



United States
Department of
Agriculture

Animal Plant
Health Inspection
Service
Plant Protection
And Quarantine

USDA-APHIS-PPQ
375 Rodgers Blvd.
Honolulu, HI 96819
808-834-3200

USDA APHIS PPQ

JOB ANNOUNCEMENT (NOT APPLICABLE)

JOB TITLE: PPQ AID

PROJECT: COCONUT RHINOCEROS BEETLE PROJECT

GRADE: GS-0421-03

APPLICATIONS ACCEPTED FROM: 06/23/14 TO 06/30/14

*PLEASE RETURN COMPLETE APPLICATION PACKETS TO
USDA OPERATIONS OFFICE (AIRPORT)*

*OR MAIL TO:
USDA APHIS PPQ
375 RODGERS BLVD
HONOLULU, HAWAII 96819*

NOTE:

1. **If submitting a resume, Resume must be concise-** must include the information requested in the vacancy announcement as well as information required for all applications for Federal employment or visit: www.usajobs.gov on how to build a resume.
2. **If you're claiming veterans preference,** please attach a copy of your DD-214 or appropriate documentations

COMPLETED APPLICATIONS

MUST BE SUBMITTED BY 06/30/2014 NO LATER THAN 6:00 P.M.

ALL APPLICATIONS MUST BE VERIFIED FOR COMPLETENESS AND SUPPORTING DOCUMENTS MUST BE ATTACHED IF ANY APPLIES OF THE FOLLOWING 3 CATEGORIES:

- **DD-214- FOR VETERANS PREFERENCE**
- **ORIGINAL COPY OF TRANSCRIPT (Online copies are unacceptable) – FOR EDUCATION CREDITS**
- **SF-50B –FOR PAST CURRENT FEDERAL EMPLOYEES FOR CREDITS**

General Information
Optional Application for Federal Employment – OF 612

You may apply for most Federal jobs with a résumé, an Optional Application for Federal Employment (OF 612), or other written format. If your résumé or application does not provide all the information requested on this form and in the job vacancy announcement, you may lose consideration for a job. Type or print clearly in black ink. Help speed the selection process by keeping your application brief and sending only the requested information. If essential to attach additional pages, include your name and job announcement number on each page.

- Information on Federal employment and the latest information about educational and training provisions are available at www.usajobs.gov or via interactive voice response system: (703) 724-1850 or TDD (978) 461-8404.
- Upon request from the employing Federal agency, you must provide documentation or proof that your degree(s) is from a school accredited by an accrediting body recognized by the Secretary, U.S. Department of Education, or that your education meets the other provisions outlined in the OPM Operating Manual. It will be your responsibility to secure the documentation that verifies that you attended and earned your degree(s) from this accredited institution(s) (e.g., official transcript). Federal agencies will verify your documentation.
For a list of postsecondary educational institutions and programs accredited by accrediting agencies and state approval agencies recognized by the U.S. Secretary of Education, refer to the U.S. Department of Education Office of Postsecondary Education website at <http://www.oped.gov/accreditation/>.
For information on Educational and Training Provisions or Requirements, refer to the OPM Operating Manual available at <http://www.opm.gov/qualifications/SEC-II/s2-e4.asp>.
- If you served on active duty in the United States Military and were discharged or released from active duty in the armed forces under honorable conditions, you may be eligible for veterans' preference. To receive preference, if your service began after October 15, 1976, you must have a Campaign Badge, Expeditionary Medal, or a service-connected disability. Veterans' preference is not a factor for Senior Executive Service jobs or when competition is limited to status candidates (current or former career or career-conditional Federal employees).
- Most Federal jobs require United States citizenship and also that males over age 18 born after December 31, 1959, have registered with the Selective Service System or have an exemption.
- The law generally prohibits public officials from appointing, promoting, or recommending their relatives.
- Federal annuitants (military and civilian) may have their salaries or annuities reduced. Every employee must pay any valid delinquent debt or the agency may garnish their salary.
- Send your application to the office announcing the vacancy. If you have questions, contact the office identified in the announcement.

