

MRP USA Staffing - New Hire Day One Guide

Effective: July 20, 2021

Overview:

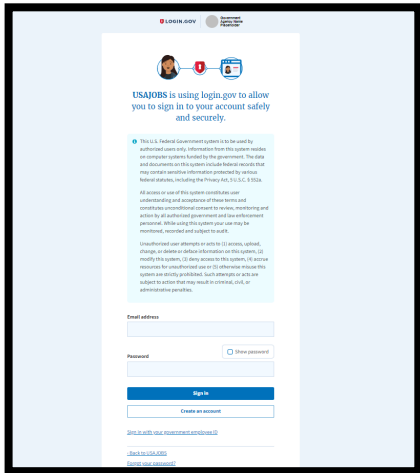
This guide is to assist you, as the New Hire, with completing the day one onboarding tasks and forms. Every New Hire is unique in terms of what forms are collected on the first day of your new position. The required forms collected depends on your prior employment history and your appointment type. You may not need to complete any day one forms. Please review your USA Staffing Onboarding record to see what day one tasks, and forms are assigned to you.

If you have forms to complete, please wait for the New Employee Orientation Onboarding Buddy to let you know when you can log in to complete the day one tasks. Once the Onboarding Buddy has indicated you can log in, you can log in to your USA Staffing Onboarding record to complete your assigned day one tasks and forms. The day one system tasks and may include the completion of the SF-256, SF-181, OF-306, SF-61, and I-9 forms. These tasks must be completed on your first day of work and should be completed in the Onboarding system. You can log in and out of the Onboarding system as needed.

- See Appendix A for browser compatibility
- See Appendix B for instructions for clearing your browser history

Day One Onboarding System Tasks:

Step 1	The Onboarding Buddy will let you know once you can log in to your Onboarding record to complete the day one tasks. The Onboarding Buddy needs to unlock your day one forms in the system. Once the forms are enabled, you can proceed to Step 2. Note: If you are already a current APHIS or AMS employee, you might not have any system tasks to complete on day one.
Step 2	Log in to your Onboarding record using your USAJOBS account. <ol style="list-style-type: none">1. Log in to your personal email account.2. Locate your Day One notification is sent via email with the subject line, <i>IMPORTANT Final Offer USAS Onboarding Task Instructions for (your name)</i>.3. Use the Onboarding link listed in the notice. <i>Your login information is: (Your email address)</i> <i>USA Staffing Onboarding Link: (Your Onboarding link)</i>4. Most likely, you will need your cell phone to access the Login.gov verification code.



Step 3 Review your incomplete task(s). The red circle icon next to the task indicates a task status is incomplete.

Tasks 🔴 = Incomplete 🟢 = Complete

The tasks below have been assigned by Human Resources to communicate the required information and actions necessary for you to enter on duty. Click the **Task Name** for each individual task to view the instructions provided by Human Resources and mark the task as complete. Some tasks have quick links that allow you to **Start** or **Continue** working on the task. Note the due date for each assignment, and track your progress by referencing the completed date.

Task Name	Due	Completed
🔴 Complete New Hire Questionnaire		
🟢 Complete Information Security Awareness (ISA) Training	07/01/2021	06/29/2021
🟢 Complete SF-144	07/01/2021	06/29/2021
🟢 Make Fingerprint Appointment	07/01/2021	06/29/2021
🔴 Sign and Submit OF 306	07/01/2021	
🟢 Complete AD-349 (Address Update)	07/01/2021	06/29/2021
🟢 Complete W-4 (Federal Tax)	07/01/2021	06/29/2021
🟢 Released Employment Investigation Questionnaire in e-QIP System	07/04/2021	06/29/2021
🟢 Complete FMS 2231 (Direct Deposit)	07/15/2021	06/29/2021
🔴 Complete I-9 (Employment Eligibility)	07/15/2021	
🔴 Complete SF-181 (RNO Data)	07/15/2021	
🔴 Complete SF256 (Disability)	07/15/2021	
🔴 Complete SF-81 (Oath of Office)	07/15/2021	

Review the task titled, *Complete New Hire Questionnaire*, and verify that the Biographic, Employment, and Verification Questionnaires are complete. Complete any remain questions in these sections now if needed.

