Eastern Nevada Agency Fire Crew Application Instructions

Thank you for your interest in employment with the Eastern Nevada Agency BIA. Please take the time to review this sheet, follow all instructions for each form, and complete the checklist. Incomplete or illegible applications will not be processed and may result in you not being hired. Please contact Dylan Rader at 775-753-0395 with questions.

- ❑ Tear off this page and use as a reference when filling out application, use ink pen to complete all forms.

- ❑ Page 1 (*Eastern Nevada Application Information Form*) –Fill out all information and check all boxes. Ensure that all telephone contact information is complete and accurate. The address should be where you receive your mail, this is where all pay checks, tax information, and other correspondence will be sent.

- ❑ Pages 2-4 (*Optional Application for Federal Employment OF-612*) – Complete all blocks found in the OF-612 in Sections A through G, especially work experience. If you have never held a job please include any volunteer work or non-paid work. List all education and dates of graduation or anticipated graduation in Section D. Under Section E describe any job related training, skills, licenses / certificates, or awards. Complete Section F and **SIGN** Section G in ink.

- ❑ Pages 5-7 (*Form W-4*) – Used to withhold the proper taxes from your paycheck. Follow the Personal Allowances Worksheet in the middle of the page to determine what your proper tax withholding allowance should be. As a general rule, the higher the number of withholdings, the less amount of taxes that will be deducted from your paychecks. This may cause you to pay taxes at the end of the year. On the bottom of the form complete blocks 1-4 including Name, Social Security Number, Address (should be the same address listed on page 1 and page 3) and Marital Status. Enter withholding allowances on box 5, additional amount to be withheld on box 6, and complete box 7. **SIGN and DATE** directly below block 7. Pages 6 - 7 are for informational purposes only.

- ❑ Pages 8-10 (*Employment Eligibility Verification Form I-9*) – Page 1 is an instruction form, please read. On Page 2 – Complete all information found in Section 1 (**Name, Address, Date of Birth, Social Security #, check citizenship status, SIGN and DATE**), no other information is needed below the Employee Signature line. From Page 10, ensure that you provide a copy of: **ONE form of ID located in List A**; *OR* **ONE form of ID located in List B AND ONE form of ID located in List C**. A copy of your Driver's License (or Driver's Permit License or State ID) and Social Security Card will meet the requirements for ID verification. Provide a photocopy of your ID and staple to the back page of the application packet after completing rest of checklist.

- ❑ Page 11 (*Single Resource Casual Hire Form*) – Under CASUAL INFORMATION, **complete Name and phone number**. From the 2007 DOI AD Pay Plan, rates of pay are as follows: Camp Crew Worker $10.84 / hr (AD-A), Firefighter II (Entry Level) $13.24 / hr (AD-C), Camp Crew Boss or Firefigher I (Squad Boss) $14.64 / hr (AD-D), Crew Boss $17.56 / hr (AD-F). AD or Casual Employees are not entitled to overtime or premium pay. Rates of pay may change for the 2008 season. **SIGN and DATE** on the bottom.

- ❑ Page 12 (*Wildland Firefighter Health Screen Questionnaire*) – Complete form by answering each question by circling **YES or NO**. Any YES answers will require clearance from a physician prior to participating in the fitness test. **SIGN** form under PARTICIPANT.

- ❑ Page 13 (*Incident Behavior Form*) – Read form, **SIGN and DATE** on the bottom.

- ❑ Page 14-15 (*Direct Deposit Sign Up Form*) – Should you elect to Direct Deposit your pay, complete this form. Direct Deposit is not mandatory, but you will be paid faster and it is more secure than mailing hard copies of checks. Complete all information in Block A, Check Casual Pay in Block B, Complete BANK OR CREDIT UNION INFORMATION in Block C (if you are unsure, contact your financial institution for assistance), and SIGN block D. If you have a Joint Account, additional account holder needs to SIGN block D as well. You can remove this form and turn it in on your first day of work, **it does not have to be returned by the application due date**. Page 15 is for your informational purposes only.

