15 to provide the name, relationship, and the Department, Agency, or Branch of the Armed Forces for which your relative works.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Do you receive, or have you ever applied for, retirement pay, pension, or other pay based on military, Federal civilian, or District of Columbia Government service? | <input type="checkbox"/> | <input type="checkbox"/> |

CONTINUATION SPACE/AGENCY OPTIONAL QUESTIONS

16. Provide details requested items 7 through 15 and 18c in the continuation 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 attached materials are accurate, read item 17, 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 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 by 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 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 only 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 <input type="checkbox"/>	NO <input type="checkbox"/>	DO NOT KNOW <input type="checkbox"/>
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 which were not cancelled.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DO NOT KNOW <input type="checkbox"/>

U.S. Office of Personnel Management

NSN 7540-01-368-7775

Optional Form 306
 Revised January 2001
 Previous editions obsolete and unusable
 FILE CODE: PE-20-12
 RETENTION: CHR/CF = 2 YRS; OTHERS = A