

EMPLOYEE ORIENTATION GUIDE FOR TEMPORARY FEDERAL EMPLOYEES

Employee Name: _____ Name of Supervisor: _____
 Appointment Date: _____ Date In-processed: _____
 Unit: _____ Telephone Number: _____
 Military Grade: _____ E-mail: _____

GENERAL INFORMATION/COMPENSATION AND BENEFITS			
	Type of Appointment & PD		Electronic OPF (eOPF)
	Service Computation Date (SCD)		Occupational Injury (OWCP)
	Pay, Deductions and Leave		Employee Assistance Program
	ATAAPS		EEO/Sexual Harassment Policy
	Military Membership/Uniform		Physical Fitness Program IDNG-47
	Standards of Conduct		Mass Transit Program
	FEHB vs. TRS		Disability Leave
FORMS/MEMOS			
	Standard of Conduct		Employment Eligibility (I-9)
	Declaration for Federal Employment (OF 306)		Employment Memo
	Eligibility for FEHB or TRS insurance		
	Acknowledgement Receipt of Employee Benefit Information		
	Statement of Prior Federal Svc (SF 144)		

I understand this briefing is extracted from technician personnel publications and I share the responsibility in seeking clarification should questions arise in the future.

Signature of Employee

Signature of Human Resource Representative

STANDARDS OF CONDUCT

STATEMENT

All employees are required to maintain high standards of honesty and integrity and to conduct business in an ethical manner. You are required to perform your assigned duties conscientiously and always conduct yourself in a manner that reflects credit on you and the National Guard. If your conduct is in violation of any statute, regulation, or other proper authority, you will be held accountable. Violation of any standard of conduct may be the basis for disciplinary action. Some of the prohibited acts that can result in disciplinary action are:

- Discourteous behavior and/or insubordination
- Using a government vehicle without authorization
- Misusing official and/or classified information
- Gambling and betting on duty
- Misusing government property such as, supplies, personal computers, or telephones
- Using government-issued travel card for personal use
- Refusing to cooperate in an administrative investigation
- Accepting gifts and favors from subordinates or customers
- Filing fraudulent claims
- Using illegal drugs, alcohol or intoxicants while on duty
- Making false statements
- Engaging in illegal political activity
- Using obscene or vulgar language
- Accepting outside employment that conflicts with your duties in your federal position or discredits the National Guard
- Falsifying Attendance Records/Tardiness/AWOL (leave not requested, wasting time, unexcused tardiness, leaving the work area)

I certify that I understand and have had explained to me, the Standards of Conduct and responsibilities required of all federal employees.

Print/Sign

Date

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

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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

ELIGIBILITY FOR FEDERAL EMPLOYEES HEALTH BENEFITS (FEHB) OR TRICARE RESERVE SELECT (TRS) INSURANCE

A recent change in Federal Regulations and OPM Policy provides eligibility for enrollment under the Federal Health Benefits (FEHB) program for certain temporary employees. Federal technicians on temporary appointments of 90 days or more and employees working on seasonal schedules who will be working less than six months per year and employees working intermittent schedules will be eligible to enroll in a FEHB health plan as they are expected to work a full-time schedule of 130 hours or more in a calendar month. Because these types of federal technician appointments are now eligible for FEHB enrollment, they will no longer be eligible for TRS coverage. Eligibility for FEHB also includes those federal technicians appointed to indefinite and permanent appointments. **If you become eligible for FEHB, either through one of these appointments types or an eligible family member under a spouse's FEHB plan, whether you request coverage or not, you are no longer eligible to continue TRS.**

If you are eligible for FEHB enrollment and choose to enroll, your effective date of coverage will be the first day of the pay period following the pay period in which the election is made. If you become eligible for FEHB and are enrolled in TRS, **you must terminate your TRS coverage via website: <https://www.dmdc.osd.mil/appj/trs/>**

Failure to terminate coverage may result in repaying TRS for all monies paid on claims retroactive to your FEHB eligibility date and you may face fines and/or a charge of fraud.