- ❑ **Staple a copy of your ID's (2 forms) used for the I-9 Form (pages 8-10) to application packet**. Generally, this will be a copy of a driver's license and social security card, if unsure as to whether or not an ID can be used, refer to page 10 or call Dylan Rader.

- ❑ Double check to make sure all information is complete and accurate. Prior to due date, return application to :
  Elko BLM District Office attn: Dylan Rader, 3900 E. Idaho Street, Elko, NV 89801, either in person or by standard mail.
  Check back with a phone call to Dylan Rader at 775-753-0395 to confirm that application has been received and is complete.

Eastern Nevada Agency Fire Crew Application

FILL OUT FORM COMPLETELY AND LEGIBLY OR APPLICATION WILL NOT BE PROCESSED

Last Name: _____ **First Name**: _____ **Middle**: _____

Social Security Number: _____ **Date of Birth (mm/dd/yyyy)**:_____

Mailing Address (<u>for all correspondence and tax documents</u>): Age as of June 1, 2008: _____

Street _____

Street _____ **Sex**: **Male** ☐ **Female** ☐

City, ST, Zip _____

Home Phone: _____-_____-_____**E-Mail Address:** _____

Work Phone: _____-_____-_____

Cell Phone: _____-_____-_____

Are you a returning ENA Camp or Fire Crew member? **Yes** ☐ **No** ☐
-If yes, list your last year with ENA: _____

Are you transferring from another federal or state agency? **Yes** ☐ **No** ☐
-If yes, list agency and phone number: _____
_____

Did you participate in the Firefighter Medical Exam last year? **Yes** ☐ **No** ☐

Are you eligible for IHS/Tribal Medical Services? **Yes** ☐ **No** ☐

Do you currently possess a valid State Driver's License? **Yes** ☐ **No** ☐

- *It is your responsibility to confirm that the application has been received and is complete prior to due date.*
- *Possession of valid state driver's license is <u>not</u> a job requirement.*
- *You must be 18 years of age as of June 1, 2008.*
- *All applicants will be required to pass the arduous duty fitness test (pack test), which consists of a 3 mile walk in 45 min or less with 45 lb pack, completion of Health Screen Questionnaire on page 12 is mandatory.*
- *All applicants will be required to successfully pass a pre-employment urine screening test for illegal narcotics.*
- *You must complete and sign all attached forms and <u>return this entire packet.</u>*
- *Application packets must also contain a copy of your driver's license and social security card; see page 10 for other acceptable forms of identification as supporting documentation for the I-9 form.*
- *Return or mail application to the front desk at <u>Elko BLM District Office, 3900 E. Idaho St., Elko, NV 89801</u>.*
- *Application due date is <u>April 21, 2008</u> at close of business (4:30 pm). NO EXCEPTIONS.*
- *Contact Dylan Rader, AFMO for Eastern NV Agency BIA at 775-753-0395 with any questions.*

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 ENA Fire Crew / Camp Crew	**2** Grade(s) applying for AD-A thru AD-F	**3** Announcement number N/A
4 Last name	First and middle names	**5** Social Security Number - -
6 Mailing address		**7** Phone numbers (include area code) Daytime ( ) Evening ( )
City	State / ZIP Code -	

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** ☐ If we need to contact your current supervisor before making an offer, we will contact you first.

EDUCATION – If Currently a High School Student, List Graduation Date or Last Day of School

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** ☐ Give the country of your citizenship.

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

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

16 Were you ever a Federal civilian employee?

NO ☐ **YES** ☐ 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** ☐ 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**

Form W-4 (2007)/2008

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2007 expires February 16, 2008. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds $850 and includes more than $300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners/Multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2007. See Pub. 919, especially if your earnings exceed $130,000 (Single) or $180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for **yourself** if no one else can claim you as a dependent . . . . . **A** _____

B Enter "1" if:
- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are $1,000 or less.