How to Apply

1. Review the listing of current vacancies.
2. Decide which jobs, pay range, and locations interest you.
3. Follow instructions provided in the vacancy announcement including any additional forms that are required.
 - You may apply for most jobs with a resume, this form, or any other written format; all applications must include the information requested in the vacancy announcement as well as information required for all applications for Federal employment (see below).
 - The USAJOBS website features an online résumé builder. This is a free service that allows you to create a résumé, submit it electronically (for some vacancy announcements), and save it online for use in the future.

Certain information is required to evaluate your qualifications and determine if you meet legal requirements for Federal employment. If your resume or application does not include all the required information as specified below, the agency may not consider you for the vacancy. Help speed the selection process - submit a concise resume or application and send only the required material.

Information required for all applications for Federal employment:

Job Vacancy Specifics

- Announcement number, title and grade(s) of the job you are applying for

Personal Information

- Full name, mailing address (with zip code) and day and evening phone numbers (with area code) and email address, if applicable
- Social Security Number
- Country of citizenship (most Federal jobs require U.S. citizenship)
- Veterans' preference
- Reinstatement eligibility (for former Federal employees)
- Highest Federal civilian grade held (including job series and dates held)
- Selective Service (if applicable)

Work Experience

- Provide the following information for your paid and volunteer work experience related to the job you are applying for:
 - ▶ job title (include job series and grade if Federal)
 - ▶ duties and accomplishments
 - ▶ employer's name and address
 - ▶ supervisor's name and telephone number - indicate if supervisor may be contacted
 - ▶ starting and ending dates (month and year)
 - ▶ hours per week
 - ▶ salary

How to Apply (continued)

Education

- High School
 - ▶ Name, city, and State (Zip code if known)
 - ▶ Date of diploma or GED
- Colleges or universities
 - ▶ Name, city, and State (Zip code if known)
 - ▶ Majors
 - ▶ Type and year of degrees received. (If no degree, show total credits earned and indicate whether semester or quarter hours.)
- Do not attach a copy of your transcript unless requested
- Do not list degrees received based solely on life experience or obtained from schools with little or no academic standards

Upon request from the employing Federal agency, you must provide documentation or proof that your degree(s) is from a school accredited by an accrediting body recognized by the Secretary, U.S. Department of Education, or that your education meets the other provisions outlined in the OPM Operating Manual. It will be your responsibility to secure the documentation that verifies that you attended and earned your degree(s) from this accredited institution(s) (e.g., official transcript). Federal agencies will verify your documentation.

For a list of postsecondary educational institutions and programs accredited by accrediting agencies and state approval agencies recognized by the U.S. Secretary of Education, refer to the U.S. Department of Education Office of Postsecondary Education website at <http://www.ope.ed.gov/accreditation/>

For information on Educational and Training Provisions or Requirements refer to the OPM Operating Manual available at <http://www.opm.gov/qualifications/SEC-II/s2-e4.asp>.

Other Education Completed

- School name, city, and State (Zip code if known)
 - ▶ Credits earned and Majors
 - ▶ Type and year of degrees received. (If no degree, show total credits earned and indicate whether semester or quarter hours.)
- Do not list degrees received based solely on life experience or obtained from schools with little or no academic standards

Other Qualifications

- Job-related:
 - ▶ Training (title of course and year)
 - ▶ Skills (e.g., other languages, computer software/hardware, tools, machinery, typing speed, etc.)
 - ▶ Certificates or licenses (current only). Include type of license or certificate, date of latest license, and State or other licensing agency
 - ▶ Honors, awards, and special accomplishments, (e.g., publications, memberships in professional honor societies, leadership activities, public speaking and performance awards) (Give dates but do not send documents unless requested)

