



Eastern Nevada Agency Application Instructions

Thank you for your interest in employment with the Eastern Nevada Agency BIA On-call. Please take the time to review this sheet, follow all instructions for each form, complete the checklist, and mail in everything.

Incomplete or illegible applications will NOT be processed and may result in you not being hired. Please return the whole packet.

I am applying for: **I recommend applying for both for better work opportunities*

Fire Camp Both Name: _____

Application due date is April 21, Current Year for Fire Crew and May 1, Current Year for Camp Crew by close of business (4:30 pm). **NO EXCEPTIONS.**

- If you are applying for fire crew you will be required take a urine drug test and to pass an arduous test that consists of a 3-mile walk wearing a 45-pound vest and must be completed in 45 minutes or less.
- If you are applying for camp crew you will be required take a urine drug test and to pass a moderate work capacity test, or field test (2-mile walk in less than 30 minutes while wearing a 25-pound vest).
- If you are selected for fire crew you will be going to a weeklong Rookie Fire School

- Page 3 (*Eastern Nevada Agency Application Information Form*) – Fill out ALL information and check ALL appropriate 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 4-6 (*Application for Federal Employment – OF-612*) You **must** 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. Failing to do this will jeopardize your potential employment opportunity.
- Page 7-9 (*Declaration for Federal Employment – OF-306*) You **must** complete all items 1 – 16 found in the OF-306. Sign and date item 17a. Fill out item 18 – 18c **only** if you have been employed through the Federal Government.
- Page 10 (*Health Screen Questionnaire*) – Read form, **SIGN and DATE** on the bottom. If you fail to do this step you will be asked to fill it out properly.
- Attach** a copy of your Driver's license or State ID card **and** your Social Security Number Card. Possession of valid state driver's license is not a job requirement.
- You must be 16 years of age as of June 1, Current Year for Camp Crew and be 18 years of age as of June 1, Current Year for Fire Crew.
- Double check to make sure all information is complete and accurate. Prior to due date, return application to: **Elko BLM District Office Attn: BIA AFMO, 3900 E. Idaho Street, Elko, NV 89801**, either in person, by standard mail, or by fax 775-753-0315. It is your responsibility to confirm that the application has been received and is complete prior to due date.

All applicants will be required to successfully pass a pre-employment urine screening test for illegal narcotics.

If you have any questions Email me at: Spencer_Gregory@blm.gov or call me at 775-753-0308.

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Eastern Nevada Agency 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): ____/____/____

Sex: Male Female Age as of June 1, Current Year: _____

Mailing Address

Phone Numbers (make sure these are up to date):

Physical _____

Home: _____

PO Box _____

Work: _____

City _____ ST _____ Zip _____

Cell: _____

E-Mail Address: _____

Have you had any previous fire experience? Yes No
- If yes, include it in your OF – 612.

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

I found out about this job by:

- Returning employee
- Radio
- Family Resource Center
- Friend
- Other (Please write): _____
- News Paper
- Poster in Elko
- Tribal Office
- E-mail
- T.V. Announcement
- Poster in Carlin
- Tribal Announcement
- BLM

Comments or Questions to Hiring Official:

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 your 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.

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.

- | | | |
|--|--|---|
| <p>1 Job title in announcement
ENA Fire / Camp Crew</p> | <p>2 Grade(s) applying for
AD-A thru AD-F</p> | <p>3 Announcement number
N/A</p> |
| <p>4 Last name</p> | <p>First and middle names</p> | <p>5 Social Security Number
- -</p> |
| <p>6 Mailing address</p> | <p>City</p> | <p>7 Phone numbers (include area code)
Daytime ()
Evening ()</p> |
| <p>State</p> | <p>ZIP Code
-</p> | |

WORK EXPERIENCE

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

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

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

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

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

9 May we contact your current supervisor?

YES

NO

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

EDUCATION

10 Mark highest level completed.

Some HS

HS/GED

Associate

Bachelor

Master

Doctoral

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

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

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

OTHER QUALIFICATIONS

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

GENERAL

14 Are you a U.S. citizen?

YES

NO

è Give the country of your citizenship.

