



BPA VACANCY ANNOUNCEMENT (#002799-05-DE)

U.S. DEPARTMENT OF ENERGY
BONNEVILLE POWER
ADMINISTRATION

POSITION AND LOCATION: Secretary, GS-318-6, (FPL GS-08), Portland, OR

OPENING DATE
11/01/04

CLOSING DATE
11/05/04

ANNUAL PAY RATE
GS-6: \$30,778 - \$40,016

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: Power Business Line, Requirement Marketing, Revenue Metering & Contract Analysis – PSR

NOTES:

The full performance level of this position is GS-08.

This position will only be filled at the GS-6 level. Candidates hired at the GS-6 grade level may be promoted without further competition when assigned higher-level duties and meeting all qualification requirements

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: The Revenue, Metering and Contract Analysis (PSR) function is located within the Requirements Marketing, Power Business Line (PBL). Receives requests from other organizations within the agency for information concerning programs under the manager's direction. Keeps informed and updated on issues, priorities, and sensitivities

affecting work of the immediate organization, and work unit, through consistent communication with manager/supervisor, frequent interaction with other managers, and outside contacts. Performs a wide variety of secretarial, clerical, and administrative functions in support of the manager and/or work unit staff. Duties may include payroll administration, scheduling travel and preparation of vouchers, training scheduling, maintenance of files, manuals, and other support functions.

QUALIFICATION REQUIREMENTS: Applicants must have had a total of 1 year specialized experience that has equipped them with the particular knowledge, skill and abilities to perform successfully the duties of the position, and that is typically related to the work of the position. **SPECIALIZED EXPERIENCE** is experience in administrative/clerical processes and procedures performing a variety of support functions related to travel, training, payroll, reports, preparing correspondence, etc.; an/or other related organization processes utilizing word processing skills. To be creditable, the specialized experience must have been equivalent at least to the next lower grade of the position for which qualified.

In addition, typing duties are performed on electronic systems such as word processors, electronic typewriters, personal computers; workstations linked to a computer, and associated equipment such as printers, optical scanners, and modems. Duties of this position require typing skill at the level required under the competitive standard for typist positions - **40 wpm.** **You must indicate your typing speed under Proficiency Statement of the Supplemental Qualifications Statement for Secretary (attached.)** (If e-mailing your application, you may type your name in the signature block of the certification form. If selected, you may be asked to provide a hand-written signature).

GS-06: As a general rule, education is not creditable above GS-5 for these positions.

BASIS OF RATING: If qualified, ratings will be based on an evaluation of the quality and extent of experience, education, and training in relation to the knowledges, skills, and abilities identified on the attached ***Supplemental Qualifications Statement for Secretary, GS-0318-6.*** Applicants should submit the supplemental qualifications statement - Failure to submit may negatively affect your eligibility and/or rating.

NOTE: Applicants who have qualifying experience performed on less than a full-time basis must specify the percentage and length of time spent in performance of such duties.

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.
2. **Supplemental Qualifications Statement for Secretary, GS-0318-6 (including signed certification and typing proficiency statements.)**
3. If you are applying for consideration with 5-point veteran's preference, you must provide a copy of your DD-214 (Member 4).
5. 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.
6. All applicants are encouraged to complete and submit DOE F 1600.7e, Applicant Disability, Race/National Origin and Sex Identification form (attached).
7. 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

SUPPLEMENTAL QUALIFICATIONS STATEMENT Secretary GS-0318-6

INSTRUCTIONS – READ CAREFULLY. The information requested on this form is needed to rate your qualifications for Secretary position. Fill out this form completely and accurately. The questions cover several skills and knowledges, especially regarding whether you received training or were working independently. Your failure to furnish the information in detail may result in an ineligible or lower numerical rating. In addition, previous employers may be contacted to verify dates, duties, and quality of work performed. **You must show the dates the experience/training/education was gained in the blank marked “FROM/TO” (E.G, 2/95 – 3/98)**

SKILL LEVEL DEFINITIONS. Use these skill levels where requested on the SUPPLEMENTAL QUALIFICATIONS FORM to identify your level of experience, training, and expertise in the various areas. Check the appropriate letter of the definition which BEST represents your performance level. If the experience examples in your application do not match the skill level you claim on this form, you will not receive any credit for that section of the form.