. . **B** _____

C Enter "1" for your **spouse.** But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . . **C** _____

D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return . . . . . **D** _____

E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) . **E** _____

F Enter "1" if you have at least $1,500 of **child or dependent care expenses** for which you plan to claim a credit . . **F** _____
(**Note.** Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G **Child Tax Credit** (including additional child tax credit). See Pub 972, Child Tax Credit, for more information.
- If your total income will be less than $57,000 ($85,000 if married), enter "2" for each eligible child.
- If your total income will be between $57,000 and $84,000 ($85,000 and $119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have 4 or more eligible children. **G** _____

H Add lines A through G and enter total here. (**Note.** This may be different from the number of exemptions you claim on your tax return.) ▶ **H** _____

For accuracy, **complete all worksheets that apply.**
- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you have **more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed $40,000 ($25,000 if married) see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

▶ **Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.**

OMB No. 1545-0074

2007/2008

1 Type or print your first name and middle initial.	Last name	**2** Your social security number
Home address (number and street or rural route)	**3** ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate. **Note.** If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
City or town, state, and ZIP code	**4** **If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card.** ▶ ☐	

5 Total number of allowances you are claiming (from line **H** above **or** from the applicable worksheet on page 2) **5**

6 Additional amount, if any, you want withheld from each paycheck . . . . . **6** $

7 I claim exemption from withholding for 2007, and I certify that I meet **both** of the following conditions for exemption.
- Last year I had a right to a refund of **all** federal income tax withheld because I had **no** tax liability **and**
- This year I expect a refund of **all** federal income tax withheld because I expect to have **no** tax liability.

If you meet both conditions, write "Exempt" here . . . . . ▶ **7**

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature
(Form is not valid unless you sign it.) ▶ **Date** ▶

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	**9** Office code (optional)	**10** Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2. Cat. No. 10220Q Form **W-4** (2007)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your 2007 tax return.

1 Enter an estimate of your 2007 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2007, you may have to reduce your itemized deductions if your income is over $156,400 ($78,200 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) . . 1 $ _____

2 Enter: { $10,700 if married filing jointly or qualifying widow(er) / $ 7,850 if head of household / $ 5,350 if single or married filing separately } . . . . . 2 $ _____

3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" . . . . . 3 $ _____

4 Enter an estimate of your 2007 adjustments to income, including alimony, deductible IRA contributions, and student loan interest 4 $ _____

5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 8* in Pub. 919) . 5 $ _____

6 Enter an estimate of your 2007 nonwage income (such as dividends or interest) . . . . . 6 $ _____

7 **Subtract** line 6 from line 5. If zero or less, enter "-0-" . . . . . 7 $ _____

8 **Divide** the amount on line 7 by $3,400 and enter the result here. Drop any fraction . . . . . 8 _____

9 Enter the number from the **Personal Allowances Worksheet,** line H, page 1 . . . . . 9 _____

10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet,** also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10

Two-Earners/Multiple Jobs Worksheet (See *Two earners/multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____

2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However,** if you are married filing jointly and wages from the highest paying job are $50,000 or less, do not enter more than "3." . . . . . 2 _____

3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet . . . . . 3 _____

Note. If line 1 is *less than* line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4–9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.

4 Enter the number from line 2 of this worksheet . . . . . 4 _____

5 Enter the number from line 1 of this worksheet . . . . . 5 _____

6 **Subtract** line 5 from line 4 . . . . . 6 _____

7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here . . . . 7 $ _____

8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . 8 $ _____

9 Divide line 8 by the number of pay periods remaining in 2007. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2006. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . . 9 $

Table 1

Married Filing Jointly		All Others	
If wages from **LOWEST** paying job are—	Enter on line 2 above	If wages from **LOWEST** paying job are—	Enter on line 2 above
$0 - $4,500	0	$0 - $6,000	0
4,501 - 9,000	1	6,001 - 12,000	1
9,001 - 18,000	2	12,001 - 19,000	2
18,001 - 22,000	3	19,001 - 26,000	3
22,001 - 26,000	4	26,001 - 35,000	4
26,001 - 32,000	5	35,001 - 50,000	5
32,001 - 38,000	6	50,001 - 65,000	6
38,001 - 46,000	7	65,001 - 80,000	7
46,001 - 55,000	8	80,001 - 90,000	8
55,001 - 60,000	9	90,001 - 120,000	9
60,001 - 65,000	10	120,001 and over	10
65,001 - 75,000	11		
75,001 - 95,000	12		
95,001 - 105,000	13		
105,001 - 120,000	14		
120,001 and over	15		