Any Other information Specified in the Vacancy Announcement

Privacy Act Statement

The U.S. Office of Personnel Management and other Federal agencies rate applicants for Federal jobs under the authority of sections 1104, 1302, 3301, 3304, 3320, 3361, 3393, and 3394 of title 5 of the United States Code. We need the information requested in this form and in the associated vacancy announcements to evaluate your qualifications. Other laws require us to ask about citizenship, military service, etc. In order to keep your records in order, we request your Social Security Number (SSN) under the authority of Executive Order 9397 which requires the SSN for the purpose of uniform, orderly administration of personnel records. Failure to furnish the requested information may delay or prevent action on your application. We use your SSN to seek information about you from employers, schools, banks, and others who know you. We may use your SSN in studies and computer matching with other Government files. If you do not give us your SSN or any other information requested, we cannot process your application. Also, incomplete addresses and ZIP Codes will slow processing. We may confirm information from your records with prospective nonfederal employers concerning tenure of employment, civil service status, length of service, and date and nature of action for separation as shown on personnel action forms of specifically identified individuals.

Public Burden Statement

We estimate the public reporting burden for this collection will vary from 20 to 240 minutes with an average of 90 minutes per response, including time for reviewing instructions, searching existing data sources, gathering data, and completing and reviewing the information. Send comments regarding the burden statement or any other aspect of the collection of information, including suggestions for reducing this burden to the U.S. Office of Personnel Management (OPM), OPM Forms Officer, Washington, DC 20415-7900. The OMB number, 3206-0219, is currently valid. OPM may not collect this information and you are not required to respond, unless this number is displayed. Do not send completed application forms to this address; follow directions provided in the vacancy announcement(s).

THE FEDERAL GOVERNMENT IS AN EQUAL OPPORTUNITY EMPLOYER

OPTIONAL APPLICATION FOR FEDERAL EMPLOYMENT - OF 612

Form Approved
OMB No 3206-0219

Section A - Applicant Information

Use Standard State Postal Codes (abbreviations). If outside the United States of America, and you do not have a military address, type or print "OV" in the State field (Block 6c) and fill in the Country field (Block 6e) below, leaving the Zip Code field (Block 6d) blank.

- 1 Job title in announcement
- 2 Grade(s) applying for
- 3 Announcement number
- 4a Last name
- 4b First and middle names
- 5 Social Security Number
- 6a Mailing address
- 7 Phone numbers (include area code if within the United States of America)
- 6b City
- 6c State
- 6d Zip Code
- 7a Daytime
- 7b Evening
- 6e Country (if not within the United States of America)
- 8 Email address (if available)

Section B - Work Experience

Describe your paid and non-paid work experience related to the job for which you are applying. Do not attach job description.

- 1 Job title (if Federal include series and grade)
- 2 From (mm/yyyy)
- 3 To (mm/yyyy)
- 4 Salary per S
- 5 Hours per week
- 6 Employer's name and address
- 7 Supervisor's name and phone number
- 7a Name
- 7b Phone
- 8 May we contact your current supervisor? Yes No
If we need to contact your current supervisor before making an offer, we will contact you first.
- 9 Describe your duties, accomplishments and related skills (if you need to attach additional pages include your name, address and job announcement number)

Section C - Additional Work Experience

- 1 Job title (if Federal include series and grade)
- 2 From (mm/yyyy)
- 3 To (mm/yyyy)
- 4 Salary per S
- 5 Hours per week
- 6 Employer's name and address
- 7 Supervisor's name and phone number
- 7a Name
- 7b Phone
- 8 May we contact your current supervisor? Yes No
If we need to contact your current supervisor before making an offer, we will contact you first.
- 9 Describe your duties, accomplishments and related skills (if you need to attach additional pages include your name, address and job announcement number)

Section D - Education

Upon request from the employing Federal agency, you must provide documentation or proof that your degree(s) is from a school accredited by an accrediting body recognized by the Secretary, U.S. Department of Education, or that your education meets the other provisions outlined in the OPM Operating Manual. It will be your responsibility to secure the documentation that verifies that you attended and earned your degree(s) from this accredited institution(s) (e.g., official transcript). Federal agencies will verify your documentation.