A – I am able to independently perform these tasks with a high degree of proficiency and confidence.

B – I consider myself an above-average performer of this function.

C – I am able to perform this function with minimal or no guidance.

D – I have completed formal and/or on-the-job training in this function or I have performed this task under close supervision.

E – I have been exposed to this function on a limited basis. I am aware of it but have not actually performed the duties myself.

SUPPLEMENTAL QUALIFICATIONS FORM

	Element #1. Ability to manage the flow of administrative and clerical processes in an office	High Proficiency A	Above Average B	Average C	Formal or OJT D	Limited Exposure E	FROM/TO MO/YEAR
1	Initiate appointments for supervisors based on knowledge of his or her interests and commitments.						
2	Schedule appointments and meetings, and notify participants according to instructions						
3	Coordinate and arrange facilities and support accommodations						
4	Copy, collate, and compile material for meetings and informal training						
5	Independently assemble meeting agendas, record minutes, and prepare final report for dissemination						
6	Manages appointment schedules for multiple managers/supervisors with diverse functions.						
7	Distribute work to support personnel						
8	Screen mail or other items, which may be handled personally, referring the remainder to the appropriate staff members.						
		High Proficiency A	Above Average B	Average C	Formal or OJT D	Limited Exposure E	FROM/TO MO/YEAR

9	Order office supplies and prepare service request forms (i.e. media services, ADP, and facilities requests)						
10	Prepare and maintain time and attendance records in accordance with established policies						
11	Responsible for all necessary travel arrangements (airline, rental car, hotel) based on knowledge of supervisor's preferences and in accordance with established policy and procedures.						
12	Prepare, review, and/or process travel vouchers for compliance with established policy and procedures.						
13	Establish and maintain subject matter and organization files in accordance with established guidelines.						

	Element #2. Ability to effectively communicate with others	High Proficiency A	Above Average B	Average C	Formal or OJT D	Limited Exposure E	FROM/TO MO/YEAR
1	Provide routine information via EMAIL and phone; forward EMAIL/phone traffic as appropriate						
2	Communicate through EMAIL with clarity and using the appropriate tone						
3	Screen calls and EMAIL so that supervisor receives only those most appropriate and refer others to appropriate staff members						
4	Greet and screen visitors so that supervisor receives only those most appropriate and refer others to appropriate staff members						
5	Provide technical and non-technical information relating to the program responsibilities of the organization/office						
6	Establish and maintain internal and external networking channels to facilitate coordination and information flow, and effective working relationships						
7	Contact individuals in person or by phone to resolve discrepancies						
8	Maintain confidentiality, judgment, and diplomacy in contacts with external personnel and internal subordinates, peers, and superiors						
9	Communicate with disgruntled people with tact and diplomacy in order to maintain harmonious work relationships at all levels.						
	Element #3. Ability to research, assemble, and prepare reports	High Proficiency A	Above Average B	Average C	Formal or OJT D	Limited Exposure E	FROM/TO MO/YEAR
1	Study source materials on rules, regulations or policies to maintain						

1	Operate word processing software (MS Word, Word Perfect, etc.)						
2	Operate spreadsheet software (Excel, Lotus, etc.)						
3	Operate database software (Access, etc)						
4	Operate EMAIL software (MS Outlook, etc)						
5	Use of an Enterprise System (integrated computer software package that supports complex applications; e.g. finance, purchasing, sales, and inventory)						
6	Operate office machines including high-speed copiers, printers, scanners, fax machines, personal digital assistants (i.e. Palm Pilot), etc						
7	Trouble shoot high-speed copiers, printers, scanners, fax machines, personal digital assistants (i.e. Palm Pilot), etc						
8	Maintain accountability for office communications, and supplies and equipment (i.e. cell phones, pagers, Palm Pilot, etc)						