Questionnaires To Complete

Questionnaire Name	Status	Action
🟢 Biographic Information	Complete	Update
🟢 Employment Information	Complete	Update
🟢 Background Information	Complete	Update
🟢 Compensation Information	Complete	Update
🟢 Benefits Information	Complete	Update

Completion Date:

[Close](#)

Step 4 Complete the I-9 task:

1. Click on the task name, *Complete I-9 (Employment Eligibility)*
2. Click on the Form Name, *I-9 Employment Eligibility Verification*.

Task Details 🔴 = Incomplete 🟢 = Complete

Task Name
Complete I-9 (Employment Eligibility)

Instructions
Complete I-9 (Employment Eligibility). For a copy of the full instructions for completing the I-9, click this link <https://www.uscis.gov/sites/default/files/document/forms/i-9instr.pdf>.

Form Name	Next Action
🔴 I-9: Employment Eligibility Verification	Answer Required Questionnaire Items

Completion Date
[Calendar icon]

[Close](#)

3. Review page one of the I-9. Note: If you are not able to view the form, you can review the responses in the questionnaire to verify your name, SSN, date of birth, address, and your response to U.S. citizenship.
4. If everything looks correct, you can click **Confirm**. *Use both scroll bars to locate the Confirm button.

I-9: Employment Eligibility Verification
The form displayed below is read-only. If you need to make changes to any data displayed on the form, you must return to the appropriate questionnaire and modify your response to the question(s) used to populate the form.

USCIS Form I-9 1 / 3 66%

Section 1: Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

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 boxes):

1. A citizen of the United States

2. A noncitizen national of the United States (See instructions)

3. A lawful permanent resident (Alien Registration Number/USCIS Number) N/A

4. An alien authorized to work until expiration date, if applicable, mm/dd/yyyy
Some aliens may enter "N/A" in the expiration date field. (See instructions)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
 1. Alien Registration Number/USCIS Number OR Form I-9 Admission Number OR Foreign Passport Number
 2. Form I-9 Admission Number N/A

Verify you are able to view the generated PDF form by clicking Confirm. If you cannot see the PDF form in the window above, please view our online help to troubleshoot the issue.

[Confirm](#) [Close](#)

5. Click **Sign and Submit**.

I-9: Employment Eligibility Verification
The form displayed below is read-only. If you need to make changes to any data displayed on the form, you must return to the appropriate questionnaire and modify your response to the question(s) used to populate the form.

USCIS Form I-9 1 / 3 100%

Section 1: Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

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 boxes):

1. A citizen of the United States

2. A noncitizen national of the United States (See instructions)

3. A lawful permanent resident (Alien Registration Number/USCIS Number) N/A

4. An alien authorized to work until expiration date, if applicable, mm/dd/yyyy
Some aliens may enter "N/A" in the expiration date field. (See instructions)

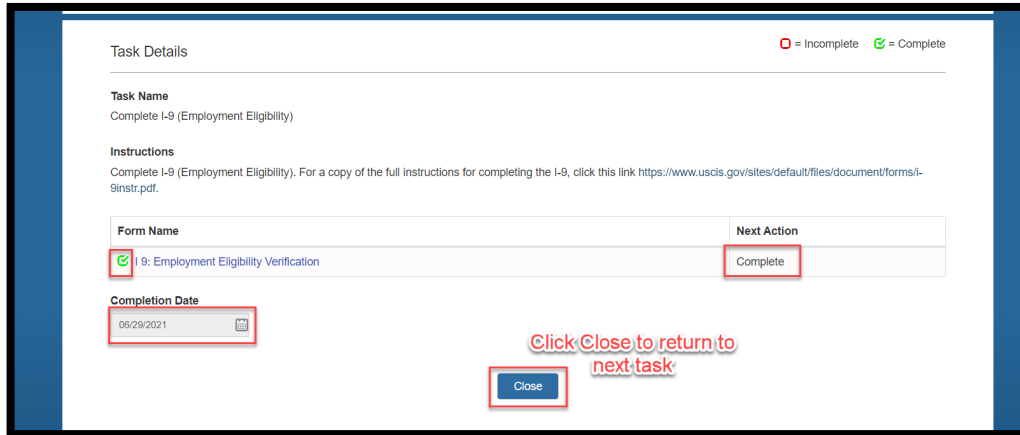
Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
 1. Alien Registration Number/USCIS Number OR Form I-9 Admission Number OR Foreign Passport Number
 2. Form I-9 Admission Number N/A

