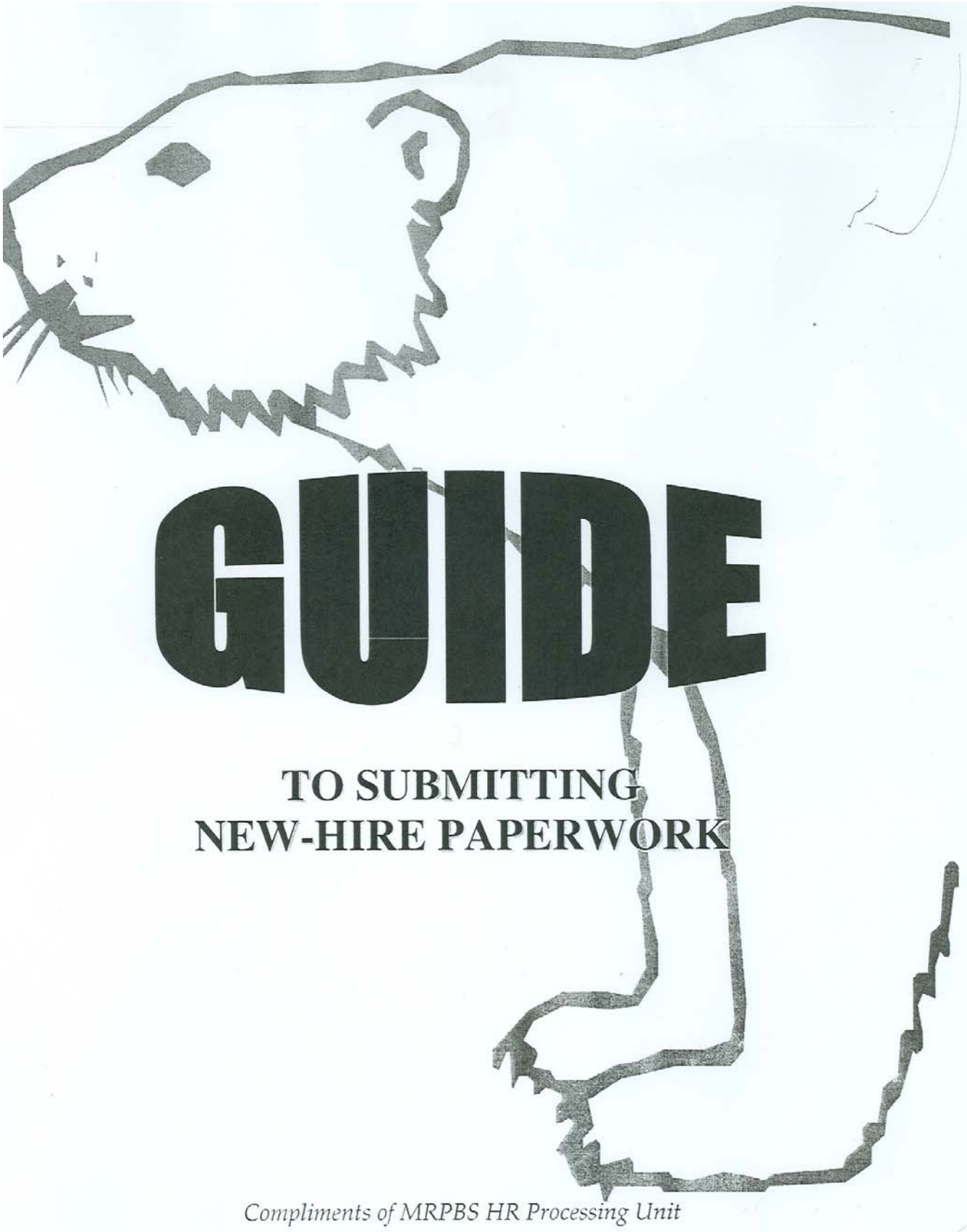


GUIDE

TO SUBMITTING NEW-HIRE PAPERWORK

Compliments of MRPBS HR Processing Unit

UNITED STATES DEPARTMENT OF AGRICULTURE

Marketing and Regulatory Programs

Human Resources Operations Minneapolis

Butler Square, 5th Floor
100 North Sixth Street
Minneapolis, MN 55403

May 28, 2009

Dear Customer:

In an effort to meet the needs of our customers and to continue to improve our customer service, our Processing unit created this guide for new hire paperwork. This guide is comprised of three sections: required forms, supplemental forms and obsolete forms, and included completed samples and instructions. As revisions are made and or forms become obsolete, we will inform you of those changes.

Please note that the name to be used on all forms is the employee's legal name. This is the name that appears on the employee's Social Security card, Driver's License, and/or Passport. This is especially important in light of the requirements for the LINC PASS Credentials.

We hope this guide will make the new hire paperwork process easier for you. If you have any questions concerning this guide, please feel free to contact your servicing processing assistant.

Sincerely

Margaret McKinney. Section Chief
Processing, Human Resources Division
USDA APHIS MRPBS
Butler Square West, Suite 510C
100 North Sixth Street
Minneapolis, MN 55403

Section I

Required Forms

USDA
UNITED STATES DEPARTMENT OF AGRICULTURE
Marketing and Regulatory Programs
Human Resources Operations Minneapolis
Butler Square, 5th Floor
100 North Sixth Street
Minneapolis, MN 55403

NEW RESTRICTIONS ON APPOINTMENT ACTIONS

Security issues are being addressed all over the nation as a result of the events that took place on September 11. The President issued a mandate to all Federal government agencies regarding the hiring of new employees. As a result, the Processing section can not enter an appointment action (Nature of Action Code's 100-199) without the receipt of the following **fully completed** forms:

SF-306, Declaration of Federal Employment
SF-61, Appointment Affidavit
I-9, Employment Eligibility Verification
SF-171, OF-612, or Resume

OF-306, DECLARATION FOR FEDERAL EMPLOYMENT
(REVISED JAN 2001)

(THIS FORM REPLACED THE SF-61-B, DECLARATION OF APPOINTEE)

This form is required for every appointment and conversion to appointment. The information found on the form is used to determine an applicant's suitability for Federal employment. It **MUST BE** completed before the personnel action is effective.

If the OF-306 is completed during the **INTERVIEW** process, the applicant should complete blocks 1-17A.

If the employee is selected, mail a **photocopy** of the form to Minneapolis with the application for employment. The original form should be retained by your office until the individual reports to duty.

At the time the new hire reports for duty, the form should be finalized as follows:

- The employee reviews blocks 1-17 and makes any necessary changes.

- The employee signs and dates the form again, in block 17B, as appointee.

- The appointing officer enters the date of appointment or conversion.

Forward the completed form to Minneapolis with the appointment paperwork.

PLEASE NOTE:

The form must either be typed or completed with dark ink and it is recommended that the employee keep a copy of the form for their records.

Declaration for Federal Employment*

Form Approved:
OMB No. 3206-0182

(*This form may also be used to assess fitness for federal contract employment)

GENERAL INFORMATION

1. **FULL NAME** (Provide your full name. If you have only initials in your name, provide them and indicate "Initial only". If you do not have a middle name, indicate "No Middle Name". If you are a "Jr.," "Sr.," etc. enter this under Suffix. First, Middle, Last, Suffix)

♦ Paul Polar Bear

2. SOCIAL SECURITY NUMBER	3a. PLACE OF BIRTH (Include city and state or country)
♦ 123-45-6789	♦ North Pole, Alaska

3b. ARE YOU A U.S. CITIZEN?	4. DATE OF BIRTH (MM / DD / YYYY)
[X] YES [ ] NO (If "NO", provide country of citizenship) ♦	♦ 12/25/1980
5. OTHER NAMES EVER USED (For example, maiden name, nickname, etc)	**6. PHONE NUMBERS** (Include area codes)
♦ P. Bear	Day ♦ 907-222-1212
♦	Night ♦ 907-222-1212

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? [X] YES [ ] NO (If "NO", proceed to 8.)

7b. Have you registered with the Selective Service System? [X] YES (If "YES", proceed to 8.) [ ] NO (If "NO", proceed to 7c.)

7c. If "NO," describe your reason(s) in item 16.

Military Service

8. Have you ever served in the United States military? [ ] YES (If "YES", provide information below) [X] 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 for which the record was expunged under Federal or state law .

9. During the last 7 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.) *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.* [ ] YES [X] NO

10. Have you been convicted by a military court-martial in the past 7 years? *(If no military service, answer "NO.") If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.* [ ] YES [X] NO

11. Are you currently under charges for any violation of law? *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.* [ ] YES [X] NO

12. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency? *If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.* [ ] YES [X] NO

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.) *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.* [ ] YES [X] NO

Declaration for Federal Employment*

(*This form may also be used to assess fitness for federal contract employment)

Form Approved:
OMB No. 3206-0182

Additional Questions

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law,mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) *If "YES," use item 16 to provide the relative's name,relationship, and the department, agency, or branch of the Armed Forces for which your relative works.* [X] YES [ ] NO

15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service? [ ] YES [X] NO

Continuation Space / Agency Optional Questions

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed *(these questions are specific to your position and your agency is authorized to ask them).*

Pamela Peguin, USPS - Mother

Certifications / Additional Questions

APPLICANT: If you are applying for a position and have not yet been selected, carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

APPOINTEE: If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. **I certify** that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith . **I understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand** that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. **I consent** to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. **I understand** that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

17a. Applicant's Signature: Paul P. Bear (Sign in ink) Date 12/12/12

17b. Appointee's Signature: Paul P Bear (Sign in ink) Date 1/3/12

Appointing Officer:
Enter Date of Appointment or Conversion
MM / DD / YYYY
1/3/12

18. **Appointee (Only respond if you have been employed by the Federal Government before):** Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

18a. When did you leave your last Federal job? 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

18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled. [ ] YES [ ] NO [ ] DO NOT KNOW

SF-61, APPOINTMENT AFFIDAVIT

An SF-61, Appointment Affidavit is required for all new appointments to a federal agency (including transfers from other agencies, reinstatements, restorations and re-employments.)

Complete the form as follows:

- Employee or specialist completes blocks 1-7

- Appointing officer or designee completes blocks 8-12

Forward the original completed form to Minneapolis with appointment paperwork.

PLEASE NOTE:

This form **MUST** be completed the first day the employee comes to work.
It **MUST** be signed by the employee in the presence of the appointing officer.

Stamp signatures are not acceptable.

If appointing officer or designee is unable to complete blocks 8-12, a notary or other Federal/State agency officer may complete and sign blocks 8-13.

(C)

APPOINTMENT AFFIDAVITS

(1) Global Positioning Technician *(Position to which Appointed)*

(2) 01/04/2001 *(Date Appointed)*

(3) USDA APHIS *(Department or Agency)*

(4) M&RP-HRO *(Bureau or Division)*

(5) North Pole *(Place of Employment)*

(6) I, Paul P. Bear, do solemnly swear (or affirm) that--

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. So help me God.

B. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof.

C. AFFIDAVIT AS TO THE PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing this appointment.

(7) Paul P. Bear
(Signature of Appointee)

(8) Subscribed and sworn (or affirmed) before me this 5th day of January, 2001

(9) at North Pole (City) (10) Alaska (State)

(11) Margaret McKenney
(Signature of Officer)

(SEAL)

(13) Commission expires_____
(If by a Notary Public, the date of his/her Commission should be shown)

(12) Processing Section Chief
(Title)

Note - If the appointee objects to the form of the oath on religious grounds, certain modifications may be permitted pursuant to the Religious Freedom Restoration Act. Please contact your agency's legal counsel for advice.