	Element #6 Skill in leadership and management. (Complete if applying for Secretary only.)	High Proficiency A	Above Average B	Average C	Formal or OJT D	Limited Exposure E	FROM/TO MO/YEAR
1	Build and maintain a close partnership with manager(s)						
2	Prioritize projects to meet fluctuating workload.						
3	Delegate work and assignments both up and down the management chain						
4	Participate as a member of the management team and influence decisions and policy						
5	Develop and prepare information for formal and informal training						
6	Train new employees in office operating procedures						
7	Clarify and interpret policy decision for staff and management						
8	Represent manager's position on policy, protocol, and office culture						
9	Act as manager's confidante and sounding board						
10	Make recommendations to managers on office procedures and secretarial resources						
11	Build and lead support staff (teambuilding, training, mentoring)						

PRIVACY ACT OF 1974

AUTHORITY: 5 U.S.C., Section 301; 10 U.S.C., Section 3013., Section 3013; 5 U.S.C., Section 1302 of Chapter 12 (Special Authority) and Sections 3301 and 3304 of Chapter 33 (Examination, Certification, and Appointment); Executive Order 9397 (Numbering System for Federal Accounts Relating to Individual Persons) authorizes the collection of your Social Security Number (SSN).

PRINCIPAL PURPOSE(S): Your SSN is used for the same purposes as stated on the application. The information you provide will be used primarily to determine your qualifications for federal employment.

ROUTINE USES: Other possible uses or disclosures of the information are:

- a. To make requests for information about you from any source (e.g. former employers or schools) that would assist in determining whether to hire you.
- b. To refer your application to prospective federal employers and, with your consent, to others (e.g., state and local government(s) for possible employment.
- c. To a federal, state, or local agency for checking on violations of law or other lawful purposes in connection with hiring or detaining you on the job, or issuing you a security clearance.
- d. To the courts when the Government is party to a suit.
- e. When lawfully required by Congress, the Office of Management and Budget, or the General Services Administration.

DISCLOSURE: Providing the information requested on this form, including your SSN, is voluntary. However, failure to provide the information may result in your not receiving an accurate rating, which may hinder your chances for obtaining federal employment.

ATTENTION – THIS STATEMENT MUST BE SIGNED (you may type your name if e-mailing your application, but may be asked to provide hand-written signature if selected).

Read the following paragraph carefully before signing this statement

A false answer to any question in this statement may be grounds for not employing you or for dismissing you after you begin work, and may be punishable by fine or imprisonment (U.S.C. 18, Section 1001). All statements are subject to investigation, including a check of your fingerprints, police records, and former employers. All the information you give will be considered in viewing your statement and is subject to investigation.

CERTIFICATION

I CERTIFY THAT ALL THE STATEMENTS MADE ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH.

Signature

Date

PROFICIENCY STATEMENT: In addition to meeting experience or education requirements, applicants must self certify possession of typing speed at 40 words per minute.

Please indicate your typing speed: _____

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.
- 67. Partial paralysis of one side of the body, including one arm and one leg.

APPLICANT DISABILITY, RACE/NATIONAL ORIGIN AND SEX IDENTIFICATION

- 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

Electronic Form Approved
by CILR 07/24/02

ADDITIONAL QUESTIONS

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.) *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.*

YES **NO**

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?

YES **NO**

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:

(Sign in ink) **Date** _____

17b. Appointee's Signature:

(Sign in ink) **Date** _____

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?	MM / DD / YYYY		
	DATE:		
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
	<input type="checkbox"/>	<input type="checkbox"/>	<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	NO	DO NOT KNOW
	<input type="checkbox"/>	<input type="checkbox"/>	<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