[Sign and Submit](#) [Close](#)

6. Click **I Agree**.

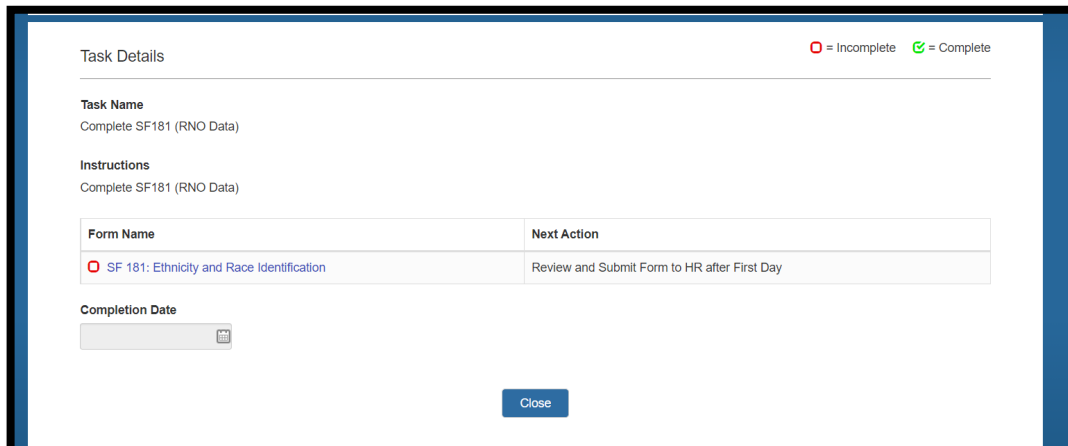


7. You have completed the I-9 task. Click **Close** to return to the next task.

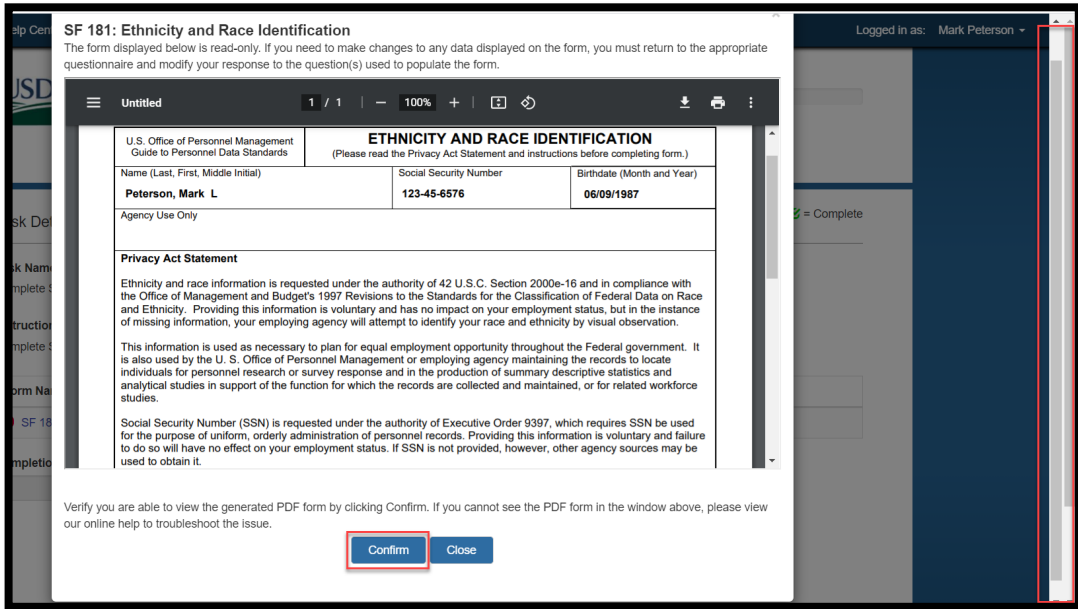


Step 5 Complete the **SF-181** task:

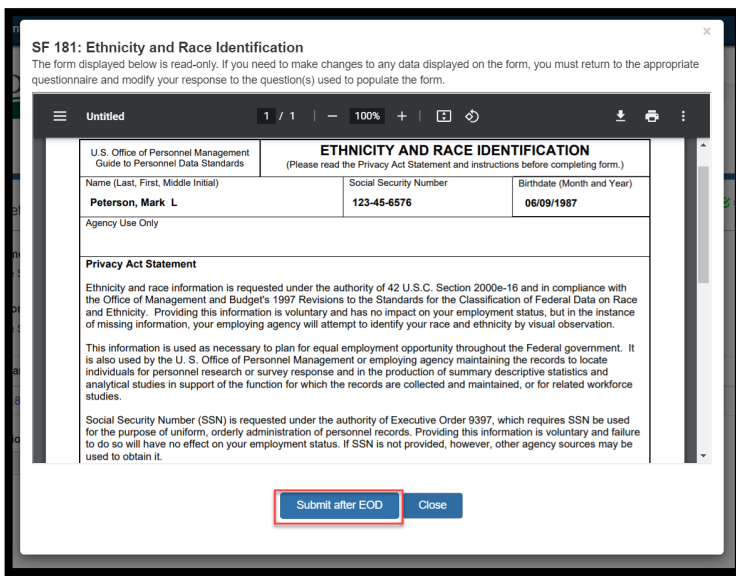
1. Click on the task name, Complete SF 181 (RNO Data)
2. Click on the Form Name, *Complete SF-181: Ethnicity and Race Identification*.



3. Review the form. Note: If you are not able to view the form, you can review the responses by opening the *Complete New Hire Questionnaire* task, in the Biographic Questionnaire to verify your responses to the self-identify race and ethnicity questions.
4. If everything looks correct, you can click **Confirm**. *Use both scroll bars to locate the Confirm button.



5. Click **Submit after EOD**.



6. Click **I Agree**.



7. You have completed the SF-181 task. Click **Close** to return to the next task.

Task Details □ = Incomplete ✓ = Complete

Task Name
Complete SF181 (RNO Data)

Instructions
Complete SF181 (RNO Data)

Form Name	Next Action
✓ SF 181: Ethnicity and Race Identification	Complete

Completion Date
06/29/2021

Click Close to return to next task

Step 6 Complete the SF-256 task:

1. Click on the task name, *Complete SF 256 (Disability)*
2. Click on the Form Name, *SF 256: Self-Identification of Disability*.

Task Details □ = Incomplete ✓ = Complete

Task Name
Complete SF256 (Disability)

Instructions
Complete SF256 (Disability)

Form Name	Next Action
□ SF 256: Self-Identification of Disability	Review and Submit Form to HR after First Day

Completion Date

3. Review the form. Note: If you are not able to view the form, you can review the responses by opening the *Complete New Hire Questionnaire* task, in the Biographic Questionnaire to verify your responses to the self-identify disability questions.
4. If everything looks correct, you can click **Confirm**. *Use both scroll bars to locate the Confirm button.

SF 256: Self-Identification of Disability
 The form displayed below is read-only. If you need to make changes to any data displayed on the form, you must return to the appropriate questionnaire and modify your response to the question(s) used to populate the form.

SF-256 1 / 2 | 100%

SELF - IDENTIFICATION OF DISABILITY
 (Please read the Privacy Act Information and additional instructions on Page 2)

Name (Last, First, Middle Initial)	Date of Birth (MM/YY YY)	Social Security Number
Peterson, Mark L	06/09/1987	123456576

Purpose:
 Each agency in the Executive Branch of the Federal government has established programs to facilitate the hiring, placement, and advancement of individuals with disabilities. Self-identification of disability status is essential for effective data collection and analysis of the Federal government's efforts. While self-identification is voluntary, your cooperation in providing accurate information is critical to these efforts. Every precaution is taken to ensure that the information provided by each employee is kept in the strictest confidence.