Table 2

Married Filing Jointly		All Others	
If wages from **HIGHEST** paying job are—	Enter on line 7 above	If wages from **HIGHEST** paying job are—	Enter on line 7 above
$0 - $65,000	$510	$0 - $35,000	$510
65,001 - 120,000	850	35,001 - 80,000	850
120,001 - 170,000	950	80,001 - 150,000	950
170,001 - 300,000	1,120	150,001 - 340,000	1,120
300,001 and over	1,190	340,001 and over	1,190

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, and the District of Columbia for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Income Tax Withholding Information for Emergency Workers (Casuals)

WHERE CAN I GET MORE INFORMATION OR OBTAIN FORMS?

You can obtain information regarding Federal and State income tax withholding for emergency firefighters from your local hiring office or from the Internet at http://www.den.nbc.gov. You can obtain Federal income tax withholding forms from your local IRS office or from the IRS website on the Internet at http://www.irs.ustres.gov/prod/forms_pubs/. You can obtain State income tax withholding forms at your local State tax office or from the State website link found at the IRS website.

DO I HAVE TO FILE NEW INCOME TAX FORMS EACH YEAR?

In most cases, no. You would need to file a new form for the following circumstances:

- **W-4**: A new W-4 must be filed if *you claim exemption from Federal income tax, or if you claim more than 10 exemptions.*
- **W-4**: A new W-4 must be filed if you want to change your withholding status from what you had previously filed.
- **W-5**: A new W-5 must be filed each year to claim advance payments for Earned Income Credit (EIC).
- **State Forms**: State income tax laws vary. Refer to the appropriate State tax form, your local State tax office, or the Internet website address.

HOW ARE TAXES WITHHELD FROM MY PAYCHECK?

The payroll program withholds taxes based on the information you provide on the W-4, W-5, and State income tax forms.

Payrolls are processed at the end of the incident or the end of the period of hire. The payroll program computes taxes using the IRS formula on bi-weekly wages (1-14 days worked) or monthly wages (15+ days worked). The bi-weekly/monthly wages are computed as if they were annual earnings, and the appropriate tax is withheld and the advance payment for EIC applied if a W-5 was filed.

HOW WILL I KNOW HOW MUCH TAX IS WITHHELD FROM MY PAYCHECK?

You will receive an Earnings Statement with each check. The Earnings Statement includes current and year-to-date payroll and withholding information.

INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1 - Employee. All employees, citizens and noncitizens, hired after November 6, 1986, must complete Section 1 of this form at the time of hire, which is the actual beginning of employment. **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Preparer/Translator Certification. The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his/her own. However, the employee must still sign Section 1.

Section 2 - Employer. For the purpose of completing this form, the term "employer" includes those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors.

Employers must complete Section 2 by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed at the time employment begins. **Employers must record: 1)** document title; **2)** issuing authority; **3)** document number, **4)** expiration date, if any; and **5)** the date employment begins. Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the I-9. **However, employers are still responsible for completing the I-9.**

Section 3 - Updating and Reverification. Employers must complete Section 3 when updating and/or reverifying the I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in Section 1. Employers **CANNOT** specify which document(s) they will accept from an employee.

- If an employee's name has changed at the time this form is being updated/ reverified, complete Block A.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B and:
  - examine any document that reflects that the employee is authorized to work in the U.S. (see List A **or** C),
  - record the document title, document number and expiration date (if any) in Block C, and complete the signature block.
  -

Photocopying and Retaining Form I-9. A blank I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed I-9s for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

For more detailed information, you may refer to the INS Handbook for Employers, (Form M-274). You may obtain the handbook at your local INS office.

