

EGLIN AFB, FLORIDA
Student Summer Employment Program
Vacancy Announcement



Vacancy Announcement #: 10-EG-03

Positions: Clerical, GS-0303-01 Salary: \$9.74 per hour
 Clerical, GS-0303-02 Salary: \$10.95 per hour
 Clerical, GS-0303-03 Salary: \$11.95 per hour
 Clerical, GS-0303-04 Salary: \$13.41 per hour

Opening and Closing Date: 1 Mar 10 – 12 Mar 10

Position Tenure/Work Schedule: Temporary Full-time, Not to Exceed 08/20/2010

Who May Apply: U.S. Citizens who are at least 16 years of age on first day of employment (07 JUN 2010).

Major Duties: Clerical: Normally involves typing, filing, copying, or other routine administrative tasks.

Applicants must be enrolled at least part-time in an accredited high school, technical or vocational school, college or university. Candidates **MUST** provide proof from the education facility of current enrollment.

How To Apply:

Mail to: 96 FSS/FSMC – Summer Hire
 310 W Van Matre Ave, Ste 101
 Eglin AFB, FL 32542

Deliver to: Civilian Personnel Office
 Bldg 210, 310 W Van Matre Ave, Rm 101
 Eglin AFB FL

Submit the documents described below by mail (post-marked by the closing date) or in person **NO LATER THAN THE CLOSING DATE** between the hours of 08:00 to 3:00 beginning 1 Mar 2010 until 12 Mar 2010. There are NO exceptions to the hours of acceptance or the closing date:

- ▶ Optional Form 612, Application for Federal Employment or a Resume
- ▶ Optional Form 306, Declaration for Federal Employment (Indicate in Item 16 if relatives work for the Air Force)
- ▶ Student's School Verification Record of enrollment/acceptance
- ▶ Students applying under Disabled criteria must submit State Vocational Rehabilitation Agency or Department of Veteran's Affairs certification of disability.
- ▶ Veteran Preference, (5-point pref) – DD214 (member 4 Copy); (10-point pref) – DD214 (member 4 copy), SF 15 Form, VA letter stating preference eligibility and percentage. *Veteran preference will not be considered if required documentation is not provided.*
- ▶ **PLEASE PROVIDE YOUR EMAIL ADDRESS ON THE APPLICATION OR RESUME.**

NOTE: The 2010 Summer Hire appointments will begin on 07 Jun 2010 and end on 20 Aug 2010. Applicants selected will be required to participate in Direct Deposit/Electronic Funds Transfer. Applications received via government fax machines or government postage **will not be accepted.**

APPLICANTS WHO SUBMIT INCOMPLETE APPLICATIONS OR INSUFFICIENT INFORMATION TO ALLOW A QUALIFICATION DETERMINATION WILL BE CONSIDERED INELIGIBLE.

PLEASE DO NOT CALL TO INQUIRE ABOUT SELECTION. SELECTEES WILL BE NOTIFIED DURING THE PERIOD 19 - 30 APR BY EMAIL OF THEIR SELECTION. APPLICANTS WHO ARE NOT SELECTED WILL NOT BE NOTIFIED.

ALL APPLICANTS ARE CONSIDERED WITHOUT REGARD TO RACE, RELIGION, COLOR, NATIONAL ORIGIN, SEX, SEXUAL ORIENTATION, POLITICAL AFFILIATION, AGE (WITH AUTHORIZED EXCEPTIONS) OR ANY OTHER NONMERIT FACTOR.

EGLIN AFB, FLORIDA
Student Summer Hire Program
Vacancy Announcement



Vacancy Announcement # 10-EG-04

Position: Laborer, WG-3502-01 Salary: \$10.55 per hour
Laborer, WG-3502-02 Salary: \$12.10 per hour
Laborer, WG-3502-03 Salary: \$13.64 per hour

Opening Date and Closing Dates: 1 Mar 2010 to 12 Mar 2010

Position Tenure/Work Schedule: Temporary Full Time, Not to Exceed 08/20/2010

Who May Apply: U.S. Citizens who are at least 16 years of age on first day of employment (07 Jun 2010).

Major Duties: Laborer: Normally involves simple manual routine labor tasks.

Applicants must be enrolled at least part-time in an accredited high school, technical or vocational school, college or university. Candidates **MUST** provide proof from the education facility of current enrollment.