For a list of postsecondary educational institutions and programs accredited by accrediting agencies and state approval agencies recognized by the U.S. Secretary of Education, refer to the U.S. Department of Education Office of Postsecondary Education website at <http://www.oped.gov/accreditation/>.

For information on Educational and Training Provisions or Requirements, refer to the OPM Operating Manual available at [http://www.opm.gov/qualifications/SEC II/s2-e4.asp](http://www.opm.gov/qualifications/SEC%20II/s2-e4.asp).

Do not list degrees received based solely on life experience or obtained from schools with little or no academic standards.

1. Last High School (HS)/GED school. Give the school's name, city, state, ZIP Code (if known) and year diploma or GED received.

2. Mark highest level completed: Some HS HS/GED Associate Bachelor Master Doctoral
3. Colleges and universities attended: Total Credits Earned _____ Major(s) _____ Degree (if any) _____
Do not attach a copy of your transcript unless requested. Semester _____ Quarter _____ Year Received _____

3a. Name _____

City _____ State _____ Zip Code _____

3b. Name _____

City _____ State _____ Zip Code _____

3c. Name _____

City _____ State _____ Zip Code _____

Section E - Other Education Completed

Do not list degrees received based solely on life experience or obtained from schools with little or no academic standards.

Section F - Other Qualifications

License or Certificate	Date of Latest License or Certificate	State or Other Licensing Agency
1f. _____	_____	_____
2f. _____	_____	_____

Section G - Other Qualifications

Job-related training courses (give title and year). Job-related skills (other languages, computer software/hardware, tools, machinery, typing speed, etc.). Job-related honors, awards, and special accomplishments (publications, memberships in professional/honor societies, leadership activities, public speaking, and performance awards). Give dates, but do not send documents unless requested.

Section H - General

- 1a. Are you a U.S. citizen? Yes No → 1b. If no, give the Country of your citizenship _____
- 2a. Do you claim veterans' preference? Yes No → If yes, mark your claim of 5 or 10 points below.
- 2b. 5 points → Attach your *Report of Separation from Active Duty* (DD 214) or other proof.
- 2c. 10 points → Attach an *Application for 10-Point Veterans' Preference* (SF 15) and proof required.
3. Check this box if you are an adult male born on or after January 1st 1960, and you registered for Selective Service between the ages of 18 through 25 →
4. Were you ever a Federal civilian employee? Yes No → If yes, list highest civilian grade for the following:
- | | | | |
|------------------|-----------------|--------------------------|------------------------|
| 4a. Series _____ | 4b. Grade _____ | 4c. From (mm/yyyy) _____ | 4d. To (mm/yyyy) _____ |
|------------------|-----------------|--------------------------|------------------------|
- 5a. Are you eligible for reinstatement based on career or career-conditional Federal status? Yes No
If requested in the vacancy announcement, attach *Notification of Personnel Action* (SF 50), as proof.
- 5b. Are you eligible under the ICTAP*? Yes No
*ICTAP (Interagency Career Transition Assistance Plan): A participant in this plan is a current or former federal employee displaced from a Federal agency. To be eligible, you must have received a formal notice of separation such as a RIF separation notice. If you are an ICTAP eligible, normally you will be provided priority consideration for vacancies within your commuting area for which you apply and are well qualified.

Section I - Applicant Certification

I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete, and made in good faith. I understand that false or fraudulent information on or attached to this application may be grounds for not hiring me or 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.

1a. Signature _____

1b. Date (mm/dd/yyyy) _____

Declaration for Federal Employment*

Form Approved
OMB No 3206-0182

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

Instructions

The information collected on this form is used to determine your acceptability for Federal and Federal contract employment and your enrollment status in the Government's Life Insurance program. You may be asked to complete this form at any time during the hiring process. Follow instructions that the agency provides. If you are selected, before you are appointed you will be asked to update your responses on this form and on other materials submitted during the application process and then to recertify that your answers are true.