ENTER CODE HERE → 0 1

Targeted Disabilities or Serious Health Conditions:	Other Disabilities or Serious Health Conditions :
02- Developmental Disability , for example, autism spectrum disorder	13- Speech impairment 41- Spinal abnormalities, for example, spina bifida or scoliosis

Verify you are able to view the generated PDF form by clicking Confirm. If you cannot see the PDF form in the window above, please view our online help to troubleshoot the issue.

Confirm **Close**

5. If everything looks correct, you can click **Sign and Submit**.

SF 256: Self-Identification of Disability
 The form displayed below is read-only. If you need to make changes to any data displayed on the form, you must return to the appropriate questionnaire and modify your response to the question(s) used to populate the form.

SF-256 1 / 2 | 100%

SELF - IDENTIFICATION OF DISABILITY
 (Please read the Privacy Act Information and additional instructions on Page 2)

Name (Last, First, Middle Initial)	Date of Birth (MM/YY YY)	Social Security Number
Peterson, Mark L	06/09/1987	123456576

Purpose:
 Each agency in the Executive Branch of the Federal government has established programs to facilitate the hiring, placement, and advancement of individuals with disabilities. Self-identification of disability status is essential for effective data collection and analysis of the Federal government's efforts. While self-identification is voluntary, your cooperation in providing accurate information is critical to these efforts. Every precaution is taken to ensure that the information provided by each employee is kept in the strictest confidence.

ENTER CODE HERE → 0 1

Targeted Disabilities or Serious Health Conditions:	Other Disabilities or Serious Health Conditions :
02- Developmental Disability , for example, autism spectrum disorder	13- Speech impairment 41- Spinal abnormalities, for example, spina bifida or scoliosis

Submit after EOD **Close**

6. Click **I Agree**.

I have reviewed the information for the form displayed and I consent that the information is accurate and true. By submitting this form electronically, I acknowledge my approval of the information being submitted. I understand there are legal implications if information has been stated fraudulently. I consent to the electronic release of information as appropriate.

I Agree **Cancel**

7. You have completed the SF-256 task. Click **Close** to return to the next task.

Task Details ❑ = Incomplete ✅ = Complete

Task Name
Complete SF256 (Disability)

Instructions
Complete SF256 (Disability)

Form Name	Next Action
✅ SF 256: Self-Identification of Disability	Complete

Completion Date
06/29/2021

Close Click Close to return to the next task

Step 7 Complete the OF-306 task:

1. Click on the task name, *Sign and Submit OF-306*
2. Click on the Form Name, *OF-306: Declaration of Federal Employment*

Welcome ❑ Tasks ⓘ Help Center Logged in as:

USDA
United States Department of Agriculture

Onboarding Progress: 38%

Position Title: Human Resources Assistant
Pay Plan-Series-Grade: GS-0203-7
Duty Location: Minneapolis, Minnesota

Task Details ❑ = Incomplete ✅ = Complete

Task Name
Sign and Submit OF 306

Instructions

Form Name	Next Action
❑ OF 306: Declaration of Federal Employment	Review, Sign, and Submit Form to HR before First Day

Completion Date
[Empty field]

Close

3. Review the form. Note: If you are not able to view the form, you can review the responses by opening the *Complete New Hire Questionnaire* task, in the Biographic Questionnaire to verify your responses to Background Information questions.

***NOTE for OF-306 updates:** If you review the OF-306 form and need to update any responses to the criminal or financial questions, you will need to complete a new OF-306 form outside of the Onboarding system. To complete a new OF-306 form, click the link here: https://www.opm.gov/forms/pdf_fill/of306.pdf Complete (hardcopy or PDF) all the questions and return to the Onboarding Buddy. Be sure to sign and date by the Appointee Signature 17 b. line.

4. If everything looks correct, you can click **Confirm**. *Use both scroll bars to locate the Confirm button.

The form displayed below is read-only. If you need to make changes to any data displayed on the form, you must return to the appropriate questionnaire and modify your response to the question(s) used to populate the form.

Optional Form 306 - Declaration of Federal Employment

3 / 3 | 100% +

The information you provide on this form may be used 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: Electronically Signed by Mark L. Peterson Date: 6/29/2021

17b. Appointee's Signature: (Sign in ink) Date: _____

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

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? DATE: MM / DD / YYYY

18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance? YES 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

U.S. Office of Personnel Management EOD:AG34 USA Staffing

Optional Form 306 Revised February 2016 Previous editions obsolete and unusable

Verify you are able to view the generated PDF form by clicking Confirm. If you cannot see the PDF form in the window above, please view our online help to troubleshoot the issue.