*A signed copy of this document will be filed in your electronic Official Personnel Folder (eOPF).

I CERTIFY THAT I HAVE READ AND UNDERSTAND THE CONDITIONS OF ELIGIBILITY FOR FEHB AND/OR TRS INSURANCE AND THAT IT IS **MY** RESPONSIBILITY TO NOTIFY THE TRS REPRESENTATIVE TO CANCEL, IF NECESSARY.

TRS Points of Contact AIR: 800-525-0102 ARMY: 1-866-810-9183

Signature _____ **Date** _____

Printed Name _____

Unit _____ **Date of Hire** _____

Tricare Reserve Select (TRS) enrollment status: **Enrolled** _____ **Not Enrolled** _____ (initial one)

ACKNOWLEDGMENT RECEIPT OF EMPLOYEE BENEFIT INFORMATION

Federal Employee Health Benefits (FEHB)

_____ I hereby acknowledge receipt of health benefit information and eligibility. I understand that if I am enrolled in Tricare Reserve Select, I must terminate coverage within 60 days. Additional information on the FEHB program can be found at www.opm.gov/insure/health.

Federal Employee Dental and Vision Insurance Program (FEDVIP)

_____ I hereby acknowledge that if I desire dental and vision insurance coverage, I have 60 days from the day I was eligible (12 months of continuous employment), to complete the online FEDVIP enrollment at www.benefeds.com, otherwise, I will be considered ineligible. Additional information on the FEDVIP program can be found at www.opm.gov/insure/health.

60-Day Time Limit on Elections

_____ I understand I have 60 days from the date I am hired to make FEHB, FEDVIP, and FEGLI elections.

_____ I must access the Employee Benefits Information System (GRB) at <https://www.platform.army.mil/Account/SecurityNotice?License=1120> within 60 days of my hire date to enroll in the FEHB program or increase/waive FEGLI, otherwise, I will be considered ineligible for health coverage and limited to basic only life insurance coverage for one year after my new hire date or date my life insurance election form is submitted, whichever is later.

A signed copy of this document will be filed in your electronic Official Personnel File (eOPF).

I CERTIFY ACKNOWLEDGMENT AND UNDERSTANDE THE CONDITIONS LISTED ABOVE.

Typed or printed name: _____ Last four of SSN: _____

Signature: _____ Date: _____ Date of hire: _____

Employee Unit/Organization of Assignment: _____

IDNG Acknowledgment Receipt of Benefit Information - - In-processed by: _____

STATEMENT OF PRIOR FEDERAL SERVICE
To be Completed by Employee

1. Name (Last, First, Middle Initial)	2. Social Security Number	3. Date of Birth (Month, Day, Year)
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4. Does the application or resume that you submitted, for the position to which you are being appointed, list all of your Federal government civilian and uniformed service, including beginning and ending dates, as well as the type of appointment and work schedule for civilian service?
 Yes — If "Yes", check this block and skip to Item 8. No — If "No", check this block and complete Items 5 - 9.

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

NAME AND LOCATION OF AGENCY	FROM			TO			TYPE OF APPOINTMENT AND WORK SCHEDULE (Full-Time, Part-Time, or Intermittent)
	Year	Month	Day	Year	Month	Day	

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

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

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

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

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

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

Signature	Date
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APPOINTMENT AFFIDAVITS

(Position to which Appointed)

(Date Appointed)

Idaho National Guard

(Department or Agency)

(Bureau or Division)

(Place of Employment)

I, _____, do solemnly swear (or affirm) that--

A. OATH OF OFFICE

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

B. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

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

C. AFFIDAVIT AS TO THE PURCHASE AND SALE OF OFFICE

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

(Signature of Appointee)

Subscribed and sworn (or affirmed) before me this ___ day of _____, 2___

at Boise

(City)

Idaho

(State)

(SEAL)

(Signature of Officer)

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

Human Resources Specialist

(Title)

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



**IDAHO NATIONAL GUARD
JOINT FORCE HEADQUARTERS
4040 WEST GUARD ST., BLDG 600
BOISE, IDAHO 83705-5004**



MEMORANDUM FOR

1. This memorandum is your acknowledgment and agreement that you understand specific conditions of your appointment and employment.