All your answers must be truthful and complete. **A false statement on any part of this declaration or attached forms or sheets may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by a fine or imprisonment (U.S. Code, title 18, section 1001).**

Either type your responses on this form or print clearly in dark ink. If you need additional space, attach letter-size sheets (8.5" X 11") Include your name, Social Security Number, and item number on each sheet. We recommend that you keep a photocopy of your completed form for your records

Privacy Act Statement

The Office of Personnel Management is authorized to request this information under sections 1302, 3301, 3304, 3328, and 8716 of title 5, U. S. Code. Section 1104 of title 5 allows the Office of Personnel Management to delegate personnel management functions to other Federal agencies. If necessary, and usually in conjunction with another form or forms, this form may be used in conducting an investigation to determine your suitability or your ability to hold a security clearance, and it may be disclosed to authorized officials making similar subsequent determinations.

Your Social Security Number (SSN) is needed to keep our records accurate, because other people may have the same name and birth date. Public Law 104-134 (April 26, 1996) asks Federal agencies to use this number to help identify individuals in agency records. Giving us your SSN or any other information is voluntary. However, if you do not give us your SSN or any other information requested, we cannot process your application. Incomplete addresses and ZIP Codes may also slow processing.

ROUTINE USES: Any disclosure of this record or information in this record is in accordance with routine uses found in System Notice OPM/GOVT-1, General Personnel Records. This system allows disclosure of information to: training facilities; organizations deciding claims for retirement, insurance, unemployment, or health benefits; officials in litigation or administrative proceedings where the Government is a party; law enforcement agencies concerning a violation of law or regulation; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representation of employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearance, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public and private organizations, including news media, which grant or publicize employee recognitions and awards; the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives and Records Administration, and Congressional offices in connection with their official functions; prospective non-Federal employers concerning tenure of employment, civil service status, length of service, and the date and nature of action for separation as shown on the SF 50 (or authorized exception) of a specifically identified individual; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and non-Federal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from a self-and-family to a self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement, or job for the Federal government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employees about fitness-for-duty or agency-filed disability retirement procedures.

Public Burden Statement

Public burden reporting for this collection of information is estimated to vary from 5 to 30 minutes with an average of 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to the U.S. Office of Personnel Management, Reports and Forms Manager (3206-0182), Washington, DC 20415-7900. The OMB number, 3206-0182, is valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

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)

2. **SOCIAL SECURITY NUMBER**

3a. **PLACE OF BIRTH** (Include city and state or country)

3b. **ARE YOU A U.S. CITIZEN?**

YES NO (If "NO", provide country of citizenship)

4. **DATE OF BIRTH** (MM / DD / YYYY)

5. **OTHER NAMES EVER USED** (For example, maiden name, nickname, etc.)

6. **PHONE NUMBERS** (Include area codes)

Day

Night

Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

7a. Are you a male born after December 31, 1959?

YES NO (If "NO", proceed to 8.)

7b. Have you registered with the Selective Service System?

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) 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 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 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 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 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 NO

Declaration for Federal Employment*

Form Approved
OMB No. 3206-0182

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

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. 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 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)

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

Appointing Officer:

Enter Date of Appointment or Conversion
MM / DD / YYYY

18. **Appointee (Only respond 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

**LA INTERMITTENT POSITION
AGREEMENT**

Terms of Employment:

1. You are limited to 1040 hours per year. This average is about 39 hours worked per week. You may be offered less than this average, but no more than 40 hours per week. Your work schedule may range from 5- 6 days per week.
2. You are hired as a seasonal employee. You may or may not be called to work intermittently throughout the course of the year.
3. You will be hired according to your availability to work particular hours and/or days. Once hired, you are required to be available to work these hours and/or days. Any changes in your availability may affect your employment with USDA, APHIS, PPQ.
4. You are required to be available to work all weekends and holidays. Any changes in your availability will be cause for termination.
5. Your schedule will be based on the workload requirements for the unit. It will be subject to change. It is your responsibility to be aware of your schedule and any changes.
6. There are no benefits provided. This position does not have any promotion potential and does not lead to a higher grade or full-time position.
7. Pay is at a GS-03, Step 1 level plus locality pay and Cost of Living Allowance, subject to change annually. Higher step levels are dependent on prior federal service. As of January 2014 (GS Salary Table for Hawaii), the hourly rate for this level was \$12.31. **NOTE: This includes locality pay but does not include COLA (12.25%).**
8. Valid driver's license is required. Other identification, such as government/project ID to be provided by project. Must pass a Defensive Driver's training provided by the project.
9. You are required to follow the dress code or requirements of the projects. Examples include, but are not limited to wearing closed toed shoes and in, some instances, long pants.

I have read and understand the Position agreement and terms of employment as described.

Applicant's Signature

Date

LA JOB DESCRIPTION

Plant Protection and Quarantine Aide (PPQ Aide) GS-0421-03

More than one selection may be made if another vacancy occurs within 120 days of the certification of eligibles.

The United States Department of Agriculture (USDA), Animal and Plant Health Inspection Service (APHIS) is hiring PPQ Aides to assist the Emergency Coconut Rhinoceros Beetle project whose purpose is to eradicate or control this pest. The Coconut Rhinoceros Beetle is one of the most damaging insects to coconut palms (*Cocos nucifera*).

I. Duties and Responsibilities:

A. Duties:

The incumbent, serving as a team member, performs a variety of insect trapping, control, and regulatory activities. More specifically:

1. Inspects and reinspects orchards, fields, groves, storage sites, nurseries, golf courses, industrial, commercial and composting sites, etc., to determine the presence and degree of presence of harmful insects, plants, and plants disease; collects insect specimens and soil samples and labels contents of specimens, showing location where found.

2. Using standard procedures, removes and destroys alternate host plants and diseased or infested plants; assists with cleaning or treatment of equipment, plants, or soils. Using prescribed formulas, mixes insecticides, herbicides, etc., and applies same to designated areas as directed, using hand or power-driven spray equipment.

3. Maintains, baits, installs, and collects insect traps.

4. Cleans and oils hand tools such as axes, saws, pruning shears; washes and greases hand and power spray equipment.

5. Collects and records data such as treatments, types and kinds of insects gathered, numbers of traps set, etc., on forms and handheld devices. Prepares simple reports regarding same. Maintains motor vehicle records. Reads Google maps to locate insect traps and infested sites. Fills out forms and inputs data.

B. Responsibility for Work of Others:

None.

C. Other Considerations:

Employees must have the ability to operate various hand tools and spray equipment; carry hand tools and pesticides weighing up to 50 pounds; and operate cars, pickups, and other motorized equipment.

II. Supervision Received:

Works under the supervision of a higher-graded employee who assigns and reviews work. New assignments are explained in detail. Routine work is performed independently and spot-checked for conformance to instructions. More difficult or complex tasks are performed under close supervision. Unusual problems are referred to supervisor.

(This standard job description cites the primary and typical but not all inclusive duties of the position.)

I have read and understand the Job Description and I am able to perform the duties as described.