Confirm **Close**

5. If everything looks correct, you can click **Sign and Submit**.

The form displayed below is read-only. If you need to make changes to any data displayed on the form, you must return to the appropriate questionnaire and modify your response to the question(s) used to populate the form.

Optional Form 306 - Declaration of Federal Employment

3 / 3 | 100% +

The information you provide on this form may be used 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: Electronically Signed by Mark L. Peterson Date: 6/29/2021

17b. Appointee's Signature: (Sign in ink) Date: _____

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

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? DATE: MM / DD / YYYY

18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance? YES 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

U.S. Office of Personnel Management EOD:AG34 USA Staffing

Optional Form 306 Revised February 2016 Previous editions obsolete and unusable

Sign and Submit **Close**

6. Click **I Agree**.

I have reviewed the information for the form displayed and I consent that the information is accurate and true. By signing, as applicable, and / or submitting this form electronically, I acknowledge my approval of the information being submitted. I understand that an electronic signature is equivalent to signing the form. I understand there are legal implications if information has been stated fraudulently. I consent to the electronic release of information as appropriate.

I Agree **Cancel**

7. You have completed the OF-306 task. Click **Close** to return to the next task.

Task Details □ = Incomplete ✓ = Complete

Task Name
Sign and Submit OF 306

Instructions

Form Name	Next Action
✓ OF 306: Declaration of Federal Employment	Complete

Completion Date
06/29/2021

Click Close to return to next task

Close

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Step 8 Complete the SF-61 task:

1. Click on the task name, *Complete SF-61 (Oath of Office)*
2. Click on the Form Name, *SF 61: Appointment Affidavits*.

Task Details □ = Incomplete ✓ = Complete

Task Name
Complete SF-61 (Oath of Office)

Instructions
Complete SF-61 (Oath of Office)

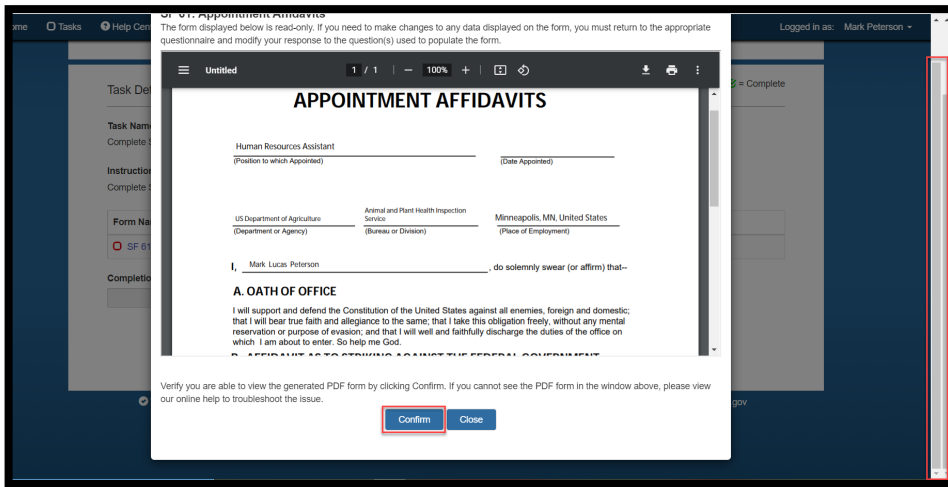
Form Name	Next Action
□ SF 61: Appointment Affidavits	Answer Required Questionnaire Items

Completion Date
[Empty field]