TEMPORARY/INDEFINITE APPOINTMENT:

____ I understand I am being assigned to a position that is temporary in nature, and that I can be released from this position at any time for any reason.

____ I also understand that this document meets the Agency's requirement to provide written notice of termination at least 30 days prior to my termination date.

PERMANENT/INDEFINITE T32 APPOINTMENT:

____ Acceptance of any military technician position (T32) over 179 days will cause termination of entitlement and eligibility for all bonuses. This DOES NOT affect the Montgomery GI Bill eligibility or GI Kicker.

****Acceptance of any military technician position may affect your incentive bonus. Check with your incentives manager to see if this applies to the incentive you may have received****

Signature

Date

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/YYYY)	Social Security Number
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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 →

Targeted Disabilities or Serious Health Conditions:	Other Disabilities or Serious Health Conditions:
02- Developmental Disability, for example, autism spectrum disorder 03- Traumatic Brain Injury 19- Deaf or serious difficulty hearing, benefiting from, for example, American Sign Language, CART, hearing aids, a cochlear implant and/or other supports 20- Blind or serious difficulty seeing even when wearing glasses 31- Missing extremities (arm, leg, hand and/or foot) 40- Significant mobility impairment, benefiting from the utilization of a wheelchair, scooter, walker, leg brace(s) and/or other supports 60- Partial or complete paralysis (any cause) 82- Epilepsy or other seizure disorders 90- Intellectual disability 91- Significant Psychiatric Disorder, for example, bipolar disorder, schizophrenia, PTSD, or major depression 92- Dwarfism 93- Significant disfigurement, for example, disfigurements caused by burns, wounds, accidents, or congenital disorders	13- Speech impairment 41- Spinal abnormalities, for example, spina bifida or scoliosis 44- Non-paralytic orthopedic impairments, for example, chronic pain, stiffness, weakness in bones or joints, some loss of ability to use part or parts of the body 51- HIV Positive/AIDS 52- Morbid obesity 59- Nervous system disorder for example, migraine headaches, Parkinson's disease, or multiple sclerosis 80- Cardiovascular or heart disease 81- Depression, anxiety disorder, or other psychiatric disorder 83- Blood diseases, for example, sickle cell anemia, hemophilia 84- Diabetes 85- Orthopedic impairments or osteo-arthritis 86- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema 87- Kidney dysfunction 88- Cancer (present or past history) 94- Learning disability or attention deficit/hyperactivity disorder (ADD/ADHD) 95- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome, colitis, celiac disease, dysphexia 96- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis 97- Liver disease, for example, hepatitis or cirrhosis 98- History of alcoholism or history of drug addiction (but not currently using illegal drugs) 99- Endocrine disorder, for example, thyroid dysfunction
<p>Other Options:</p> 01- I do not wish to identify my disability or serious health condition. 05- I do not have a disability or serious health condition. 06- I have a disability or serious health condition, but it is not listed on this form.	

Definition

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

The Rehabilitation Act of 1973

The Rehabilitation Act of 1973, as amended (29 U.S.C. 701, et seq.), requires each agency in the Executive Branch of the Federal government to establish programs that will facilitate the hiring, placement, and advancement of individuals with disabilities. One method for determining agency progress in fulfilling these requirements is through the production of reports at certain intervals showing, for example, the number of employees with disabilities who are hired, promoted, trained, or reassigned over a given time period; the percentage of employees with disabilities in the work force and in various grades and occupations; etc. Such reports bring to the attention of agency top management, OPM, and the Congress, the progress or any deficiencies within specific agencies or the Federal government as a whole in the hiring, placement, and advancement of individuals with disabilities.