15 Do you claim veterans' preference?

NO

YES

è Mark your claim of 5 or 10 points below.

5 points

è Attach your DD 214 or other proof.

10 points

è Attach an Application for 10-Point Veterans' Preference (SF 15) and proof required.

16 Were you ever a Federal civilian employee?

NO

YES

è For highest civilian grade give:

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

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

NO

YES

è If requested, attach SF 50 proof.

APPLICANT CERTIFICATION

18 I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete and made in good faith. I understand that false or fraudulent information on or attached to this application may be grounds for not hiring me or firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated.

SIGNATURE

DATE SIGNED

Declaration for Federal Employment

Form Approved:
O.M.B. No. 3206-0182

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 a 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:
O.M.B. No. 3206-0182

GENERAL INFORMATION

1 FULL NAME <i>(First, middle, last)</i> ▶	2 SOCIAL SECURITY NUMBER ▶
3 PLACE OF BIRTH <i>(Include City and State or Country)</i> ▶	4 DATE OF BIRTH <i>(MM/DD/YY)</i> ▶
5 OTHER NAMES EVER USED <i>(For example, maiden name, nickname, etc.)</i> ▶ ▶	6 PHONE NUMBERS <i>(Include Area Codes)</i> DAY ▶ NIGHT ▶

Selective Service Registration

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

- 7a. Are you a male born after December 31, 1959? YES NO *If "NO", skip 7b and 7c. If "YES", go to 7b.*
- 7b. Have you registered with the Selective Service System? YES NO *If "NO", go to 7c.*
- 7c. If "NO", describe your reason(s) in item #16.

Military Service

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

Branch	From <i>MM/DD/YYYY</i>	To <i>MM/DD/YYYY</i>	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 *nolo contendere* (no contest), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law.

- | | | |
|--|---------------------------------|--------------------------------|
| 9. During the last 10 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) <i>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.</i> | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 10. Have you been convicted by a military court-martial in the past 10 years? <i>(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.</i> | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 11. Are you now under charges for any violation of law? <i>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.</i> | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 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? <i>If "YES", use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.</i> | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 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.) <i>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.</i> | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |

Declaration for Federal Employment

Form Approved:
O.M.B. No. 3206-0182

Additional Questions

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) *If "YES", use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative works.*
- YES NO
15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service?
- YES NO

Continuation Space / Agency Optional Questions

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (*these questions are specific to your position and your agency is authorized to ask them*).

Certifications / Additional Questions

APPLICANT: *If you are applying for a position and have not yet been selected, carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.*

APPOINTEE: *If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.*

17. I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

17a. Applicant's Signature ▶ _____ Date ▶ _____
(Sign in ink)

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

Appointing Officer: Enter Date of Appointment or Conversion MM/DD/YYYY

18. **Appointee (Only respond if you have been employed by the Federal Government before):** Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

18a. When did you leave your last Federal job? DATE: _____
MM/DD/YYYY

18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance?

YES NO Do Not Know

18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO", use item 16 to identify the type(s) of insurance for which waivers were not canceled.

YES NO Do Not Know

**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.

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

- | <u>Yes</u> | <u>No</u> | |
|----------------------------|----------------------------|---|
| <input type="checkbox"/> Y | <input type="checkbox"/> 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. |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | 2) During the past 12 months have you experienced difficulty breathing or shortness of breath, dizziness, fainting, or blackout? |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | 3) Do you have a blood pressure with systolic (top #) greater than 140 or diastolic (bottom #) greater than 90? |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | 4) Have you ever been diagnosed or treated for any heart disease, heart murmur, chest pain (angina), palpitations (irregular beat), or heart attack? |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | 5) Have you ever had heart surgery, angioplasty, or a pace maker, valve replacement, or heart transplant? |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | 6) Do you have a resting pulse greater than 100 beats per minute? |
| <input type="checkbox"/> Y | <input type="checkbox"/> 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? |
| <input type="checkbox"/> Y | <input type="checkbox"/> 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? |
| <input type="checkbox"/> Y | <input type="checkbox"/> 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.

Signature: _____

Date: _____