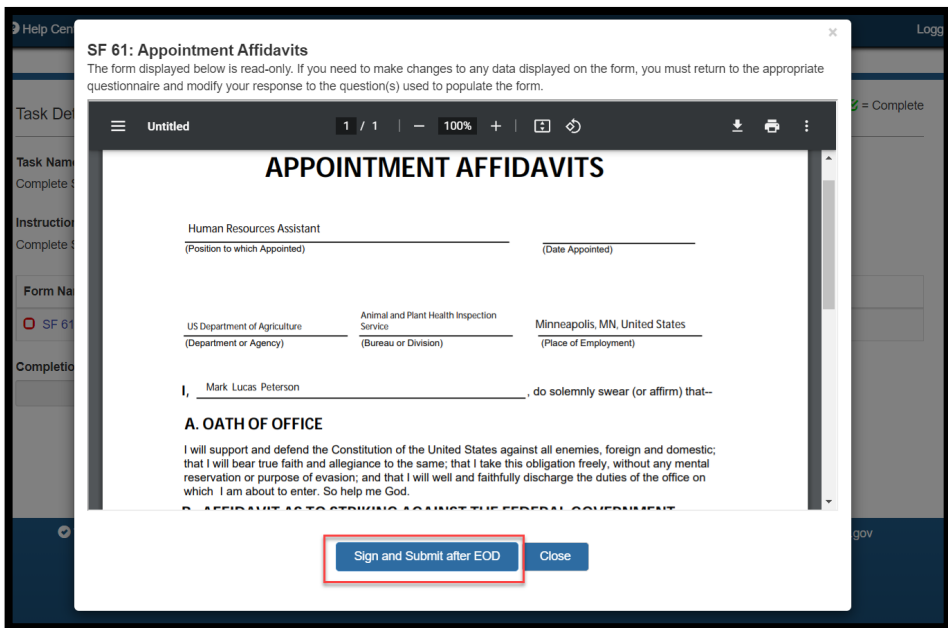
Close

3. Review the top portion on the SF-61. Note: You will need to read the oath of office to the Onboarding Buddy when requested. You can refer to this task after you submit the form in the system to view the oath of office language if needed.

4. If everything looks correct, you can click **Confirm**. *Use both scroll bars to locate the Confirm button.



5. Click **Sign and Submit**.



6. Click **I Agree**.



7. You have completed the SF-61 task. Click **Close** to return to the next task.

Task Details ○ = Incomplete ✓ = Complete

Task Name
Complete SF-61 (Oath of Office)

Instructions
Complete SF-61 (Oath of Office)

Form Name	Next Action
✓ SF 61: Appointment Affidavits	Complete

Completion Date
06/29/2021

Close Click Close to return to task list

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STEP 9 Notify the New Employee Orientation Onboarding Buddy that you have completed your USA Staffing day one forms.

APPENDIX

Appendix A: Browser Compatibility

USA Staffing requires HTML5 compatible browsers including current versions of:

- Chrome
- Edge
- Firefox

The Online Application and Onboarding interfaces support current versions of: Chrome, Firefox, Edge, and Safari.

Appendix B: Clearing your cache or temporary internet files

Edge:

Press *Control (Ctrl), Shift, Delete (Del)* on your keyboard.

1. Select *All time* from the Time range drop-down list.
2. Check *Browsing history*.
3. Check *Download history*.
4. Check *Cookies and other site data*.
5. Check *Cached images and files*.
6. Click *Clear now*.

Firefox:

1. Click *Open Menu* (three horizontal lines on the right side of the toolbar).
2. Click *Options*.
3. Click *Privacy & Security*.
4. Under *Privacy & Security*, click *Clear Data*.
5. Ensure *Cookies and Site Data*, and *Cached Web Content*, are checked.
6. Click the *Clear*.

Chrome:

1. Click the Chrome menu on the browser toolbar (three vertical dots on the right side of the toolbar).
2. Click *More Tools*.
3. Click *Clear browsing data*.
4. In the dialog that appears, select the check-boxes for the types of information that you want to remove. Make sure *Browsing history*, *Download history*, *Cookies and other site and plugin data*, and *Cached images and files* boxes are checked.
5. Use the drop-down list at the top to select the amount of data that you want to delete. Select *beginning of time* to delete everything.
6. Click *Clear Browsing Data*.

Safari:

1. Click *History* on the top menu bar.
2. Click *Clear History* button.
3. Choose *All History* from the drop-down.
4. Click *Clear History*.

If the browser you are using is not identified on this page, please search for "Clearing my cache" on your browser help page or search the internet to find browser-specific instructions.