I-9, EMPLOYMENT ELIGIBILITY VERIFICATION

This form is required for all new appointments. It is used to verify that the employee is eligible to work in the United States.

Complete the form as follows:

- Employee completes and **signs** Section 1, using their legal name as it appears on their Social Security card, driver's license, and/or passport.

- Employing officer or notary completes Section 2. The appointing official or notary **MUST REVIEW EITHER** *one* document from List A; **OR** *two* documents: one from List B **AND** one from List C.

  (A list of the appropriate documents to be reviewed are found on the reverse side of the I-9 form.)

Forward the completed form to Minneapolis with the appointment paperwork.

PLEASE NOTE:

WHEN COMPLETING SECTION 2, IT IS VERY IMPORTANT TO COMPLETE LIST A; OR LIST B AND C. ALSO, BE SURE TO HAVE THE EMPLOYING OFFICER OR NOTARY SIGN THE CERTIFICATION PORTION OF THE FORM INCLUDED IN SECTION 2.

Documents used to verify employment eligibility do not need to be submitted to Minneapolis processing unit.

(D)

OMB No. 1615-0047; Expires 06/30/09

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

EMPLOYEE SECTION

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
BEAR	PAUL		P

Address *(Street Name and Number)*	Apt. #	Date of Birth *(month day year)*
100 ICE FLOW LANE		12/16/1980

City	State	Zip Code	Social Security #
NORTH POLE	AK	54321	123-45-6789

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- [X] A citizen of the United States
- [ ] A noncitizen national of the United States (see instructions)
- [ ] A lawful permanent resident (Alien #) _____
- [ ] An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - *month/day/year*)

Employee's Signature: Paul P Bear Date *(month/day/year)*: 05/28/2009

EMPLOYER/NOTARY SECTION

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature	Print Name

Address *(Street Name and Number, City, State, Zip Code)*	Date *(month/day/year)*

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

	List A	OR	List B	AND	List C
Document title:	SEE PG 3		SEE PG 3		SEE PG 3
Issuing authority:	NEED ONLY 1		NEED PROOF FROM B&C		NEED PROOF FROM B&C
Document #:	FROM LIST A		i.e. DRIVERS LICENSE		i.e. SSN # CARD
Expiration Date *(if any)*:					
Document #:			* NOTARY OR EMPLOYER PLEASE		
Expiration Date *(if any)*:			COMPLETE ALL OF SECTION 2.		

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on *(month/day/year)* _____ **and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)**

Signature of Employer or Authorized Representative	Print Name	Title
Margaret McKinney	Margaret McKinney	Proc. Section Chief

Business or Organization Name and Address *(Street Name and Number, City, State, Zip Code)*	Date *(month day year)*
USDA APHIS MRPBS HRD 100 N. 6th St. Minneapolis, MN 55403	05/28/2009

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

A. New Name *(if applicable)*	B. Date of Rehire *(month/day/year) (if applicable)*

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____ Document #: _____ Expiration Date *(if any)*: _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date *(month day year)*

(D1)

OMB No. 1615-0047; Expires 06/30/09

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
BEAR	PAUL		P

Address *(Street Name and Number)*	Apt. #	Date of Birth *(month/day/year)*
100 ICE FLOW LANE		12/16/1980

City	State	Zip Code	Social Security #
NORTH POLE	AK	54321	123-45-6789

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- [X] A citizen of the United States
- [ ] A noncitizen national of the United States (see instructions)
- [ ] A lawful permanent resident (Alien #) _____
- [ ] An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - *month/day/year*)

Employee's Signature — Date *(month/day/year)* 05/28/2009

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature	Print Name

Address *(Street Name and Number, City, State, Zip Code)*	Date *(month/day/year)*

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

	List A	OR	List B	AND	List C
Document title:			DRIVERS LICENSE		SOCIAL SECURITY CARD
Issuing authority:			STATE OF ALASKA		SOCIAL SECURITY ADM.
Document #:			9917-42		123-45-6789
Expiration Date *(if any)*:			12/16/13		
Document #:					
Expiration Date *(if any)*:					

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on *(month/day/year)* _____ **and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)**

Signature of Employer or Authorized Representative	Print Name	Title
Margaret McKinney	Margaret McKinney	Proc. Section Chief

Business or Organization Name and Address *(Street Name and Number, City, State, Zip Code)*	Date *(month/day/year)*
USDA APHIS MRPBS HRD 100 N. 6th St. Minneapolis, MN 55403	05/28/2009

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

A. New Name *(if applicable)*	B. Date of Rehire *(month/day/year) (if applicable)*

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____ Document #: _____ Expiration Date *(if any)*: _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date *(month/day/year)*

(D2)

OMB No. 1615-0047; Expires 06/30/09

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
BEAR	PAUL		F

Address *(Street Name and Number)*	Apt. #	Date of Birth *(month/day/year)*
100 ICE FLOW LANE		12/16/1980

City	State	Zip Code	Social Security #
NORTH POLE	AK	54321	123-45-6789

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- [X] A citizen of the United States
- [ ] A noncitizen national of the United States (see instructions)
- [ ] A lawful permanent resident (Alien #) _____
- [ ] An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - *month day year*) _____

Employee's Signature — Date *(month day year)* 05/28/2009

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature	Print Name

Address *(Street Name and Number, City, State, Zip Code)*	Date *(month day year)*

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

	List A	OR	List B	AND	List C
Document title:	U.S. PASSPORT				
Issuing authority:	US GOVERNMENT				
Document #:	5432198765				
Expiration Date *(if any)*:	10/12/2012				
Document #:					
Expiration Date *(if any)*:					

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on *(month/day/year)* _____ **and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)**

Signature of Employer or Authorized Representative	Print Name	Title
Margaret McKinney	Margaret McKinney	Proc. Section Chief

Business or Organization Name and Address *(Street Name and Number, City, State, Zip Code)*	Date *(month day year)*
USDA APHIS MRPBS HRD 100 N. 6th St. Minneapolis, MN 55403	05/28/2009

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

A. New Name *(if applicable)*	B. Date of Rehire *(month/day/year) (if applicable)*

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____ Document #: _____ Expiration Date *(if any)*: _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date *(month day year)*

LISTS OF ACCEPTABLE DOCUMENTS

LIST A

Documents that Establish Both Identity and Employment Eligibility

1. U.S. Passport (unexpired or expired)
2. Certificate of U.S. Citizenship *(INS Form N-560 or N-561)*
3. Certificate of Naturalization *(INS Form N-550 or N-570)*
4. Unexpired foreign passport, with *I-551 stamp or* attached *INS Form I-94* indicating unexpired employment authorization
5. Alien Registration Receipt Card with photograph *(INS Form I-151 or I-551)*
6. Unexpired Temporary Card *(INS Form I-688)*
7. Unexpired Employment Authorization Card *(INS Form I-688A)*
8. Unexpired Reentry Permit *(INS Form I-327)*
9. Unexpired Refugee Travel Document *(INS Form I-571)*
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph *(INS Form I-688B)*

OR

LIST B

Documents that Establish Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color and address
2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, sex, height, eye color and address
3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record
6. Military dependent's ID card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian government authority

For persons under age 18 who are unable to present a document listed above:

10. School record or report card
11. Clinic, doctor or hospital record
12. Day-care or nursery school record

AND

LIST C

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration *(other than a card stating it is not valid for employment)*
2. Certification of Birth Abroad issued by the Department of State *(Form FS-545 or Form DS-1350)*
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American tribal document
5. U.S. Citizen ID Card *(INS Form I-197)*
6. ID Card for use of Resident Citizen in the United States *(INS Form I-179)*
7. Unexpired employment authorization document issued by the INS *(other then those listed under List A)*

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

SF-256, SELF IDENTIFICATION OF DISABILITY

This form is recommended for all appointments. The information is used to record whether or not an employee has a disability. **It is used for statistical purposes only and is kept confidential.**

Complete the form as follows:

- Name
- Date of Birth
- Social Security Number
- Select appropriate disability code and enter code in block in upper right hand corner of form.

Forward the completed form to Minneapolis with the appointment paperwork. If form is not received, or disability not identified, a default code of 05 (no disability) is used.

PLEASE NOTE;

In the case of multiple impairments, choose the code which describes the impairment that would result in the most substantial limitation.

If the employee is being hired under a disability appointment, **this form is required in order to enter the personnel action.**

E

SELF-IDENTIFICATION OF DISABILITY

(see instructions and Privacy Act information on reverse)

Last Name, First Name, and MI	Date of Birth (mm/yy)	Social Security Number	ENTER CODE HERE ——— >	9	4
Bear, Paul P	12/80	123-45-6789			

Definition:

An Individual with a disability: A person who (1) has a physical impairment or mental impairment (psychiatric disability) that substantially limits one or more of such person's major life activities; (2) has a record of such impairment; or (3) is regarded as having such an impairment. This definition is provided by the Rehabilitation Act of 1973, 29 U.S.C. 701 et. seq., as amended.

Purpose:

Self-identification of disability status is essential for effective data collection and analysis. The information you provide will be used for statistical purposes only and will not in any way affect you individually. While self-identification is voluntary, your cooperation in providing accurate information is critical.

Part I. Targeted/Severe Disabilities

Hearing

18 - Total deafness in both ears (with or without understandable speech)

Vision

21 - Blind (inability to read ordinary size print, not correctable by glasses, or no usable vision, beyond light perception)

Missing Extremities

30 - Missing extremities (missing one arm or leg, both hands or arms, both feet or legs, one hand or arm and one foot or leg, one hand or arm and both feet or legs, both hands or arms and one foot or leg, or both hands or arms and both feet or legs)

Partial Paralysis

69 - Partial paralysis (because of a brain, nerve or muscle impairment, including palsy and cerebral palsy, there is some loss of ability to move or use a part of the body, including both hands; any part of both arms or legs; one side of the body, including one arm and one leg; and/or three or more major body parts)

Complete Paralysis

79 - Because of a brain, nerve or muscle impairment, including palsy and cerebral palsy, there is a complete loss of ability to move or use a part of the body, including both hands; one or both arms or legs; the lower half of the body; one side of the body, including one arm and one leg; and/or three or more major body parts

Other Impairments

82 - Epilepsy
90 - Severe intellectual disability
91 - Psychiatric disability
92 - Dwarfism

Part II. Other Disabilities

Hearing Conditions

15 - Hearing impairment/hard of hearing

Vision Conditions

22 - Visual impairments (e.g., tunnel or monocular vision or blind in one eye)

Physical Conditions

26 - Missing extremities (one hand or one foot)
40 - Mobility impairment (e.g., cerebral palsy, multiple sclerosis, muscular dystrophy, congenital hip defects, etc.)
41 - Spinal abnormalities (e.g., spina bifida, scoliosis)
44 - Non-paralytic orthopedic impairments: chronic pain, stiffness, weakness in bones or joints, some loss of ability to use part or parts of the body
51 - HIV Positive/AIDS
52 - Morbid obesity
61 - Partial paralysis of one hand, arm, foot, leg, or any part thereof
70 - Complete paralysis of one hand
80 - Cardiovascular/heart disease with or without restriction or limitation on activity; a history of heart problems w/complete recovery
83 - Blood diseases (e.g., sickle cell anemia, hemophilia)
84 - Diabetes
86 - Pulmonary or respiratory conditions (e.g., tuberculosis, asthma, emphysema, etc.)
87 - Kidney dysfunction (e.g., required dialysis)
88 - Cancer (present or past history)
93 - Disfigurement of face, hands, or feet (such as those caused by burns or gunshot wounds) and noticeable gross facial birthmarks
95 - Gastrointestinal disorders (e.g., Crohn's Disease, irritable bowel syndrome, colitis, celiac disease, dysphexia, etc.)
98 - History of alcoholism

Speech/Language/Learning Conditions

13 - Speech impairment - includes impairments of articulation (unclear language sounds), fluency (stuttering), voice (with normal hearing), dysphasia, or history of laryngectomy
94 - Learning disability - a disorder in one or more of the processes involved in understanding, perceiving, or using language or concepts (spoken or written) (e.g., dyslexia, ADD/ADHD)

Other Options

01 - I do not wish to identify my disability status. (Please read the notes on the next page.) (Note: Your personnel officer may use this code if, in his or her judgment, you used an incorrect code.)
05 - I do not have a disability.
06 - I have a disability, but it is not listed on this form.