Privacy Act Notice. The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of the U.S. Immigration and Naturalization Service, the Department of Labor and the Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Reporting Burden. We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: **1)** learning about this form, 5 minutes; **2)** completing the form, 5 minutes; and **3)** assembling and filing (recordkeeping) the form, 5 minutes, for an average of 15 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to the Immigration and Naturalization Service, HQPDI, 425 I Street, N.W., Room 4034, Washington, DC 20536. OMB No. 1115-0136.

EMPLOYERS MUST RETAIN COMPLETED FORM I-9
PLEASE DO NOT MAIL COMPLETED FORM I-9 TO INS

U.S. Department of Justice
Immigration and Naturalization Service

OMB No. 1115-0136

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address *(Street Name and Number)*		Apt. #	Date of Birth *(month/day/year)*
City	State	Zip Code	Social Security #

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):
- ☐ A citizen or national of the United States
- ☐ A Lawful Permanent Resident (Alien # A_____
- ☐ An alien authorized to work until ___/___/___
  (Alien # or Admission #) _____

Employee's Signature	Date *(month/day/year)*

Preparer and/or Translator Certification. *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature	Print Name
Address *(Street Name and Number, City, State, Zip Code)*	Date *(month/day/year)*

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s)

List A	OR	List B	AND	List C
Document title:		Drivers License / ID		Social Security Card
Issuing authority:		State of		Social Security Admin.
Document #:				
Expiration Date *(if any)*: ___/___/___		___/___/___		___/___/___
Document #:				
Expiration Date *(if any)*: ___/___/___				

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on *(month/day/year)* **___/___/___ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)**

Signature of Employer or Authorized Representative	Print Name	Title
	Dylan Rader	AFMO - ENA BIA

Business or Organization Name	Address *(Street Name and Number, City, State, Zip Code)*	Date *(month/day/year)*
Elko BLM Fire & Aviation	3900 E. Idaho Street Elko, NV 89801	

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name *(if applicable)*	B. Date of rehire *(month/day/year) (if applicable)*

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title:_____ Document #: _____ Expiration Date (if any): ___/___/___

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible 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	Date *(month/day/year)*

LISTS OF ACCEPTABLE DOCUMENTS

LIST A

Documents that Establish Both Identity and Employment Eligibility

1. U.S. Passport (unexpired or expired)
2. Certificate of U.S. Citizenship *(INS Form N-560 or N-561)*
3. Certificate of Naturalization *(INS Form N-550 or N-570)*
4. Unexpired foreign passport, with *I-551 stamp or* attached *INS Form I-94* indicating unexpired employment authorization
5. Permanent Resident Card or Alien Registration Receipt Card with photograph *(INS Form I-151 or I-551)*
6. Unexpired Temporary Resident Card *(INS Form I-688)*
7. Unexpired Employment Authorization Card *(INS Form I-688A)*
8. Unexpired Reentry Permit *(INS Form I-327)*
9. Unexpired Refugee Travel Document *(INS Form I-571)*
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph *(INS Form I-688B)*

OR

LIST B

Documents that Establish Identity

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

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

LIST C

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration *(other than a card stating it is not valid for employment)*
2. Certification of Birth Abroad issued by the Department of State *(Form FS-545 or Form DS-1350)*
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American tribal document
5. U.S. Citizen ID Card *(INS Form I-197)*
6. ID Card for use of Resident Citizen in the United States *(INS Form I-179)*
7. Unexpired employment authorization document issued by the INS *(other than those listed under List A)*

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

Single Resource Casual Hire Information Form

HIRING UNIT INFORMATION

Office Name: Eastern NV BIA / Elko BLM Unit ID: NV-ENA / NV-EKD (Example: ID-BOF) Date: 5/1/08

Address: 3900 E. Idaho Street City: Elko State: NV Zip: 89801

Hiring Official Name: Dylan Rader (Print) Telephone: 775-753-0395

CASUAL INFORMATION

Casual's Name: _____ (Print) Phone No: _____ Start Date: 6/1/08

POSITION INFORMATION

Job Title: CAMP / FFT2 / FFT1 / CACB / CRWB AD Class: AD-A/B/C/D/E/F AD Rate: $ _____

