GENERAL INFORMATION

You may apply for most Federal jobs with a resume, the attached *Optional Application for Federal Employment* or other written format. If your resume 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 dark 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 Social Security Number on each page.

- For information on Federal employment, including job lists, alternative formats for persons with disabilities, and veterans' preference, call the U.S. Office of Personnel Management at **912-757-3000, TDD 912-744-2299**, by computer modem **912-757-3100**, or via the Internet (Telnet only) at FJOB.MAIL.OPM.GOV.

- If you served on active duty in the United States Military and were separated 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 prohibits public officials from appointing, promoting, or recommending their relatives.

- Federal annuitants (military and civilian) may have their salaries or annuities reduced. All employees must pay any valid delinquent debts or the agency may garnish their salary.

- Send you application to the office announcing the vacancy. If you have questions, contact that office.

THE FEDERAL GOVERNMENT IS AN EQUAL OPPORTUNITY EMPLOYER

PRIVACY ACT AND PUBLIC BURDEN STATEMENTS

- The 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.

- We request your Social Security Number (SSN) under the authority of Executive Order 9397 in order to keep your records straight; other people may have the same name. As allowed by law or Presidential directive, we use your SSN to seek information about you from employers, schools, banks, and others who know you. Your SSN may also be used in studies and computer matching with other Government files, for example, files on unpaid student loans.

- If you do not give us your SSN or any other information requested, we cannot process your application, which is the first step in getting a job. Also, incomplete addresses and ZIP Codes will slow processing.

- We may give information from your records 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 violations of law or regulation; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representing employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearances, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public and private organizations including news media that grant or publicize employee recognition and awards; and the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives, the Federal Acquisition Institute, and congressional offices in connection with their official functions.

- We may also give information from your records to: 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; 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 nonfederal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from self-and-family to 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 employee about fitness-for-duty or agency-filed disability retirement procedures.

- We estimate the public reporting burden for this collection will vary from 20 to 240 minutes with an average of 40 minutes per response, including time for reviewing instructions, searching existing data sources, gathering data, and completing and reviewing the information. You may send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to U.S. Office of Personnel Management, Reports and Forms Management Officer, Washington, DC 20415-0001.

- Send your application to the agency announcing the vacancy.

Form Approved
OMB No. 3206-0219

OPTIONAL APPLICATION FOR FEDERAL EMPLOYMENT - OF 612

You may apply for most jobs with a resume, this form, or other written format. If your resume 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.

1 Job title in announcement	**2** Grade(s) applying for	**3** Announcement number
4 Last name	First and middle names	**5** Social Security Number - -
6 Mailing address		**7** Phone numbers (include area code) Daytime ( )
City	State / ZIP Code -	Evening ( )

WORK EXPERIENCE

8 Describe your paid and nonpaid work experience related to the job for which you are applying. Do **not** attach job descriptions.

1) Job title (if Federal, include series and grade)

From (MM/YY)	To (MM/YY)	Salary $	per	Hours per week
Employer's name and address				Supervisor's name and phone number ( )

Describe your duties and accomplishments

2) Job title (if Federal, include series and grade)

From (MM/YY)	To (MM/YY)	Salary $	per	Hours per week
Employer's name and address				Supervisor's name and phone number ( )

Describe your duties and accomplishments

9 May we contact your current supervisor?

YES ☐ **NO** ☐ è If we need to contact your current supervisor before making an offer, we will contact you first.

EDUCATION

10 Mark highest level completed. **Some HS** ☐ **HS/GED** ☐ **Associate** ☐ **Bachelor** ☐ **Master** ☐ **Doctoral** ☐

11 Last high school (HS) or GED school. Give the school's name, city, State, ZIP Code (if known), and year diploma or GED received.

12 Colleges and universities attended. Do **not** attach a copy of your transcript unless requested.

	Name / City	State	ZIP Code	Total Credits Earned: Semester	Total Credits Earned: Quarter	Major(s)	Degree (if any)	Year Received
1)			-					
2)			-					
3)			-					

OTHER QUALIFICATIONS

13 **Job-related** training courses (give title and year). **Job-related** skills (other languages, computer software/hardware, tools, machinery, typing speed, etc. **Job-related** certificates and licenses (current only). **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.

GENERAL

14 Are you a U.S. citizen? **YES** ☐ **NO** ☐ è Give the country of your citizenship.

15 Do you claim veterans' preference? **NO** ☐ **YES** ☐ è Mark your claim of 5 or 10 points below.

5 points ☐ è Attach your DD 214 or other proof. **10 points** ☐ è Attach an *Application for 10-Point Veterans' Preference* (SF 15) and proof required.