SF-181, ETHNICITY AND RACE IDENTIFICATION

This form is recommended for all appointments. The information is used to identify the employee's race and national origin.

Complete the form as follows:

- Employee completes Name, SSN, DOB, answers questions 1 and 2, and selects a Racial Category..

Forward the completed form to Minneapolis with the appointment paperwork.

PLEASE NOTE;

This information is used for report purposes only and is kept confidential.

If not received or specified, the default code is WHITE

U.S. Office of Personnel Management
Guide to Personnel Data Standards

ETHNICITY AND RACE IDENTIFICATION

(Please read the Privacy Act Statement and instructions before completing form.)

Name (Last, First, Middle Initial)	Social Security Number	Birthdate (Month and Year)
Bear, Paul P.	**123-45-6789**	**12/1980**

Agency Use Only

Privacy Act Statement

Ethnicity and race information is requested under the authority of 42 U.S.C. Section 2000e-16 and in compliance with the Office of Management and Budget's 1997 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity. Providing this information is voluntary and has no impact on your employment status, but in the instance of missing information, your employing agency will attempt to identify your race and ethnicity by visual observation.

This information is used as necessary to plan for equal employment opportunity throughout the Federal government. It is also used by the U. S. Office of Personnel Management or employing agency maintaining the records to locate individuals for personnel research or survey response and in the production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained, or for related workforce studies.

Social Security Number (SSN) is requested under the authority of Executive Order 9397, which requires SSN be used for the purpose of uniform, orderly administration of personnel records. Providing this information is voluntary and failure to do so will have no effect on your employment status. If SSN is not provided, however, other agency sources may be used to obtain it.

Specific Instructions: The two questions below are designed to identify your ethnicity and race. **Regardless of your answer to question 1, go to question 2.**

Question 1. Are You Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

☐ Yes ☒ No

Question 2. Please select the racial category or categories with which you most closely identify by placing an "X" in the appropriate box. Check as many as apply.

RACIAL CATEGORY (Check as many as apply)	DEFINITION OF CATEGORY
☐ American Indian or Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
☐ Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
☐ Black or African American	A person having origins in any of the black racial groups of Africa.
☐ Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
☒ White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Standard Form 181
Revised August 2005
Previous editions not usable

42 U.S.C. Section 2000e-16

NSN 7540-01-099-3446

Request for USDA Identification (ID) Badge

Privacy Notice: Public Laws 95-113 and 93-579 permit collection of the data requested on this form. The information is used to determine eligibility for the issuance of USDA Identification Badges. The information will be used to identity proof and register applicants as part of the Personal Identity Verification process. Providing this information is voluntary; however, failure to submit this information may result in denial of a USDA Identification Badge.

A. Source Document Confirmation (To be completed by Human Resources)

1. Replacement ID Badge? ☒ No ☐ Yes Reason for Replacement: _____
2. BI* Application Complete? ☐ Yes (required for new cards only)
   [*"BI" is a generic reference to all investigations for federal employment purposes]

Applicant Information

3. Compliant ID Badge: ☒ Federal Employee ☐ Law Enforcement/Physical Security ☐ Contractor ☐ Press Corp ☐ Foreign National ☐ Affiliate

3a. Non-Compliant ID Badge: ☐ Site ☐ Temporary ☐ Retiree 3b. Expiration Date (mm/dd/yyyy): _____

4. Name: PAUL P. BEAR
5. Phone: 000-555-5555 10. SSN: 123-45-6789
6. Position: PPQ TECHNICIAN
7. Birth Date (mm/dd/yyyy): 12/16/1980
8. Organization: USDA, APHIS, PPQ, WESTERN REGION
9. Work Address: 100 NORTH POLE STREET
10. City: NORTH POLE 11. State: AK 12. Zipcode: 54321
13. Email: PPB@NP.COM

Identity Source Document 1 (Attach copy)

14. Name: PAUL P. BEAR
15. Doc. #: 9917-42
16. Doc Title: DRIVER'S LICENSE
17. Issuer: STATE OF ALASKA
18. Doc. Expiration Date (mm/dd/yyyy): 12/16/2010

Identity Source Document 2 (Attach copy)

19. Name: PAUL P. BEAR
20. Doc. #: 123-45-6789
21. Doc Title: SOCIAL SECURITY CARD
22. Issuer: SOCIAL SECURITY ADMINISTRATION
23. Doc. Expiration Date (mm/dd/yyyy): NONE

B. USDA Identification Badge Request (To be completed by Sponsor)

Sponsor Information

24. Name: SANTA CLAUS
25. Phone: 000-555-1212
26. Organization: APHIS, PPQ, WR, ALASKA STATE OFFICE
27. Email: SC@APHIS.USDA.GOV
27a. Access Required: AK STATE OFFICE (M-F) 6AM-6PM

I agree to sponsor the above application for a USDA Identification Badge and certify that the information is accurate to the best of my knowledge.

28. Santa Claus (PRINTED NAME OF SPONSOR) _____ (SIGNATURE) 29. Date 03/09/2006 (mm/dd/yyyy)

C. Issuance Approval (To be completed by Registrar for new USDA ID badges ONLY, after Section A & B are completed)

FBI Fingerprint Check/NAC Results

30. Date Completed (mm/dd/yyyy): _____
31. Successfully adjudicated? ☐ Yes ☐ No
32. Comments: _____

Registrar Information

33. Name: DRU DUKART, Personnel Security Officer
34. Organization: USDA, APHIS, MRPBS, HRD
35. Phone: 612-336-3289
36. Email: DRU.J.DUKART@APHIS.USDA.GOV

37. **I hereby certify that the information regarding the above applicant is accurate to the best of my knowledge. I hereby ☐ approve ☐ do not approve this application for USDA Identification Badge issuance.**

38. _____ (PRINTED NAME OF REGISTRAR) _____ (SIGNATURE) 39. Date ____/____/____ (mm/dd/yyyy)

D. USDA Identification Badge Details (To be completed by Issuer, after Section A, B [and C, if required] is completed)

Badge Information	Issuer Information
40. Name on Badge: _____	43. Name: _____
41. Badge Identifier: _____	44. Organization: _____
42. Badge Expiration Date (mm/dd/yyyy): _____	45. Phone: _____
	46. Email: _____

I hereby acknowledge issuance of a USDA Identification Badge to the applicant identified above based on verification of the applicant's identity and verification of the above Registrar's issuance approval.

47. _____ 48. Date ___/___/____
PRINTED NAME OF ISSUER SIGNATURE (mm/dd/yyyy)

E. Applicant Acknowledgement (To be completed by Applicant, after Section D is completed)

I, the Applicant, confirm receipt of the USDA Identification Badge identified above and that the information is accurate to the best of my knowledge.

49. _____ 50. Date ___/___/____
PRINTED NAME OF APPLICANT SIGNATURE (mm/dd/yyyy)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information is 0505-0022. The time required to complete this collection of information is estimated to average .25 hours per response, including the time for reviewing instructions searching existing data sources, gathering and maintaining the data needed and completing and reviewing the form. (e) Agency Requirements.--Each agency that maintains a system of records shall-- (1) maintain in its records only such information about an individual as is relevant and necessary to accomplish a purpose of the agency required to be accomplished by statute or by executive order of the President; (2) collect information to the greatest extent practicable directly from the subject individual when the information may result in adverse determinations about an individual's rights, benefits, and privileges under Federal programs; (3) inform each individual whom it asks to supply information, on the form which it uses to collect the information or on a separate form that can be retained by the individual-- (A) the authority (whether granted by statute, or by executive order of the President) which authorizes the solicitation of the information and whether disclosure of such information is mandatory or voluntary; (B) the principal purpose or purposes for which the information is intended to be used; (C) the routine uses which may be made of the information, as published pursuant to paragraph (4)(D) of this subsection; and (D) the effects on him, if any, of not providing all or any part of the requested information.

PRIVACY ACT ROUTINE USE 1. To the Department of Justice when: (a) the agency or any component thereof, or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the UnitedStates Government, is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records. 2. To a court or adjudicative body in a proceeding when: (a) the agency or any component thereof, or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government, is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records. 3. Except as noted in question 24, when a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute, particular program statute, regulation, rule, or order issued pursuant thereto, the relevant records may be disclosed to the appropriate Federal, foreign, State, local, tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, rule, regulation, or order. 4. to any source or potential source from which information is requested in the course of an investigation concerning the hiring or retention of an employee or other personnel action, or the issuing or retention of a security clearance, contract, grant, license, or other benefit, to the extent necessary to identify the individual, inform the source of the nature and purpose of the investigation, and to identify the type of information requested. 5. To a Federal, State, local, foreign, tribal, or other public authority the fact that this system of records contains information relevant to the retention of an employee, or the retention of a security clearance, contract, license, grant, or other benefit. The other agency or licensing organization may then make a request supported by written consent of the individual for the entire record if it so chooses. No disclosure will be made unless the information has been determined to be sufficiently reliable to support a referral to another office within the agency or to another Federal agency for criminal, civil, administrative, personnel, or regulatory action. 6. to contractors, grantees, experts, consultants, or volunteers when necessary to perform a function or service related to this record for which they have been engaged. such recipients shall be required to comply with the Privacy Act of 1974, as amended. 7. To the news media or the general public, factual information the disclosure of which would be in the public interest and which would not constitute an unwarranted invasion of personal privacy. 8. To a Federal, State, or local agency, or other appropriate entities or individuals, or through established liaison channels to selected foreign governments, in order to enable an intelligence agency to carry out its responsibilities under the National Security Act of 1947 as amended, the CIA Act of 1949 as amended, Executive Order 12333 or any successor order, applicable national security directives, or classified implementing procedures approved by the Attorney General and promulgated pursuant to such statutes, orders or directives. 9. To a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained. 10. To the National Archives and Records Administration for records management inspections conducted under 44 USC 2904 and 2906. 11. To the Office of Management and Budget when necessary to the review of private relief legislation.