Incident Order #: _____ (**Example: ID-BOF-0423**) Accounting Code: _____ Request #: _____

Hiring of emergency personnel may be made according to the provisions of the Pay Plan for Emergency Workers when any of the following exists:

- ☐ 1. To fight a going fire.
- ☐ 2. Unusually dry period or fire danger is high to extreme.
- ☐ 3. To provide support to ongoing incident.
- ☐ 4. To place firefighter on standby for expected dispatch.
- ☐ 5. Temporarily replace members of fire suppression crews or fire management personnel who are on fires.
- ☐ 6. To attend fire suppression training. ☐ **Trainee OR** ☐ **Refresher AND Course Title**: _____
- ☐ 7. To instruct fire suppression training when all other methods of hiring and contracting instructors have been exhausted.
- ☐ 8. To cope with floods, storms or any other emergency.
- ☐ 9. To carry out emergency fire rehabilitation work when there is an immediate danger of loss of life or property.
- ☐ 10. Transition period following a natural emergency (not to exceed 90 days).
- ☐ 11. Hazardous Fuel Reduction NTE 300 hours per calendar year (DOI agencies only)

TRAVEL/TRANSPORTATION

Casual is entitled to transportation to and from the incident: ☐ No ☒ Yes

Transportation method:

- ☐ Airline
- ☐ POV (Mileage reimbursement authorized)
- ☐ Rental vehicle (Must be on resource order. Rental provided by: ☐ Casual or ☐ Government)
- ☒ Other (list, such as bus, gov't vehicle, EERA): GOV PROVIDED

Check One:

- ☒ Casual to be subsisted by government. Hiring unit will reimburse approved incidental expenses at actual cost; receipts required.
- ☐ Casual will not be subsisted; travel authorization has been issued. Hiring unit to reimburse lodging, meals, and incidental expenses at standard per diem rate. Indicate TA #: **[ ]**

EMPLOYMENT FORMS

Completed by:

Hiring Official:

- ☒ I-9, Employment Eligibility Verification
- ☒ OF-288, Emergency Firefighter Time Report (Complete Top section, Column A 1-8 and travel start time)
- ☒ Direct Deposit form (if applicable) Provide to Casual
- ☒ State/federal government-issued Picture ID verified and in Casual's possession (required for all positions)
- ☒ Incident qualification card (if required for position) verified and in Casual's possession
- ☐ State-required certification verified, if required for position (e.g., CDL, driver's license)

Casual:

- ☒ Federal W-4 ☐ State W-4 ☐ W-5, if applicable
- ☒ Incident Behavior Form signed

Casual Signature (*Required*)	Date	Hiring Official Signature (*Required*)	Date

Distribution: Original attached to original OF-288; Copy retained by Hiring Unit; Copy retained with incident records

Return original of this form and original OF-288 to the hiring unit.

Form 9213-1
(January 2004)

WILDLAND FIREFIGHTER
HEALTH SCREEN QUESTIONNAIRE

The purpose is to identify individuals who may be at risk in taking the Work Capacity Test (WCT) and recommend an exercise program and/or medical examination prior to taking the WCT.

Employees are required to answer the following questions. The questions were designed, in consultation with occupational health physicians, to identify individuals who may be at risk when taking a WCT. The HSQ is not a medical examination. Any medical concerns you have that place you or your health at risk should be reviewed with your personal physician prior to participating in the WCT.

The information on this form may be disclosed as permitted by the Privacy Act (5USC552a(b)) to meet employment requirements.