16 Were you ever a Federal civilian employee?

NO ☐ **YES** ☐ è For highest civilian grade give:

Series	Grade	From (MM/YY)	To (MM/YY)

17 Are you eligible for reinstatement based on career or career-conditional Federal status?

NO ☐ **YES** ☐ è If requested, attach SF 50 proof.

APPLICANT CERTIFICATION

18 **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 firing me after I begin work, and may be punishable by fine or imprisonment. **I understand** that any information I give may be investigated.

SIGNATURE **DATE SIGNED**

National Disaster Medical System (NDMS)
Member Information

Team:	Name (Last, First MI): Male or Female	Home Address:	SSN:	DOB:

Home Phone #:	Home Phone #2:	Home Fax #:
Work Phone #:	Work Extension:	Work Fax #:

Pager #:	Pin #:	Pager Type (circle all applicable) **Numeric/Alpha-numeric/Voice**	If alpha-numeric, provide modem # to send electronic msg. or give name of service provider:

Cellular Phone #:	Other phone # and description:	Email Address:

Smoker or Non-Smoker (circle one) *For use in assigning hotel rooms.*	Place of Birth City and State:
Do you have a passport? Yes or No (circle one)	If yes, provide the following: Passport # Expiration Date
#1 – Home commercial Airport choice:	Distance from your home to airport in miles and time:
#2 – Home commercial Airport choice:	Distance from your home to airport in miles and time:

Do you have one or more medical specialties? Yes or No (circle one)
If yes, please list all specialties and indicate if you are **Board Certified, Board Eligible, or Neither**.

Do you have Hazmat Training? Yes or No (circle one)	If yes, check training level. ❑ Awareness ❑ Operations ❑ Technician ❑ Specialist ❑ Incident Command

Do you have a valid Drivers License? If yes, please provide # State Expiration Date	If you have a Commercial Drivers License, please list the following:	
	Class	**Endorsement Codes**

#1 – Emergency Contact Name:	Relationship:	Work Phone #: Home Phone #:
#2 – Emergency Contact Name:	Relationship:	Work Phone #: Home Phone #:

Blood Type:	Religion:

Revised January 10, 2001

SUPPLEMENTAL NDMS MEMBER INFORMATION FOR FEDERAL EMPLOYEES ON DISASTER TEAMS

General Information

Name of Disaster Team:	Employee's Name:	SSN:

Home Address:	Disaster Team Position Title:

Information Needed for Reimbursement of Overtime Expenses

Department/Agency Name:	Department/Agency Address:

Department/Agency Job Title:	Pay Plan:	Grade Level and Step:
Administrative Officer Name:	Work #:	Fax #:

NDMS CREDENTIALS VERIFICATION

Team (Unit ID #):

LAST NAME	FIRST NAME	MI	SSN	LICENSE NUMBER	STATE LIC. ISSUED	DATE LIC. EXPIRES	EMT SKILL LEVEL (if appropriate)

CERTIFICATION OF CURRENT LICENSURE

I certify that, except as noted, all individuals listed above have provided evidence of current licensure/certification/registration to practice under the laws of this State.

Date

Signature of Team Official

DMAT Team Title/ Position

Type/Print Name

For each applicant listed above, attach a copy of his/her license or certificate.

INSTRUCTIONS FOR COLLECTING ID CARD PHOTOS USING A DIGITAL CAMERA

(also, members can get a digital photo taken at most Moto Photos, Ritz Cameras or other camera/photo stores for about $15-$20)

1. **Record images in Normal mode and Fine Quality. If using the Sony Mavica FD73 provided to each team by OEP, see page 22-GB in the Operating Instructions for directions on changing the mode settings. Please be sure that the photo "size" be no larger than 150 KB.**

2. **Take a head and shoulders photo against a WHITE BACKGROUND.**

3. **Identify the team name on the disk. Rename the images with the last name and first initial of the member. Inform us as to whether the individuals are active members or new applicants.**

4. **Mail the photos on a floppy disk to NDMS Branch, 12300 Twinbrook Pkwy, Suite 520, Rockville, MD 20852 (mail with application package for new applicants). If you have not renamed the files on the disk with the name associated with each photo, you must number the file(s) and include an index with the photo number and the name of the member corresponding to the picture.** ***NOTE: Due to computer difficulties, we do not suggest emailing photos anymore. Hard photos will be accepted as a last resort.***

5. **A digital photo must accompany all new applications or the application will be returned to the team without processing.**

Revised January 2002