Form No. AD-1197 (Sept. 2005)
OMB Control #:0505-0022

ALASKA Driver's License

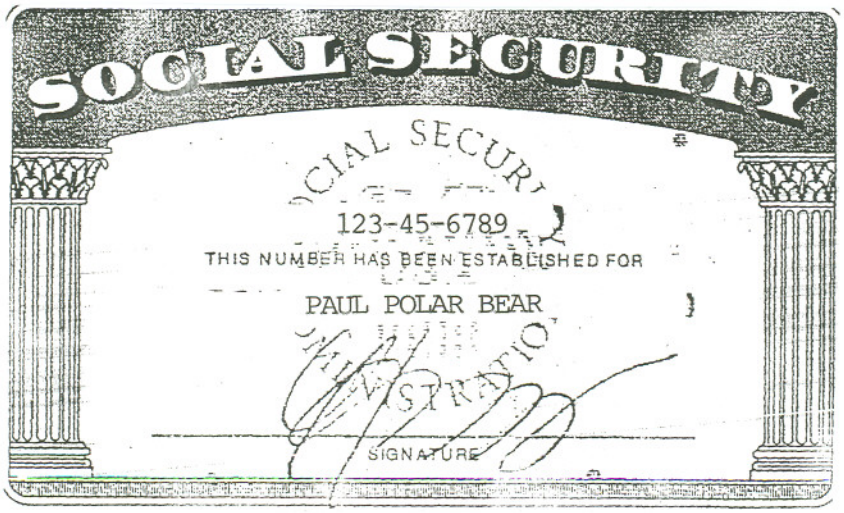
9917-42

Paul P. Bear
1111 North Pole Drive
North Pole, AK 54321

Class	Endorsements	Restrictions	Donor
1	0	0	Y

Height: 7'
Weight: 500
Eyes: Brown
Hair: White
Sex: Male

Birth Date: 12/16/1980
Issue Date: 00/00/0000
Expires: 00/00/0000



AD-1197, REQUEST FOR USDA IDENTIFICATION (ID) BADGE INSTRUCTIONS

This form is required for all first time federal appointments and contractors and must be included in all appointment paperwork submissions either through Human Resources or Contracting Officer Representative (COR). This form and supporting documentation is used to determine suitability for the issuance of a USDA ID badge. The information will be used to identity proof and register applicants as part of the government-wide Personal Identity Verification (PIV) process.

Please complete the following steps – be sure the information you are providing is legible:

SECTION A – SOURCE DOCUMENT CONFIRMATION

A representative of Human Resources or the Administrative Person/Supervisor who will be guiding the new employee through the New Employee Orientation will complete Sections A and B of the AD-1197 form.

1. Replacement Card?
   Check ☒ No when completing form for new employee or contractor
2. BI (Background Investigation) Application Complete?
   Check ☒ Yes ONLY if investigation form (SF-85) and fingerprint cards are attached or you know the applicant has been initiated into e-QIP to complete an SF-85P Public Trust or SF-86 National Security Position Questionnaire. *Should you know the applicant's assigned e-QIP registration number you are encouraged to add it to the form in this area.*
3. **Applicant Information** – Compliant ID Badge
   Check ☒ appropriate field for Federal Employee or Contractor.

3a. **Applicant Information** – Non-Compliant ID Badge
   Check ☒ appropriate field for Site, Temporary, or Retiree

3b. Expiration Date (mm/dd/yyyy)
   Required field *(except for permanent Federal employee whose badge is renewable every 5 years)*

4. Using employee's legal name as it appears on their social security card, driver's license, and/or passport.
5. through 13. (as requested on form)

Identity Source Document 1; Attach a clear copy of any State or Federal photo ID

14. Enter employee/contractor legal name as it appears on the source document
15. Document Number
16. Document Title (e.g. Minnesota Driver's License or USA Passport)
17. Issuer (e.g., State of Minnesota or Secretary of State of the USA)
18. Document Expiration Date

Identity Source Document 2; Attach a clear copy of any document from the list of acceptable documents found on page 3 of these instructions (these parallel those requested with the I-9 Form)

19. through 23. - same process as noted above for Identity Source Document 1

SECTION B – USDA IDENTIFICATION BADGE REQUEST (TO BE COMPLETED BY SPONSOR)

Sponsor Information - the HR representative or the Administrative Person/Supervisor completing this form is required to enter:

24. through 27. (as requested on form)

27a. Access Required: (building/facility name, hours/days)

Sponsor Certification – Person whose name is listed on line 24 must sign and date lines 28 & 29

Submission of Paperwork

- Retain a copy of the AD-1197 which will require the employee's signature confirming the receipt of the permanent ID Badge (Section E.)
- Staple copies of the two (2) identity source documents from Section A and the Fingerprint cards, if available to the AD-1197.
- For Federal Employees: forward completed form and attachments with the appointment paperwork to:

  USDA, APHIS, MRPBS, Human Resources
  100 North 6th Street, Butler Square
  Minneapolis, MN 55403

- For Contractors: this form, together with fingerprint cards should be submitted through the Contracting Office Representative (COR) or Program Point-of-Contact to:

  USDA, APHIS, MRPBS, Human Resources
  Attn: Personnel Security Section
  100 North 6th Street, Butler Square
  Minneapolis, MN 55403

SPECIAL NOTE: Employees working at the USDA Washington, DC facility will be escorted to the USDA Building Security Office by HR personnel to receive their USDA ID Badge. A copy of this form should still be forwarded to the address above as it is used to initiate required background investigations.

SECTION C – ISSUANCE APPROVAL

Issuance Approval (Registrar) Information - the HR Personnel Security Officer is responsible for completing and certifying the information in this section prior to submitting the AD-1197 to the Agency Card Issuer.

SECTION D – USDA IDENTIFICATION BADGE DETAILS

To be completed by Agency (AMS, APHIS, or GIPSA) staff responsible for issuing ID Badges. (i.e., AMS, Office of Safety and Security; APHIS, ESD, Security Branch; or GIPSA Field Office Point of Contact)

SECTION E – APPLICANT ACKNOWLEDGEMENT

- Once registered and verified, the photo PIV USDA Credential (ID badge) will be forwarded to the *Sponsor* (Program Administrative Point-of-Contact or Supervisor) for delivery to the employee.
- The employee will sign and date lines 49 and 50.
- The *Sponsor* (Program Administrative Point-of-Contact or Supervisor) will submit the copy of the AD-1197 with the employee's signature to their Agency staff noted above in Section D.

Department Policies and Procedures, FAQs, Training and Communication: http://hspd12.usda.gov/

LISTS OF ACCEPTABLE DOCUMENTS		
LIST A **Documents that Establish Both Identity and Employment Eligibility**	**LIST B** **Documents that Establish Identity**	**LIST C** **Documents that Establish Employment Eligibility**
1. U.S. Passport (unexpired or expired)	1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address.	1. U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
2. Certificate of U.S. Citizenship (Form N-560 or N-561)	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address.	2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Certificate of Naturalization (Form N-550 or N-570)	3. School ID card with a photograph	3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Unexpired foreign passport, with I-551 stamp or attached Form I-94 indicating unexpired employment authorization	4. Voter's registration card	4. Native American tribal document
5. Permanent Resident Card or Alien Registration Receipt Card with photograph (Form I-151 or I-551)	5. U.S. Military card or draft record	5. U.S. Citizen ID Card (Form I-197)
6. Unexpired Temporary Resident Card (Form I-688)	6. Military dependent's ID card	6. ID Card for use of Resident Citizen in the United States (Form I-179)
7. Unexpired Employment Authorization Card (Form I-688A)	7. U.S. Coast Guard Merchant Mariner Card	7. Unexpired employment authorization document issued by DHS (other than those listed under List A)
8. Unexpired Reentry Permit (Form I-327)	8. Native American tribal document	
9. Unexpired Refugee Travel (Form I-571)	9. Driver's license issued by a Canadian government authority	
10. Unexpired Employment Authorization Document issued by DHS that contains a photograph (Form I-688B)	**For Persons Under Age 18 Who Are Unable To Present a Document Listed Above:** **10. School record or report card,** **11. Clinic, doctor or hospital record** **12. Day-care or nursery school record**	

AD-349, EMPLOYEE ADDRESS

An AD-349 is completed by the employee in order to establish or change his/her residence and/or check mailing address.

Complete the form as follows:

- The employee should complete blocks 1-7 and blocks 13&14.

- An Agency official should complete the **"AGENCY USE"** blocks as follows:

  - Action Code- Leave blank
  - Agency- Show employee's agency code, (i.e., 02, 34, 36)
  - Effective Date – Show the beginning date of the pay period in which the employee's new address takes effect.
  - City, County, State Codes – These codes may be found in the Worldwide Geographic Location Code Book, on the Internet at this site: www.gsa.gov

Please forward the form to Minneapolis for processing.

PLEASE NOTE:

For appointment actions, submit the AD-349 with the appointment paperwork. (The NFC database requires that a residence address be input when the personnel associate processes the appointment personnel action.)

Section II, Blocks 8-12
DO NOT COMPLETE IF THE EMPLOYEE HAS DIRECT DEPOSIT. COMPLETING THE CHECK ADDRESS PORTION (BLOCKS 8-12) WILL CANCEL THE DIRECT DEPOSIT.

PUBLIC LAW 103-356 NOW REQUIRES ALL NEWLY HIRED FEDERAL EMPLOYEES (INCLUDING EMPLOYEES TRANSFERRING TO USDA) BE PAID BY DIRECT DEPOSIT THROUGH THE ELECTRONIC FUNDS TRANSFER (EFT). TO SIGN-UP FOR DIRECT DEPOSIT, EMPLOYEE MUST COMPLETE STANDARD FORM SF-1199A, DIRECT DEPOSIT SIGN-UP FORM.

G

FORM AD-349 (REV. 12/93)	U.S. DEPARTMENT OF AGRICULTURE **EMPLOYEE ADDRESS**	AGENCY USE		
		ACTION CODE	AGENCY	EFFECTIVE DATE

SECTION I

Complete Section I with your current or new residence mailing address. This address is used to mail out employee Pay and TSP statements, W-2 forms and other personal documents.
NOTE: This form does not change the U.S. Savings Bond address.

1. NAME *(Last, First, Middle)*				2. SOCIAL SECURITY NO.
Bear, Paul P.				123-45-6789
3. STREET ADDRESS OR P.O. BOX				4. APT NO.
100 Ice Flow Lane				
5. CITY NAME		6. STATE or COUNTRY NAME		7. ZIP CODE
North Pole		Alaska		54321
AGENCY USE	CITY CODE	COUNTY CODE	STATE OR COUNTRY CODE	

SECTION II

FOR EMPLOYEES WITH DIRECT DEPOSIT COMPLETE BLOCKS 13 AND 14 ONLY.
Employees who wish to receive their checks in the mail complete blocks 8 through 14 with your current or new check mailing address.

8. STREET ADDRESS or P.O. BOX				9. APT NO.
10. CITY NAME		11. STATE or COUNTRY NAME		12. ZIP CODE
AGENCY USE	CITY CODE	COUNTY CODE	STATE OR COUNTRY CODE	
13. SIGNATURE OF EMPLOYEE Paul P Bear				14. DATE SIGNED 1/5/01

SF-1199A, DIRECT DEPOSIT SIGN UP FORM

PLEASE NOTE: PUBLIC LAW 103-356 REQUIRES ALL NEWLY HIRED FEDERAL EMPLOYEES (INCLUDING EMPLOYEES TRANSFERRING TO USDA) BE PAID BY DIRECT DEPOSIT THROUGH ELECTRONIC FUNDS TRANSFER (EFT).

This form is completed to start a direct deposit, or to begin or cancel an allotment.