Circle the appropriate Yes or No response to the following questions:

Yes	No		
Y	N	1)	During the past 12 months have you at any time (during physical activity or while resting) experienced pain, discomfort or pressure in your chest.
Y	N	2)	During the past 12 months have you experienced difficulty breathing or shortness of breath, dizziness, fainting, or blackout?
Y	N	3)	Do you have a blood pressure with systolic (top #) greater than 140 or diastolic (bottom #) greater than 90?
Y	N	4)	Have you ever been diagnosed or treated for any heart disease, heart murmur, chest pain (angina), palpitations (irregular beat), or heart attack?
Y	N	5)	Have you ever had heart surgery, angioplasty, or a pace maker, valve replacement, or heart transplant?
Y	N	6)	Do you have a resting pulse greater than 100 beats per minute?
Y	N	7)	Do you have any arthritis, back trouble, hip /knee/joint /pain, or any other bone or joint condition that could be aggravated or made worse by the Work Capacity Test?
Y	N	8)	Do you have personal experience or doctor's advice of any other medical or physical reason that would prohibit you from taking the Work Capacity Test?
Y	N	9)	Has your personal physician recommended against taking the Work Capacity Test because of asthma, diabetes, epilepsy or elevated cholesterol or a hernia?

Regardless whether you are taking the Work Capacity test at the Arduous, Moderate or Light duty level, a "Yes" answer requires a determination from your personal physician stating that you are able to participate. For Arduous Duty Employees, if you do not have a personal physician determination allowing you to take the Work Capacity Test, the FMO may request an Annual Form examination through the Interagency Wildland Firefighter Medical Standards Program.
I understand that if I need to be evaluated, it will be based on the fitness requirements of the position(s) for which I am qualified.

Participant: _____

Administrator: _____

Date: _____

Incident Behavior

Common Responsibilities
Volunteers and Single Resource Casual Hires

Inappropriate Behavior:

It is extremely important that inappropriate behavior be recognized and dealt with promptly. Inappropriate behavior is all forms of harassment including sexual and racial harassment. **Harassment in any form will not be tolerated.** When you observe or hear of inappropriate behavior you should:

- Inform and educate subordinates of their rights and responsibilities
    - Tell the harasser to stop the offensive conduct.
- Provide support to the victim.
- Report the incident to your supervisor and the individuals' supervisor, if the behavior continues. Disciplinary action may be necessary.
- Develop appropriate corrective measures.
- Document inappropriate behavior and report it to the appropriate incident manager or agency official.
- While working in and around private property, recognize and respect all private property.

Drugs and Alcohol:

- Non-prescription unlawful drugs and alcohol are not permitted at the incident. Possession or use of these substances will result in disciplinary action.
- During off-incident rest periods, personnel are responsible for proper conduct and maintenance of fitness for duty. Drug or alcohol abuse resulting in unfitness for duty will result in disciplinary action.
- Be a positive role model. Do not be involved with drug or alcohol abuse.
- Report any observed drug or alcohol abuse to your supervisor.

I have read and I understand the above described incident behavior responsibilities:

_____ _____

Signature Date

PMS 935-1 (English) (August 2003)

DIRECT DEPOSIT

OMB No. 1510-0007

Sign-Up Form

Standard Form 1199A
(Rev. Feb. 2005)
Prescribed by Treasury Department
Treasury Department Cir. 1076

DIRECTIONS

Please refer to the information on the reverse side before completing this form.

You must complete a separate form for each type of federal payment (social security, supplemental security income, veterans' benefits, etc.).

You are responsible for keeping the paying agency informed of any name or address changes. Return the completed form to the federal agency from which you will be receiving Direct Deposit payments.

Casual Payment Center
1249 Vinnell Way, Suite 108
Boise, ID 83709
(877) 471-2262

A. PERSON TO RECEIVE PAYMENT

NAME OF PERSON ENTITLED TO PAYMENT (last, first, middle initial)

YOUR NAME (if different from above)

YOUR ADDRESS (street, route, P.O. box, apartment number)

CITY (or APO/FPO) STATE ZIP CODE

YOUR TELEPHONE NUMBER
( ) -

SOCIAL SECURITY NUMBER OR CLAIM NUMBER (of person entitled to payment)
– –

B. TYPE OF PAYMENT
(check only one)

- ☐ SOCIAL SECURITY
- ☐ CIVIL SERVICE RETIREMENT
- ☐ SUPPLEMENTAL SECURITY INCOME
- ☐ VA COMPENSATION OR PENSION
- ☐ RAILROAD RETIREMENT
- ☐ OTHER (specify) Casual Pay

C. BANK OR CREDIT UNION INFORMATION

TYPE OF ACCOUNT ☐ CHECKING ☐ SAVINGS

9-DIGIT ROUTING NUMBER (see sample check on reverse side)

ACCOUNT NUMBER (see reverse side)

D. CERTIFICATION

I certify that I am entitled to receive the payment identified above, and that I have read and understand the back of this form. In signing this form, I authorize this payment to be sent to the financial institution named in Part C above, to be deposited into the account above.