Applicant's Signature

Date



United States
Department of
Agriculture

Animal Plant
Health Inspection
Service
Plant Protection
And Quarantine

USDA-APHIS-PPQ
375 Rodgers Blvd.
Honolulu, HI 96819
808-834-3200

LETTER OF AUTHORIZATION EMPLOYMENT QUALIFICATION STANDARD

FOR PLANT PROTECTION AID – GS-421-03

Experience Requirements

Applicants must possess the following experience requirements:

	<u>General</u>	<u>Specialized</u>
GS-3	6 months	-----

General Experience: For any grade level, experience must have been gained from work which has provided training and experience in the application of techniques and processes in the Biological and Agricultural sciences. This work would typically be laboratory work, outdoors in the field, or experimental areas such as greenhouses or barns. Some examples of acceptable experience are:

Laboratory helper	Working at a zoo	Teachers
Tilling soil	Working at an animal hospital	Policeman
Growing crops	Helper at an orchard	Fireman
Farm work	Work at a greenhouse	Customer Service Agent
Working with animals		

Substitution of Education for Experience

Successful completion of the following educational requirements may be substituted for the experience requirements:

GS-3: Successful completion of one year of post high school education in an accredited institution which included or was supplemented by at least 12 semester hours in any combination or scientific or technical subjects such as:

Biology	Statistics	Forestry
Botany	Physics	Agriculture
Mathematics	Chemistry	Entomology
Animal Husbandry	Wildlife biology	

May be substituted for one year of experience, which then satisfactorily meets the GS-3 experience requirements.

Education and training other than that outlined above, such as specialized training acquired while serving in the Armed Forces of the United States or in manpower development programs, will be allowed appropriate credit, depending upon its applicability and extent.

The maximum amount of experience for which education of any kind, including high school, may be substituted is three years.

ADDED REQUIREMENT OF APPLICANTS: You must provide with your OF 612, proof of college courses (transcripts, grade cards, or other). Also, you must be a U.S. Citizen (born in the U.S. or naturalized).

Other Information Related to PPQ Aids Working on the Coconut Rhinoceros Beetle Project
Prepared: April 25, 2014

1. Starting Date: Aiming for week of May 18, but will depend on processing time in HI and Minneapolis.
2. Hours of Operation: 8:00 A.M. to 4:30 PM, but is subject to change.
3. Days of Operation: The Project may operate 7 days per week, but PPQ Aids will likely work approximately 8 hours per day, totaling approximately 39 hours per week.
4. Employment is likely to continue through September. Depending on funding, the employee may work beyond September. However, total hours allowed for year under this appointment are 1040.
5. Salary: Pay is at a GS-03, Step 1 level plus locality pay and Cost of Living Allowance, subject to change annually. Higher step levels are dependent on prior federal service. As of January 2014 (GS Salary Table for Hawaii), the hourly rate for this level was \$12.31. **NOTE: This includes locality pay but does not include COLA (12.25%).**
6. Dress Code: Uniforms may be provided depending on availability of funding. In any event, the employee will be required to wear closed toed shoes and, in some instances, long pants. Clothing must be regularly laundered/maintained and presentable to public.
7. Personal Protective Equipment (gloves, rubber boots, etc.) will be provided as needed/required.
8. Although a few positions or work may be indoors, the work will very likely be outdoors.
9. Training and Orientation will be provided by the project as required. Examples include but are not limited to Defensive Driving as well as CRB trapping and survey methods.
10. No benefits provided. Does not have any promotional potential and does not lead to a higher grade or full-time position.
11. Valid Driver's license is required. Other identification, such as government/project ID to be provided by project. Employee must pass a Defensive Driver's training provided by the project.
12. Reporting location to start work:

Coconut Rhinoceros Beetle Project Command Post (Office)

Current Location:
Department of Agriculture
State of Hawaii
Plant Quarantine Building
1849 Auiki Street
Honolulu, HI 96819

13. Drop-Off Location for Applications: Besides the USDA Operations Office at the Airport, the application can be dropped off at the above address (Department of Agriculture, State of Hawaii). Take to main window on left as you go into the main entrance. Make sure it has Coconut Rhinoceros Beetle Project visible on envelope, etc.
14. Supervisor: Will likely be the projects Operations Chief, but the employee may work in other sections of the project as well.
15. No accrual of sick or annual leave.
16. Parking: provided by project
17. For more information about the job, the following POC number can be called: (808) 832-0585. They should ask for the Operations Chiefs or the Incident Commanders.