A voided check attached will be sufficient. **A deposit slip is not acceptable.**
Completing Section 3 is optional if a voided check is included with the 1199A.

Complete the form as follows:

- Employee completes Section 1, Block C
- **The CLAIM OR PAYROLL ID NUMBER** is the employee's social security number.

Forward the completed form to Minneapolis for processing.

PLEASE NOTE:

Be sure to indicate on the SF-1199A whether it is being submitted for the employee's net pay (whole check) or for an allotment for the employee.

If completing this form for an allotment, Section 1, Block G should be completed as follows:

- In "**TYPE**" block show: Initiate, increase, decrease or cancel allotment.

- In "**AMOUNT**" block show: To **INITIATE** an allotment – show the amount of the allotment in **WHOLE** dollar amounts only.

  To **CHANGE** an allotment – show the total amount that the employee would like the allotment to be increased or decreased to. (i.e., if the employee has a $25 allotment and wants to increase the amount by $100, the employee would show $125 in the amount block.)

  To **CANCEL** an allotment – show zeros in the amount block.

Standard Form 1199A
(Rev. June 1987)
Prescribed by Treasury Department
Treasury Dept. Cir. 1076

H

OMB No. 1510-0007

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 *(TO BE COMPLETED BY PAYEE)*

A NAME OF PAYEE *(last, first, middle initial)*
Bear, Paul P.

ADDRESS *(street, route, P.O. Box, APO/FPO)*
100 Ice Flow Lane

CITY: North Pole | STATE: AK | ZIP CODE: 54321

TELEPHONE NUMBER
AREA CODE (907) 222-1212

B NAME OF PERSON(S) ENTITLED TO PAYMENT

C CLAIM OR PAYROLL ID NUMBER
Prefix 123-45-6789 Suffix

D TYPE OF DEPOSITOR ACCOUNT ☑ CHECKING ☐ SAVINGS

E DEPOSITOR ACCOUNT NUMBER
9 8 7 6 5 4 3 2 1 0

F TYPE OF PAYMENT *(Check only one)*

- ☐ Social Security
- ☐ Supplemental Security Income
- ☐ Railroad Retirement
- ☐ Civil Service Retirement (OPM)
- ☐ VA Compensation or Pension
- ☑ Fed Salary/Mil. Civilian Pay
- ☐ Mil. Active
- ☐ Mil. Retire.
- ☐ Mil. Survivor
- ☐ Other *(specify)*

G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY *(if applicable)*
TYPE | AMOUNT

PAYEE/JOINT PAYEE CERTIFICATION

I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.

SIGNATURE Paul P. Bear | DATE 01/05/2001
SIGNATURE | DATE

JOINT ACCOUNT HOLDERS CERTIFICATION *(optional)*

I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.

SIGNATURE | DATE
SIGNATURE | DATE

SECTION 2 *(TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)*

GOVERNMENT AGENCY NAME
USDA/APHIS/M&RP-HRO

GOVERNMENT AGENCY ADDRESS
Butler Square 5th Floor
100 N. Sixth Street
Minneapolis, MN 55403

SECTION 3 *(TO BE COMPLETED BY FINANCIAL INSTITUTION)*

NAME AND ADDRESS OF FINANCIAL INSTITUTION
Icicle Bank
North Pole, AK 54321

ROUTING NUMBER: 1 1 1 0 0 0 2 2 | CHECK DIGIT: 2

DEPOSITOR ACCOUNT TITLE

FINANCIAL INSTITUTION CERTIFICATION

I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.

PRINT OR TYPE REPRESENTATIVE'S NAME | SIGNATURE OF REPRESENTATIVE | TELEPHONE NUMBER | DATE

Financial institutions should refer to the GREEN BOOK for futher instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

NSN 7540-01-058-0224

GOVERNMENT AGENCY COPY

1199-207

Standard Form 1199A
(Rev. June 1987)
Prescribed by Treasury Department
Treasury Dept. Cir. 1076

ALLOTMENT (H1)

OMB No. 1510-0007

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 *(TO BE COMPLETED BY PAYEE)*

A NAME OF PAYEE *(last, first, middle initial)*
Bear, Paul P.

ADDRESS *(street, route, P.O. Box, APO/FPO)*
100 Ice Flow Lane

CITY: North Pole | STATE: AK | ZIP CODE: 54321

TELEPHONE NUMBER
AREA CODE (907) 222-1212

B NAME OF PERSON(S) ENTITLED TO PAYMENT

C CLAIM OR PAYROLL ID NUMBER
Prefix 123-45-6789 Suffix

D TYPE OF DEPOSITOR ACCOUNT ☐ CHECKING ☑ SAVINGS

E DEPOSITOR ACCOUNT NUMBER
9 9 9 8 8 8 4 4 4

F TYPE OF PAYMENT *(Check only one)*

- ☐ Social Security
- ☐ Supplemental Security Income
- ☐ Railroad Retirement
- ☐ Civil Service Retirement (OPM)
- ☐ VA Compensation or Pension
- ☐ Fed Salary/Mil. Civilian Pay
- ☐ Mil. Active
- ☐ Mil. Retire.
- ☐ Mil. Survivor
- ☐ Other *(specify)*

G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY *(if applicable)*

TYPE	AMOUNT
START	$150.00

PAYEE/JOINT PAYEE CERTIFICATION

I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.

SIGNATURE	DATE
Paul P. Bear	01/05/2001

JOINT ACCOUNT HOLDERS CERTIFICATION *(optional)*

I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.

SIGNATURE	DATE

SECTION 2 *(TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)*

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
USDA/APHIS/M&RP-HRO	Butler Square 5th Floor 100 N. Sixth Street Minneapolis, MN 55403

SECTION 3 *(TO BE COMPLETED BY FINANCIAL INSTITUTION)*

NAME AND ADDRESS OF FINANCIAL INSTITUTION
Icicle Bank
North Pole, AK 54321

ROUTING NUMBER: 1 1 1 0 0 0 2 2 — CHECK DIGIT: 2

DEPOSITOR ACCOUNT TITLE

FINANCIAL INSTITUTION CERTIFICATION

I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.

PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE

Financial institutions should refer to the GREEN BOOK for futher instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

NSN 7540-01-058-0224

GOVERNMENT AGENCY COPY

1199-207

FMS 2231 DIRECT DEPOSIT FASTSTART

This form is used to start a direct deposit and/or an allotment or to cancel an allotment. A voided check attached will be sufficient. **A deposit slip is not acceptable**.

The employee completes blocks 1, 2, 3, and 5 for net pay.

In addition, if the employee wants to set up an allotment, the employee should also complete block 4.

PLEASE NOTE:

Either the SF 1199A or the FMS 2231 may be submitted to Minneapolis processing unit to begin direct deposit of net pay and/or an allotment.

FASTSTART DIRECT DEPOSIT

H2

INSTRUCTIONS FOR PROCESSING FEDERAL EMPLOYEE PAYMENTS

Use: For processing Federal employee net salary, allotments, and other agency - approved payments associated with Federal employment (i.e. travel reimbursement, uniform allowance, etc). Employee must complete items 1,2,3 and 5. Complete item 4 only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

1. EMPLOYEE INFORMATION

(SSN) EMPLOYEE PAYROLL IDENTIFICATION NUMBER: 123456789

EMPLOYEE NAME (as on payroll records): BEAR PAUL P
(Last, First, Initials)

TELEPHONE NUMBER (WORK): 907 222 1212 (HOME): 907 222 1212

2. TYPE OF ACCOUNT

- [x] Checking
- [ ] Savings

TYPE OF PAYMENT

- [x] Net Pay
- [ ] Travel
- [ ] Other Federal employment related payments

3. DIRECT DEPOSIT ACCOUNT INFORMATION - NET PAY/TRAVEL/OTHER (Use Sec. 4 for allotments)
A voided personal check/sharedraft may be attached in lieu of completing this section.
See instructions on back of this form.

ROUTING TRANSIT NUMBER: 11100022 Check Digit: 2

ACCOUNT NUMBER: 9876543210

ACCOUNT TITLE: Paul P. Bear
(Account Holder s Name)

FINANCIAL INSTITUTION NAME: Icicle Bank

4. ALLOTMENT INFORMATION
Complete this section only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

TYPE OF ALLOTMENT (Check One)
- [x] Savings (whole dollar amounts only)
- [ ] Discretionary or Third Party

TYPE OF ACCOUNT (Check One)
- [x] SAVINGS
- [ ] CHECKING

ACTION (Check One)
- [x] START
- [ ] CANCEL
- [ ] CHANGE

AMOUNT (Check One)
- [ ] INCREASE TO:
- [ ] DECREASE TO:

New Total $ 150.00

ALLOTTEE NAME (person/company who will receive allotment): PAUL P BEAR

ALLOTTEE S ROUTING NUMBER: 11100022 Check Digit: 2

ALLOTTEE S ACCOUNT NUMBER: 999888444

ALLOTTEE S ACCOUNT TITLE (Account Holder s Name): Paul P. Bear

FINANCIAL INSTITUTION NAME: Icicle Bank

5. AUTHORIZATION

* Paul P. Bear
EMPLOYEE S SIGNATURE

01/05/2001
DATE

6. AGENCY USE:

FMS FORM 11-92 2231
EDITION OF 4-90 IS OBSOLETE

AGENCY COPY

DEPARTMENT OF THE TREASURY
FINANCIAL MANAGEMENT SERVICE

W-4, EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

The employee completes blocks numbered 1 through 6; and, **IF** applicable, employee should complete block 7.

Please note:

If the employee completes block 7, no taxes will be withheld.

If the employee claims exempt status, a new W-4 must be submitted by February 15 of each calendar year that the exemption is claimed or the payroll system will default to "Single" and "no exemptions."

If the W-4 is not received or is received incomplete by Processing, the Processor uses the default code of "S00" or "Single, no exemptions."

I

Form W-4 (2004)

Purpose. Complete Form W-4 so that your employer can withhold the correct Federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2004 expires February 16, 2005. See **Pub. 505,** Tax Withholding and Estimated Tax.

Note: *You cannot claim exemption from withholding if:* ***(a)*** *your income exceeds $800 and includes more than $250 of unearned income (e.g., interest and dividends) and* ***(b)*** *another person can claim you as a dependent on their tax return.*

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply. **However, you may claim fewer (or zero) allowances.**

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line **E** below.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See **Pub. 919,** How Do I Adjust My Tax Withholding? for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using **Form 1040-ES,** Estimated Tax for Individuals. Otherwise, you may owe additional tax.

Two earners/two jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

Nonresident alien. If you are a nonresident alien, see the **Instructions for Form 8233** before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2004. See Pub. 919, especially if your earnings exceed $125,000 (Single) or $175,000 (Married).

Recent name change? If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 to initiate a name change and obtain a social security card showing your correct name.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for **yourself** if no one else can claim you as a dependent . . . . . A ____

B Enter "1" if:
- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are $1,000 or less.