SIGNATURE DATE

FOR JOINT ACCOUNT HOLDERS

I certify that I have read the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS on the back of this form.

SIGNATURE DATE

PLEASE READ THIS CAREFULLY

PRIVACY ACT NOTICE

Your social security number and the other information requested will allow the federal government to make payments to you by Direct Deposit. This collection of information is authorized by Title 31 of the United States Code, Section 3332(g). Also, Executive Order 9397, November 22, 1943, authorizes the use of your social security number. Your social security number is requested to ensure the accurate identification and retention of records pertaining to you and to distinguish you from other recipients of federal payments.

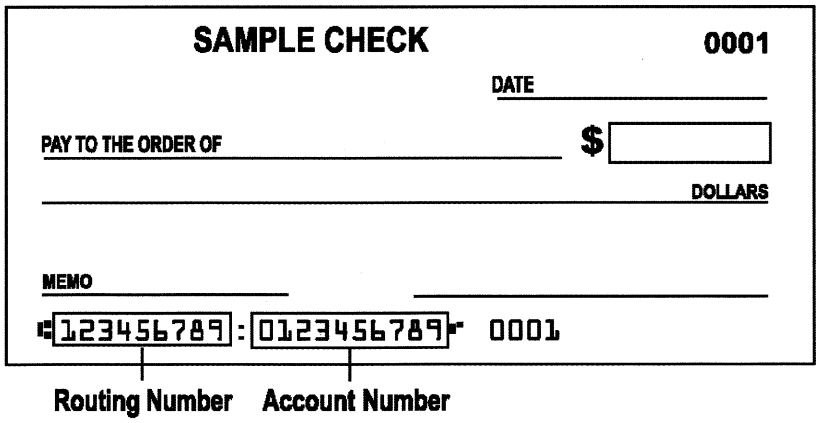
This information will be disclosed to the Department of the Treasury or another disbursing official to process federal payments to you by Direct Deposit. This information may also be disclosed to a court, congressional committee or another government agency as authorized or required by federal law and to your financial institution to verify receipt of your federal payments. Although providing the requested information is voluntary, your Direct Deposit payment may be delayed or Treasury may be unable to send it if you fail to provide the information.

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

If your account is a joint account and receives Direct Deposit benefit payments, you must inform the federal agency and the financial institution of the death of a beneficiary. Payments sent by Direct Deposit after the date of death or ineligibility of a beneficiary (except for salary payments) must be returned to the federal agency. The federal agency will then determine if the survivor is eligible for benefits.

CANCELLATION

Your payment will be sent by Direct Deposit until the federal agency that issues the payments is notified to cancel,
suchasinthecaseofdeathorlegalincapacityofthepaymentrecipient.
Your financial institution may cancel your Direct Deposit authorization. Your financial institution is required to give you written notice 30 days in advance of the cancellation date. If this occurs, you must notify the federal agency that the Direct Deposit authorization was cancelled.



BURDEN ESTIMATE STATEMENT

The estimated average time (burden hours) associated with filling out this paperwork is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this time estimate and suggestions for reducing the burden should be directed to the Financial Management Service, Administrative Programs Division, Records and Information Management Program, 3700 East-West Highway, Room 135, Hyattsville, MD 20782. THIS ADDRESS SHOULD ONLY BE USED FOR COMMENTS AND/OR SUGGESTIONS CONCERNING THE AMOUNT OF TIME SPENT COLLECTING THE DATA. DO NOT SEND THE COMPLETED PAPERWORK TO THE ADDRESS ABOVE FOR PROCESSING.