The disability data collected on employees will be used only in the production of reports such as those previously mentioned and not for any purpose that will affect them individually. The only exception to this rule is that the records may be used for selective placement purposes and selecting special populations for mailing of voluntary personnel research surveys. In addition, every precaution will be taken to ensure that the information provided by each employee is kept in the strictest confidence and is known only to those individuals in the agency Personnel Office, who obtain and record the information for entry into the agency's and OPM's personnel systems. You should also be aware that participation in the disability reporting system is entirely voluntary, with the exception of employees appointed under the Schedule A Excepted Appointing Authority for People with Intellectual Disability, Severe Physical Disability, or Psychiatric Disability (5 CFR 213.3102(u)). Agencies will request that these employees identify their disability status and, if they decline to do so, their correct disability code will be obtained from medical documentation used to support their appointment.

Employees who wish to confirm the disability code carried in their agency's and OPM's personnel systems is consistent with the employees' representation, may ask their Personnel Officer for a printout of the code and definition from their individual records. The code noted in the employees' records in the agencies' system will be identical to that carried in OPM's system.

Privacy Act Statement

Collection of the requested information is authorized by the Rehabilitation Act of 1973, as amended (29 U.S.C. 701, et seq.). Solicitation of your Social Security Number (SSN) is authorized by Executive Order 9397, which permits agencies to use the SSN as a means for identifying persons with disabilities in personnel information systems. Your SSN will only be used to ensure that your correct disability code is recorded along with other employee information that your agency and OPM maintain on you. It should be noted, however, that where individuals decline to furnish their SSN, the SSN will be obtained from other records in order to ensure accurate and complete data. Employees appointed under the Schedule A Appointing Authority for People with Intellectual Disability, Severe Physical Disability, or Psychiatric Disability (5 CFR 213.3102(u)) are requested to furnish an accurate disability code, but failure to do so will not affect them. Where employees hired under this authority fail to disclose their disability, the appropriate code will be determined from the employee's existing records or medical documentation submitted upon appointment.

U.S. Office of Personnel Management Guide to Personnel Data Standards	ETHNICITY AND RACE IDENTIFICATION (Please read the Privacy Act Statement and instructions before completing form.)		
Name (Last, First, Middle Initial)	Social Security Number	Birthdate (Month and Year)	
Agency Use Only			
<p>Privacy Act Statement</p> <p>Ethnicity and race information is requested under the authority of 42 U.S.C. Section 2000e-16 and in compliance with the Office of Management and Budget's 1997 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity. Providing this information is voluntary and has no impact on your employment status, but in the instance of missing information, your employing agency will attempt to identify your race and ethnicity by visual observation.</p> <p>This information is used as necessary to plan for equal employment opportunity throughout the Federal government. It is also used by the U. S. Office of Personnel Management or employing agency maintaining the records to locate individuals for personnel research or survey response and in the production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained, or for related workforce studies.</p> <p>Social Security Number (SSN) is requested under the authority of Executive Order 9397, which requires SSN be used for the purpose of uniform, orderly administration of personnel records. Providing this information is voluntary and failure to do so will have no effect on your employment status. If SSN is not provided, however, other agency sources may be used to obtain it.</p>			
<p>Specific Instructions: The two questions below are designed to identify your ethnicity and race. Regardless of your answer to question 1, go to question 2.</p>			
<p>Question 1. Are You Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>Question 2. Please select the racial category or categories with which you most closely identify by placing an "X" in the appropriate box. Check as many as apply.</p>			
RACIAL CATEGORY (Check as many as apply)	DEFINITION OF CATEGORY		
<input type="checkbox"/> American Indian or Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.		
<input type="checkbox"/> Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.		
<input type="checkbox"/> Black or African American	A person having origins in any of the black racial groups of Africa.		
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.		
<input type="checkbox"/> White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.		

Standard Form 181
Revised August 2005
Previous editions not usable

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

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Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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.)*

Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

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):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State ZIP Code

STOP *Employer Completes Next Page* STOP



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Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ *(See instructions for exemptions)*

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative Human Resource Specialist		
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name IDNG-HRO		
Employer's Business or Organization Address (Street Number and Name) 4794 General Manning Ave. Bldg 442	City or Town Boise	State ID	ZIP Code 83705	

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security