. . B ____

C Enter "1" for your **spouse.** But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . . C ____

D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return . . . . . D ____

E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) . E ____

F Enter "1" if you have at least $1,500 of **child or dependent care expenses** for which you plan to claim a credit . . F ____
(**Note:** *Do* ***not*** *include child support payments. See* ***Pub. 503,*** *Child and Dependent Care Expenses, for details.*)

G **Child Tax Credit** (including additional child tax credit):
- If your total income will be less than $52,000 ($77,000 if married), enter "2" for each eligible child.
- If your total income will be between $52,000 and $84,000 ($77,000 and $119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have four or more eligible children. G ____

H Add lines A through G and enter total here. **Note:** *This may be different from the number of exemptions you claim on your tax return.* ▶ H ____

For accuracy, complete all worksheets that apply.
- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you have **more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed $35,000 ($25,000 if married) see the **Two-Earner/Two-Job Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

---------- **Cut here and give Form W-4 to your employer. Keep the top part for your records.** ----------

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

▶ **Your employer must send a copy of this form to the IRS if: (a) you claim more than 10 allowances or (b) you claim "Exempt" and your wages are normally more than $200 per week.**

OMB No. 1545-0010
2004

1 Type or print your first name and middle initial	Last name	2 Your social security number
Paul P.	Bear	123 45 6789
Home address (number and street or rural route) 100 Ice Flow Lane	3 ☑ Single ☐ Married ☐ Married, but withhold at higher Single rate. *Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.*	
City or town, state, and ZIP code North Pole, AK 54321	4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card. ▶ ☐	

5	Total number of allowances you are claiming (from line **H** above **or** from the applicable worksheet on page 2)	5 1
6	Additional amount, if any, you want withheld from each paycheck	6 $ 0
7	I claim exemption from withholding for 2004, and I certify that I meet **both** of the following conditions for exemption: • Last year I had a right to a refund of **all** Federal income tax withheld because I had **no** tax liability **and** • This year I expect a refund of **all** Federal income tax withheld because I expect to have **no** tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶	7

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.

Employee's signature (Form is not valid unless you sign it.) ▶ Paul P. Bear Date ▶ 01/05/2004

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

Section II

Supplemental Forms

USDA
UNITED STATES DEPARTMENT OF AGRICULTURE
Marketing and Regulatory Programs
Human Resources Operations Minneapolis
Butler Square, 5th Floor
100 North Sixth Street
Minneapolis, MN 55403

SUPPLEMENTAL FORMS

These forms should be submitted as applicable with the new hire paperwork:

- DD-214, Certificate of Discharge from the Armed Services (must show honorable discharge and time lost.)
- SF-15, Application for 10 point Veterans Preference
- SF-144, Statement of Prior Federal Civilian or military Service

Some forms are program specific and if used must be submitted with the new hire paperwork. Some examples are:

- Conditions of Temporary Employment
- Permit to carry a Firearm
- GIPSA Form 101R-Transit Program Incentive
- Re-employment and Repayment of Voluntary Separation Incentives

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES | THIS IS AN IMPORTANT RECORD. SAFEGUARD IT. | ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle)	2. DEPARTMENT, COMPONENT AND BRANCH	3. SOCIAL SECURITY NUMBER
	NAVY-USN	

4a. GRADE, RATE OR RANK	b. PAY GRADE	5. DATE OF BIRTH (YYYYMMDD)	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD)
EO3	E4		20040804

7a. PLACE OF ENTRY INTO ACTIVE DUTY	b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)
LOS ANGELES, CA .	LOS ANGELES, CA

8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND	b. STATION WHERE SEPARATED
31 NCR PORT HUENEME, CA	CBC PORT HUENEME, CA

9. COMMAND TO WHICH TRANSFERRED	10. SGLI COVERAGE
NAVAL RESERVE CENTER, NEW ORLEANS, LA 70149	NONE ☐ AMOUNT: $ 200,000

11. PRIMARY SPECIALTY *(List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.)*

EO -0000 XX

XX XX XX XX XX
XX XX XX XX XX
XX XX XX XX XX
XX XX XX XX
XX XX XX XX

12. RECORD OF SERVICE	YEAR(S)	MONTH(S)	DAY(S)
a. DATE ENTERED AD THIS PERIOD	96	OCT	01
b. SEPARATION DATE THIS PERIOD	00	SEP	13
c. NET ACTIVE SERVICE THIS PERIOD	03	11	13
d. TOTAL PRIOR ACTIVE SERVICE	00	00	00
e. TOTAL PRIOR INACTIVE SERVICE	00	00	00
f. FOREIGN SERVICE	00	00	00
g. SEA SERVICE	00	00	00
h. EFFECTIVE DATE OF PAY GRADE	98	DEC	16

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED *(All periods of service)*

NAVY E RIBBON, SHARPSHOOTER RIBBON(RIFLE), GOOD CONDUCT MEDAL, SEA SERVICE DEPLOYMENT RIBBON.XX XX XX
XX XX XX
XX XX XX
XX XX

14. MILITARY EDUCATION *(Course title, number of weeks, and month and year completed)*

EQUIPMENT OPERATOR CLASS A SCHOOL, 13WKS, 97APR.XX
XX XX XX
XX XX XX
XX XX XX
XX XX

15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM	☐ YES	☒ NO
b. HIGH SCHOOL GRADUATE OR EQUIVALENT	☒ YES	☐ NO

16. DAYS ACCRUED LEAVE PAID	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION	YES	NO
NONE		☒	☐

18. REMARKS

XX
XX XX XX XX XX
XX XX XX XX XX
XX XX XX XX XX
XX XX XX XX
XX XX XX XX
XX XX XX
XX XX XX
XX XX XX
XX XX XX

The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.

19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code)	b. NEAREST RELATIVE (Name and address - Include ZIP Code)

20. MEMBER REQUESTS COPY 6 BE SENT TO	DIRECTOR OF VETERANS AFFAIRS	YES	NO
CA		☒	☐

21. SIGNATURE OF MEMBER BEING SEPARATED	22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature)

SPECIAL ADDITIONAL INFORMATION *(For use by authorized agencies only)*

23. TYPE OF SEPARATION	24. CHARACTER OF SERVICE (Include upgrades)	
RAD TO THE NAVAL RESERVE	HONORABLE	
25. SEPARATION AUTHORITY	**26. SEPARATION CODE**	**27. REENTRY CODE**
MILPERSMAN 1910-104	MBK	RE-1

28. NARRATIVE REASON FOR SEPARATION
COMPLETION OF REQUIRED ACTIVE SERVICE

29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD)	30. MEMBER REQUESTS COPY 4 (Initials)
TL: NONE	

APPLICATION FOR 10-POINT VETERAN PREFERENCE
(TO BE USED BY VETERANS & RELATIVES OF VETERANS)

U.S. Office of Personnel Management

Form Approved: O.M.B. No. 3206-0001

PERSON APPLYING FOR PREFERENCE

1. Name *(Last, First, Middle)*

2. Name of Civil Service or Postal Service exam and/or job announcement number you have applied for or position which you currently occupy

3. Home address *(Street Number, City, State and ZIP Code)*

4. Social Security Number

5. Date exam was held or application submitted

VETERAN INFORMATION *(to be provided by person applying for preference)*

6. Veteran's name *(Last, First, Middle)* exactly as it appears on Service Records

7. Veteran's periods of service

Branch of Service	From	To	Service Number

8. Veteran's Social Security Number

9. VA claim number, if any

TYPE OF 10-POINT PREFERENCE CLAIMED

Instructions: Check the block which indicates the type of preference you are claiming. Answer all questions associated with that block. The **Documentation Required** column refers you to the back of this form for the documents you must submit to support your application. (**Please Note:** Eligibility for veterans' preference is governed by 5 U.S.C. 2108 and 5 CFR Part 211. All conditions are not fully described on this form because of space restrictions. The office to which you apply can provide additional information.)

		Yes	No	**Documentation Required** *(See reverse of this form.)*
☐	10. **Veteran's Claim for Preference** based on non-compensable service-connected disability; award of the Purple Heart; or receipt of disability pension under public laws administered by the VA.			A and B
☐	11. **Veteran's Claim for Preference** based on eligibility for or receipt of compensation from the VA or disability retirement from a Service Department for a service-connected disability.			A and C
☐	12. **Preference for a Spouse** of a living veteran based on the fact that the veteran, because of a service-connected disability, has been unable to qualify for a Federal or D.C. Government job, or any other position along the lines of his/her usual occupation. (If your answer to item A is *No*, you are ineligible for preference and need not submit this form.)			
	a. Are you presently married to the veteran?	☐	☐	C and H
☐	13. **Preference for a Widow or Widower** of a veteran. (If your answer is *No* to item A or *Yes* to item B, you are ineligible for preference and need not submit this form.)			
	a. Were you married to the veteran when he or she died?	☐	☐	A, D, E, and G (Submit G when applicable.)
	b. Have you remarried? (Do not count marriages that were annulled.)	☐	☐	
☐	14. **Preference for (Natural) Mother** of a service-connected permanently and totally disabled, or deceased veteran provided you are or were married to the father of the veteran, and --- your husband (either the veteran's father or the husband of a remarriage) is totally and permanently disabled, or --- you are now widowed, divorced, or separated from the veteran's father and have not remarried, or --- you are widowed or divorced from the veteran's father and have remarried, but are now widowed, divorced, or separated from the husband of your remarriage. (If your answer is *No* to item C or D, you are ineligible for preference and need not submit this form.)			
	a. Are you married?	☐	☐	**Disabled Veteran** C, F, and H (Submit F when applicable.)
	b. Are you separated? If *Yes*, do not complete C, go to D.	☐	☐	
	c. If married now, is your husband totally and permanently disabled?	☐	☐	**Deceased Veteran** A, D, E, and F (Submit F when applicable.)
	d. If the veteran is dead, did he/she die in active service?	☐	☐	

PRIVACY ACT AND PUBLIC BURDEN STATEMENT.

The Veterans' Preference Act of 1944 authorizes the collection of this information. The information will be used, along with any accompanying documentation to determine whether you are entitled to 10-point veterans' preference. This information may be disclosed to: (1) the Department of Veterans Affairs, or the appropriate branch of the Armed Forces to verify your claim; (2) a court, or a Federal, State, or local agency for checking on law violations or for other related authorized purposes; (3) a Federal, State, or local government agency, if you are participating in a special employment assistance program; or (4) other Federal, State, or local government agencies, congressional offices, and international organizations for purposes of employment consideration, e.g., if you are on an Office of Personnel Management or other list of eligibles. Executive Order 9397 (November 22, 1943) authorizes Federal agencies to use an individual's Social Security Number (SSN) to identify individual records in Federal personnel records systems. Your SSN will be used to ensure accurate retention of records pertaining to you and may also be used to identify you to others from whom information about you is sought. Furnishing your SSN and the other information sought is voluntary. However, failure to provide any part of the information may result in a ruling that you are not eligible for 10-point veterans' preference or in delaying the processing of your application for employment.

Public burden reporting for this collection of information is estimated to take approximately 10 minutes per response, including 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 the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to OPM Forms Officer, U.S. Office of Personnel Management, Washington, D.C. 20415; The OMB Number, 3206-0001, is currently valid. OPM may not collect this information and you are not required to respond, unless this number is displayed.

I certify that all of the statements made in this claim are true, complete, and correct to the best of my knowledge and belief and are made in good faith. (A false answer to any question 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. Code, Title 18, Section 1001).