How To Apply:

Mail to: 96 FSS/FSMC – Summer Hire
 310 W Van Matre Ave, Ste 101
 Eglin AFB, FL 32542

Deliver to: Civilian Personnel Office
 Bldg 210, 310 W Van Matre Ave, Rm 101
 Eglin AFB FL

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- ▶ Optional Form 612, Application for Federal Employment or a Resume
- ▶ Optional Form 306, Declaration for Federal Employment (Indicate in item 16 if relatives work for the Air Force)
- ▶ Student's School Verification Record
- ▶ Students applying under Disabled criteria must submit State Vocational Rehabilitation Agency or Department of Veterans' Affairs certification of disability.
- ▶ Veteran Preference, (5-point pref) – DD214 (member 4 Copy); (10-point pref) – DD214 (member 4 copy), SF 15 Form, VA letter stating preference eligibility and percentage. *Veteran preference will not be considered if required documentation is not provided.*

▶ **PLEASE PROVIDE YOUR EMAIL ADDRESS ON THE APPLICATION OR RESUME.**

NOTE: The 2010 Summer Hire appointments will begin on 07 Jun 2010 and end on 20 Aug 2010. Applicants selected will be required to participate in Direct Deposit/Electronic Funds Transfer. In addition, applications received via government fax machines or government postage **will not be accepted**.

APPLICANTS WHO SUBMIT INCOMPLETE APPLICATIONS OR INSUFFICIENT INFORMATION TO ALLOW A QUALIFICATION DETERMINATION WILL BE CONSIDERED INELIGIBLE.

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Declaration for Federal Employment

Form Approved
OMB No. 3208-0182

GENERAL INFORMATION

1. FULL NAME (First, middle, last) ◆	2. SOCIAL SECURITY NUMBER ◆
3. PLACE OF BIRTH (Include city and state or country) ◆	4. DATE OF BIRTH (MM/DD/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" skip 7b and 7c. If "YES" go to 7b.
- 7b. Have you registered with the Selective Service System? YES NO If "NO" go to 7c.
- 7c. If "NO," describe your reason(s) in item #16.

Military Service

8. Have you ever served in the United States military? YES Provide information below NO
If you answered "YES," list the branch, dates, and type of discharge for all active duty.
If your only active duty was training in the Reserves or National Guard, answer "NO."

Branch	From (month/year)	To (month/year)	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 10 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) 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 10 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 now 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. 3205-0182

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.
- 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

OPTIONAL APPLICATION FOR FEDERAL EMPLOYMENT - OF 612

Form Approved
OMB No. 3208-0219

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)	
				7a. Daytime	
6b. City		6c. State	6d. Zip Code	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 this job position you are applying for on this job description.

1. Job title (if Federal, include series and grade)					
2. From (mm/yyyy)		3. To (mm/yyyy)		4. Salary per \$	
				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 <input type="checkbox"/> No <input type="checkbox"/> 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 \$	
				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 <input type="checkbox"/> No <input type="checkbox"/> 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

Information from the approved Federal Agency you must provide documentation in support of your degree(s) from a school accredited by an accrediting body recognized by the Secretary of Education... Do not include degrees received solely on the basis of life experience or obtained from schools with titles 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. Do not attach a copy of your transcript unless requested. Total Credits Earned (Semester, Quarter), Major(s), Degree (if any), Year Received

Table with 5 columns: Name, City, State, Zip Code, and Degree/Year Received. Rows 3a, 3b, 3c.

Section E - Other Education Completed

Do not include degrees received solely on the basis of life experience or obtained from schools with titles or no academic standards.

Section F - Other Qualifications

Table with 3 columns: License or Certificate, Date of Last License or Certificate, State or Other Licensing Agency. Rows 1f, 2f.

Section G - Other Qualifications

Do not include non-credit courses (give title and year), job skills, on-the-job training, computer software, or work-related training (including on-the-job training) unless they are directly related to the job for which you are applying.

Section H - General

1a. Are you a U.S. citizen? 1b. If no, give the Country of your citizenship. 2a. Do you claim veterans' preference? 2b. 5 points 2c. 10 points 3. Check this box if you are an adult male born on or after January 1st 1960... 4. Were you ever a Federal civilian employee? 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? 5b. Are you eligible under the ICTAP**?

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)

Personal Data - Privacy Act of 1974

**2010 Student Summer Hire Program
School Verification Record
Eglin AFB Florida**

HIGH SCHOOL STUDENTS: Must have the Principal or School Official complete the information below.

From: _____
(Enter School Name)

(Enter Principal or School Official's Name & Title)

I hereby certify that _____ is currently enrolled in this school. It is my understanding that the above-named student will either return to this institution or he/she is a graduating senior.

Principal or School Official's Signature

Date

STUDENTS ENROLLED IN TECHNICAL/VOCATIONAL, COLLEGE OR UNIVERSITY /PROFESSIONAL SCHOOLS: must provide unofficial college transcripts. Transcripts must indicate current enrollment, total credited hours and overall GPA. (If transcripts do indicated above information, a letter from registrar's office is acceptable)

**Summer Hire Job Preference Request
(Must be completed by the student)**

Name: _____

Your age as of 07 JUN 2010: _____

Date of Birth (mm/dd/yy): _____

Social Security Number: _____

Complete the following information:

Email Address _____ Phone# _____

Are you a U. S. Citizen? Yes _____ No _____

Position Type Preference (Check all that apply): CLERICAL _____ LABORER _____

FULL-TIME _____ PART-TIME _____