This form must be signed by all persons claiming 10-Point preference

Signature of person claiming preference

Date signed *(Month, Day, Year)*

FOR USE BY APPOINTING OFFICER ONLY

Signature of Appointing Officer

Title

☐ Preference entitlement was verified

Name of Agency

Date signed *(Month, Day, Year)*

Previous editions not usable
5 CFR 211

Standard Form 15
Revised December 2004
NSN: 7540-00-634-3972

DOCUMENTATION REQUIRED - READ CAREFULLY

Please submit photocopies of documents because they will ***not*** *be returned unless a certified copy is specified.*

A. Documentation of Service and Separation under Honorable Conditions

Submit any of the documents listed below as documentation, provided they are dated on or after the day of separation from active duty military service:

1. Honorable or general discharge certificate.
2. Certificate of transfer to Navy Fleet Reserve, Marine Corps Fleet Reserve, or enlisted Reserve Corps.
3. Orders of transfer to retired list.
4. Report of separation from a branch of the Armed Forces.
5. Certificate of service or release from active duty, provided honorable separation is shown.
6. Official statement from a branch of the Armed Forces showing that honorable separation took place.
7. Notation by the Department of Veterans Affairs or a branch of the Armed Forces on an official statement, described in B or C below, that the veteran was honorably separated from military service.
8. Official statement from the Military personnel records center that official service records show that honorable separation took place.

B. Documentation of Service-Connected Disability (Non-Compensable, i.e., Less than 10%); Purple Heart; and Nonservice-Connected Disability Pension.

Submit one of the documents :

1. An official statement, *dated 1991 or later,* from the Department of Veterans Affairs or from a branch of the Armed Forces, certifying to the present existence of the veteran's service-connected disability of less than 10%.
2. An official citation, document, or discharge certificate, issued by a branch of the Armed Forces, showing the award to the veteran of the Purple Heart for wound or injuries received in action.
3. An official statement, *dated 1991 or later,* from the Department of Veterans Affairs, certifying that the veteran is receiving a nonservice-connected disability pension.

C. Documentation of Service-Connected Disability (Compensable, i.e., 10% or More).

If you checked Item 11 on the front of this form, *submit one* of the following documents:

1. An official statement, *dated 1991 or later,* from the Department of Veterans Affairs, or from a branch of the Armed Forces, certifying to the veteran's present receipt of compensation for service-connected disability or disability retired pay.
2. An official statement, *dated 1991 or later,* from the Department of Veterans Affairs, or from a branch of the Armed Forces, certifying that the veteran has a service-connected disability of 10% or more.
3. An official statement or retirement orders from a branch of the Armed Forces, showing that the retired serviceman was retired because of permanent service-connected disability or was transferred to the permanent disability retirement list. The statement or retirement orders must indicate that the disability is 10% or more.

For spouses and mothers of disabled veterans, who checked item 12 or 14, submit the following:

An official statement, *dated 1991 or later,* from the Department of Veterans Affairs, or from a branch of the Armed Forces, certifying:
1) the present existence of the veterans service-connected disability,
2) the percentage and nature of the service-connected disability or disabilities (including the combined percentage),
3) a notation as to whether or not the service-connected disability is rated as permanent and total.

Please Note: When a veteran dies on active duty, the family does not receive a DD Form 214; the family receives a DD Form 1300, Report of Casualty, on which there is no place to record the character of service. Thus, when a veteran dies on active duty, his or her service should be presumed to be under honorable conditions unless the military service specifically indicates otherwise.

D. Documentation of Veteran's Death

1. If on active military duty at time of death, submit official notice, from a branch of the Armed Forces, of death occurring under honorable conditions.
2. If death occurred while not on active military duty, *submit* certified copy of death certificate.

E. Documentation of Service or Death During a War, in a Campaign or Expedition for which a Campaign Badge is Authorized, or During the Period Authorized, or During the Period of April 28, 1952 through July 1, 1955.

Submit documentation of service or death during a war or during the period April 28, 1952, through July 1,1955, or during a campaign or expedition for which a campaign badge is authorized.

F. Documentation of Deceased or Disabled Veteran's Mother's Claim for Preference because of Her Husband's Total and Permanent Disability.

Submit a statement from husband's physician showing the prognosis of his disease and percentage of his disability.

G. Documentation of Annulment of Remarriage by Widow or Widower of Veteran.

Submit either:

1. Certification from the Department of Veterans Affairs that entitlement to pension or compensation was restored due to annulment.
2. A certified copy of the court decree of annulment.

H. Documentation of Veteran's Inability to Work Because of a Service-Connected Disability.

Answer questions 1-7 below:

1. Is the veteran currently working? ☐ Yes ☐ No If *No*, go to Item 3.	2. If currently working, what is the veteran's present occupation?
3. What was the veteran's occupation, if any, before military service?	4. What was the veteran's military occupation at the time of separation?

5. Has the veteran been employed, or is he/she now employed, by the Federal civil service or D.C. Government?		☐ Yes	☐ No
A. Title and Grade of position most recently, or currently, held	B. Name and address of agency	C. Dates of employment From	To

6. Has the veteran resigned from, been disqualified for, or separated from a position in the Federal civil service or D.C. Government along the lines of his/her usual occupation because of service-connected disability? If *Yes*, submit documentation of the resignation, disqualification, or separation.	☐ Yes	☐ No
7. Is the veteran receiving a civil service retirement pension? ☐ Yes ☐ No If *Yes*, give the Civil Service or Federal employee retirement annuity number — — — — — — ▶ CSA# _____		

Standard Form 15 (Back)
Revised December 2004

SF-144, STATEMENT OF PRIOR FEDERAL SERVICE

This form is used by the employee to list all prior federal civilian and military service.

Complete the form as follows:

- Employee completes blocks 1-9 and signs and dates the form.

Forward the completed form to Minneapolis with the appointment paperwork.

Standard Form 144 (Rev. 10/95) Page 2
Office of Personnel Management
The Guide to Processing Personnel Actions

STATEMENT OF PRIOR FEDERAL SERVICE

To be Completed by Employee

1. Name (Last, First, Middle Initial)	2. Social Security Number	3. Date of Birth (Month, Day, Year)
Bear, Paul P.	123-45-6789	12-16-1980

4. Does the application or resume that you submitted, for the position to which you are being appointed, list all of your Federal government civilian and uniformed service, including beginning and ending dates, as well as the type of appointment and work schedule for civilian service?
☐ Yes — If "Yes", check this block and skip to Item 8. ☑ No — If "No", check this block and complete Items 5 - 9.

5. List below your prior civilian service. Include service with the DC Government on appointments made before October 1, 1987.

NAME AND LOCATION OF AGENCY	FROM			TO			TYPE OF APPOINTMENT AND WORK SCHEDULE (Full-Time, Part-Time, or Intermittent)
	Year	Month	Day	Year	Month	Day	
USPS-10 Snowman Ct. North Pole, AK 54321	**1998**	**06**	**04**	**1998**	**08**	**30**	**Full-time**

6. During periods of employment shown in Item 5, did you have a total of more than 6 months' absence without pay during any one calendar year?
☐ Yes — If "Yes", list the following information. ☑ No — If "No", go to Item 7.

TYPE OF ABSENCE, IF KNOWN (LWOP, Furlough, Suspension, AWOL, or Placement in Nonpay Status)	FROM			TO			TOTAL		
	Year	Month	Day	Year	Month	Day	YEARS	MONTHS	DAYS

7. List all uniformed service below. List active service in any branch of the Armed Forces of the United States, including active duty as a reservist, and active service in the commissioned corps of the Public Health Service or the National Oceanic and Atmospheric Administration.

BRANCH OF SERVICE	FROM			TO			DISCHARGE (Honorable or Dishonorable)
	Year	Month	Day	Year	Month	Day	

8. Do you claim any type of veterans' preference which has not been verified?
☑ No ☐ Yes — Check one of the statements, if it applies to you. I claim preference as the:
☐ Spouse of a disabled veteran ☐ Mother of a deceased or disabled veteran ☐ Unmarried widow/widower of a veteran

9. **CERTIFICATION:** The prior Federal civilian and uniformed service listed on my application/resume and listed above constitutes my entire record of Federal employment. I have no other Federal service for which I want to claim credit.

Signature	Date
Paul P. Bear	01/05/2001

*U.S. Government Printing Office: 1996 - 404-761/32401

Section III

Obsolete Forms

USDA
UNITED STATES DEPARTMENT OF AGRICULTURE
Marketing and Regulatory Programs
Human Resources Operations Minneapolis
Butler Square, 5th Floor
100 North Sixth Street
Minneapolis, MN 55403

OBSOLETE FORMS

OPM has deemed the following forms obsolete. Please purge them from your files. If received in Minneapolis processing unit, they will be shredded.

- **SF-61B, Declaration of Appointee**
- **SF-177, Statement of Physical Ability for light duty work**
- **OPM-1635, Welfare to Work Program**
- **HRO-446, Pre-Appointment certification statement for Selective Service Registration. (This form is not obsolete; however the information is now covered on the OF-306)**

SF 61-B (Rev. 10/88)
U.S. Office of Personnel Management
FPM Supplement 296-33
61-307

Declaration Of Appointee

(Data Needed For Appointment Or Conversion)

OMB Approved
No. 3206-0182
Expires: 10/31/91
*See Reverse Side For Public Burden Statement

INSTRUCTIONS TO APPOINTEE: Answer all questions. Your answers will be considered together with other information in your record in determining your present fitness for Federal employment. A false statement or dishonest answer to any question may be grounds for dismissal after appointment or conversion and is punishable by law. Type, print or write legibly in ink. See Privacy Act Statement on reverse.

1. Name *(Last, First, Middle)*		2. Present Address *(Number, Street, City, State and ZIP Code)*	
3. Social Security Number	4. Birthdate *(Month/Day/Year)*		
5-A. Emergency Notification-First Person *(Name/Addr.)*	Relationship / Telephone Number	5-B. Second Person *(Name and Address)*	Relationship / Telephone Number

6. Since the date you signed your application, have any of your relatives *(by blood or marriage)* begun to work for the United States Government or the United States Armed Forces? If "Yes", provide details below. ☐ YES ☐ NO

Name	Relationship	Department, Agency or Branch of Armed Forces

ANSWER BY PLACING AN "X" IN THE PROPER COLUMN. PROVIDE DETAILED ANSWERS ON REVERSE SIDE.	YES	NO
7. Are you a citizen of the United States? If "No", give country or countries of which you are a citizen _____		
SINCE THE DATE YOU SIGNED YOUR APPLICATION FOR THIS POSITION, HAVE YOU:		
8. Applied for or begun to receive retirement pay, pension, or other pay based on military, Federal civilian, or District of Columbia Government service? _____		
9. Become delinquent on any Federal debt? *(Include delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government,* ***plus*** *defaults on Federally guaranteed or insured loans, such as student and home mortgage loans.)* _____		
10. Pleaded "no contest" to or forfeited collateral for, or been convicted of an offense against the law, or are you now under charges of any offense against the law? Omit: 1) traffic fines of $100.00 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; 5) any conviction whose record was expunged under Federal or State _____		
11. Been convicted by a military court-martial? _____		
12. Been discharged from the Armed Service under other than honorable conditions? *(Omit any discharge changed to honorable or general by a Discharge Review Board or similar authority.)* _____		
13. Been fired from any job for any reason or quit after being told you would be fired, or left by mutual agreement because of a specific problem? _____		
IF YOU ANSWERED "YES" TO THE QUESTIONS INDICATED BELOW, PROVIDE THE INFORMATION REQUESTED ON THE REVERSE SIDE OF THIS SHEET:		
9. Explain the type, length, and amount of delinquency or default, and the steps you are taking to correct error or repay the debt. Give any identification number associated with the debt and the address of the Federal agency involved.		
10. or 11. Explain each violation. Give place of occurrence and name/address of police court involved.		
12. Give branch of service, type of discharge, and date.		

ANSWER BY PLACING AN "X" IN THE PROPER COLUMN. PROVIDE DETAILED ANSWERS ON REVERSE SIDE.	YES	NO
14. Have you been employed by the Federal Government before this employment? If "No," go to Item 15. If "Yes," answer the following:		
A. Since March 1981 have you filed a waiver of basic insurance coverage under the Federal Employees' Group Life Insurance Program? _____		
B. If you filed such a waiver, has it been cancelled? If "No," go to Item 15. _____		
C. Since March 1981 have you ever elected Standard Optional Insurance under the Federal Employees' Group Life Insurance Program? _____ If "Yes," complete Item D. If "No," go to Item E.		
D. If you made such an election, has it been cancelled?		
E. Since March 1981 have you ever elected Additional/Optional Insurance under the Federal Employees' Group Life Insurance Program? _____ If "Yes," complete Item F. If "No," go to Item G.		
F. If you made such an election, how many multiples of salary did you have when you separated or converted? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Cancelled Before Separation		
G. Since March 1981 have you ever elected Family Optional Insurance under the Federal Employees' Group Life Insurance Program? If "Yes," complete Item H. If "No," go to Item 15. _____		
H. If you made such an election, has it been cancelled? _____		

CERTIFICATION: I certify that all of the answers to the questions above are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

15. Signature of Appointee *(Sign in ink.)*

APPOINTING OFFICER:
Enter Date of Appointment or Conversion ▶

Prior Editions Unusable After 12/31/90

Detailed Answers To Items 7 Through 14
(Indicate The Item Numbers To Which Answers Apply)

PRIVACY ACT STATEMENT

Sections 3301 and 3304 of Title 5, U.S. Code, provide for the examination of individuals for employment; Executive Order 10450, Security Requirements for Government Employment, requires a suitability for employment determination for all employees; Section 8716 of Title 5, U.S. Code, provides for the Office of Personnel Management to regulate enrollment in the Government's Life Insurance program; and Executive Order 9397 authorizes use of the Social Security Number to identify individuals in personnel records. Thus, solicitation of this information is authorized by these statutes or Executive Orders. The information will be used primarily to determine your qualifications and suitability for employment, your eligibility for insurance coverage, and for identification purposes. Responses are voluntary, but failure to provide all information may result in a determination that you are not qualified or suitable for employment; or result in incorrect life insurance withholdings being made from your pay.

PUBLIC BURDEN STATEMENT

The public reporting burden for this collection of information is estimated to average 5 minutes per response, including time for reviewing instructions, searching existing 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 Reports and Forms Management Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Room 6410, Washington, D.C., 20415; and to the Office of Management and Budget, Paperwork Reduction Project (3206-0182) Washington, D.C., 20503

Form Approved
OMB No. 3206-0013

STATEMENT OF PHYSICAL ABILITY FOR LIGHT DUTY WORK

INSTRUCTIONS AND PRIVACY ACT INFORMATION FOR APPLICANT

Please read instructions for each section carefully before answering the questions. Type or print answers in ink. If additional details are req ired,u use Section D. After completing this statement, be sure to sign your name and give the date in Section E. Your replies will be evaluated in terms of the particular position for which you are applying. (AT THE DISCRETION OF THE APPOINTING OFFICER, ADDITIONAL MEDICAL INFORMATION MAY BE REQUIRED.)

Solicitation of this information is authorized by Title 5 U.S.C. Section 3301, which provides for a determination as to an individual's fitness for employment with regard to age, health, and physical ability. The information will be used in determining your eligibility for employment and, to that end may be provided to appropriate sources in order to identify you and to obtain an evaluation of your fitness and ability to perform the duties of the position f r o which you are applying.

Under Executive Order 9397, Federal agencies were required to use the Social Security Number (SSN) as the means of identifying individuals in personnel record systems. Solicitation of your SSN is thus authorized by this executive order and will be used to ensure that the information you provide is accurately recorded as pertaining to you. Furnishing your SSN or any of the other data is voluntary, but failure to supply complete and accurate information may limit consideration or jeopardize eligibility o holdt a Federal position.

IDENTIFICATION OF APPLICANT

Name *(Last, First, Middle)*	Birthdat e*(Month, Day, Year)*	Social Security Number
Addres s*(Number, Street, City, State and ZIP Code)*	Title of Position Applied For	

SECTION A -- PHYSICAL LIMITATIONS

Answer eac h*circled* item "YES" or "NO" by placing an "X" in the proper box below. If you answe *"YES"* to any circled item, give additional details in Section D.

	YES	NO
1. Do you have any problem:		
(a) reading small newspaper print (glasses permitted)?		
(b) reading ordinary newspaper headlines without glasses?		
(c) seeing distant objects with either eye (glasses permitted)?		
2. Do you have difficulty in distinguishing basic colors (red, green, blue)?		
3. Do you have difficulty in distinguishing shades of colors?		
4. Do you have any hearing problem, including hearing telephone conversations (he ring aid permitted)?		
5. Do you wear a hearing aid?		
6. Do you have any speech impairment which hinders:		
(a) person-to-person conversation?		
(b) telephone conversation?		
(c) talking to groups of people?		
7. Do you have an amputation or abnormality of a leg, foot, arm, hand, and/or fin er? g		
8. Do you have difficulty in using arms, hands, or fingers for reaching in any di ectionr grasping, handling, or fingering?		
9. Do you have any disease or disability which would make your employment in ligh duty work a hazard to yourself or others?		

SECTION B -- PHYSICAL ENDURANCE FACTORS

Answer eac h*circled* item "YES" or "NO" by placing an "X" in the proper box to show your physical bility ta carry out the listed activities during each work day. If you answe *"NO"* to any item, give additional details in Section D.

DURING THE WORK DAY ARE YOU PHYSICALLY ABLE TO PERFORM ACTIVITIES INVOLVING:

	YES	NO
1. Sitting for long periods of time?		
2. Standing for long periods of time?		
3. Some walking on flat surfaces, slight inclines, and occasionally climbing stai s?		
4. Frequent walking and/or climbing of stairs or steep inclines?.		
5. Occasional pushing and pulling motions as needed? (For example, opening and cl sing doors, drawers, etc.)		
6. Frequent pushing and pulling motions? (For example, frequent opening and closi g file drawers)		
7. Occasional bending, stooping, and crouching? (For example, reaching the botto shelfof a supply cabinet)		
8. Frequent bending, stooping, and crouching? (For example, frequently opening a d closing lower file drawers)		
9. Occasionally lifting objects weighing up to 10-12 lbs. and frequently carryin lightweight items? (For example, ledgers, dockets, or lightweight equipment)		
10. Occasionally lifting objects weighing up to 20-25 lbs. and frequently carryin objects weighing up to 10-12 lbs.?		

(CONTINUED ON REVERSE SIDE)

Previous Edition Not Usable
177-103

Standard Form 177
Rev. September 1984
U.S. Office of Personnel Management
FPM Chapter 339

SECTION C -- ENVIRONMENTAL FACTORS

Some positions may involve unusual work conditions or working outside. Answer each *circled* item "YES" or "NO" by placing an "X" in the proper box. If you answer *"NO"* to any circled item give additional details in Section D.

Can you work under the following conditions:	YES	NO
1. Outside (frequently)		
2. Severe heat		
3. Severe cold		
4. Severe humidity		
5. Severe dampness or chilling		
6. Dry atmospheric conditions		
7. Severe noise		
8. Constant noise		
9. Dusty atmospheres		
10. Some exposure to fumes, smoke, or gases		
11. Some contact with solvents, greases, and oils		
12. Occasional walking over rough terrain		
13. Some climbing of short ladders (For example, to reach upper supply shelves)		
14. Working below ground surface		
15. Working alone		
16. Occasional travel		
17. Frequent travel		

SECTION D -- ADDITIONAL DETAILS

This space is for detailed answers to Sections A, B, and C. (Give item No. & Section letter)

Item No.	
Item No.	
Item No.	
Item No.	
Item No.	
Item No.	
Item No.	
Item No.	

IF YOU NEED MORE SPACE, ATTACH ADDITIONAL SHEETS

SECTION E -- CERTIFICATION BY APPLICANT

I CERTIFY that all the information I have furnished is correct to the best of my knowledge and belief.

Applicant's Signature	Date Signed *(Month, Day, Year)*

SECTION F -- FOR AGENCY USE ONLY

1. Position To Which Applicant Assigned	2. Other Action Taken	3. Date *(Month, Day, Year)*
4. Signature of Appointing Officer	5. Official Title	
6. Department or Agency	7. Address of Agency	

Welfare to Work Program

(Please read the instructions and Privacy Act Statement before completing form)

Agency Use Only	Name (Last, First, Middle Initial)	Social Security Number
		| | |-| | |-| | | |

Specific Instructions:

The categories below are designed to identify whether or not you are receiving assistance under the Temporary Assistance to Needy Families Program. Place an "X" in the box next to the appropriate category.

Category (Mark ONE only)	DEFINITION OF CATEGORY
A ☐	I am an adult, or teen parent under age 19, receiving assistance under: a) The Temporary Assistance for Needy Families (TANF) program administered by a State under the Federal block grant; **OR** b) Aid to Families with Dependent Children (AFDC); **OR** c) Tribal Temporary Assistance for Needy Families program administered by an eligible Indian tribe.
B ☐	I am not currently receiving this type of assistance.

Privacy Act Statement

Furnishing this information is voluntary. Solicitation of this information is authorized by President Clinton's Memorandum of March 8, 1997 entitled "Government Employment for Welfare Recipients." This information will be used for workforce analysis and for monitoring agencies' compliance with the President's Memorandum. This information may also be used for statistical reports. It will not be used to make any personnel decisions about individuals.

Executive Order 9397 (November 22, 1943) authorizes use of your Social Security Number (SSN). That Order requires agencies to use the SSN for the orderly administration of personnel records. Your SSN will be used solely for that purpose. Your furnishing of your SSN is voluntary and failure to furnish it will have no effect on you.

U.S. Office of Personnel Management
AUTHORIZED FOR LOCAL REPRODUCTION

OPM 1635
April 1997

Note: this form is optional since the required OF-306 covers the same information

PRE-APPOINTMENT CERTIFICATION STATEMENT FOR SELECTIVE SERVICE REGISTRATION

Important Notice	If you are a male born after December 31, 1959, and you want to be employed by the Federal Government, you must (subject to certain exemptions) be registered with the Selective Service System.
Privacy Act Statement	We need information on your registration with the Selective Service System to see whether you are affected by the laws we must follow in deciding who may be employed by the Federal Government.
Criminal Penalty Statement	A false statement by you may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by fine or imprisonment (U.S. Code, Title 18, Section 1001).
Review	If your employing agency has informed you that you cannot be appointed to a position in an executive agency because of your failure to register, and you wish to establish that your non-compliance with the law was neither knowing nor willful, you may write to: U.S. Office of Personnel Management NACI Center IOO-SAS Boyers, Pennsylvania 16018

CERTIFICATION OF REGISTRATION STATUS

( ) I certify that I am registered with the Selective Service System.

( ) I certify that I am not required to be registered with the Selective Service System.

_____ _____

Legal signature (please use ink) Date signed (please use ink)

HRO-446