

**STATE OF ALASKA
QUALIFICATION INQUIRY – FIREARM POSSESSION**

The position for which you are being considered for appointment, PCN 10- _____ has been identified as one for which the State of Alaska, as the employer, requires or permits you to possess or use ammunition or a firearm during your employment. Therefore, you are required to complete this Qualification Inquiry – Firearm Possession form before a job offer can be made.

In completing this form, you are advised of the following:

- a) The purpose is to obtain information that will assist in the determination of whether you are eligible for appointment to this specific position.
- b) You are directed to complete this form. You will be considered “not interested” in the position if you do not complete the form. If you are appointed to the position, disciplinary action, up to and including dismissal, may be taken if you fail to reply fully and truthfully.
- c) Neither your answers nor any evidence gained because of your answers can be used against you in any criminal prosecution for a violation of Title 18, United States Code, Section 922(g)(9). However, the answers you furnish and any information or evidence resulting therefrom may be used against you in a prosecution for knowingly and willfully providing false statements or information, and during disciplinary action.

1. Have you ever been convicted of a misdemeanor crime of domestic violence within the meaning of 18 U.S.C., Sec. 921(a)(33)(A)?

Yes ☐ No ☐

Today's Date: _____

If your answer to this question is “No”, you do not need to provide the information in item 2. You must, however, sign this form certifying that it is true and complete and that, if the position is offered and accepted, you will report any future conviction of a misdemeanor crime of domestic violence within the meaning of 18 U.S.C., Sec. 921(a)(33)(A), and deliver it to the interviewer.

**STATE OF ALASKA
QUALIFICATION INQUIRY – FIREARM POSSESSION**

2. If your answer to question number 1 is “Yes”, provide the following information with respect to the conviction(s):

Court/Jurisdiction (Copy of ACTUAL judgement): _____

Docket/Case Number: _____

Statute: _____

Charge: _____

Date Sentenced: _____

I hereby certify that all the information provided by me is true, correct, complete, and made in good faith. I understand that false, misleading, or incomplete information provided herein may be grounds for disciplinary action, up to and including dismissal, and is also punishable pursuant to federal law, including 18 U.S.C., Sec. 1001, under Alaska State law as unsworn falsification (AS 11.56.201). I agree that, if the position is offered and accepted, I will immediately report any future conviction of a misdemeanor crime of domestic violence within the meaning of 18 U.S.C., Sec. 921(a)(33)(A) to my supervisor. I understand that failure to provide such report is grounds for disciplinary action, up to and including dismissal.

Name (Print or Type)

Signature

Date

Revised: 12/11/2017



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

Department of Natural Resources

DIVISION OF FORESTRY

550 W, 7th Avenue, Suite 1450
Anchorage, AK 99501-3566XX
Main: 907.269-8400
Fax: 907.269-8901

Xxxxx, xx, 2018

Selena Higgins
Social Security Administration
Juneau, Alaska (FO 996)
Fax: 907-586-7320

Ms. Higgins:

In accordance with OMB Form #0960-0566, I authorize the Social Security administration to release the verification of my Social Security Number listed below for purposes of employment to the following:

State of Alaska
Department of Natural Resources
Division of Forestry
550 W, 7th Avenue, Suite 1450
Anchorage, AK 99501-3566

Fax: _____

(Fax number may vary between requests based on employment location.)

Full Name: _____

Date of Birth: _____

Social Security Number: _____

Address: _____

I am the individual, to whom the requested information or record applies, or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare under penalty of perjury (28 CFR § 16.41(d)(2004)) that I have examined all the information on this form, and any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly or willfully seeks or obtain access to records about another person under false pretenses is punishable by a fine of up to \$5,000. I also understand that I must pay all applicable fees for requesting information for a non-program-related purpose.

Employee Signature: _____ Date: _____

Verification/Approval: _____
Selena Higgins, Social Security Administration

Date: _____

REQUEST FOR EFF NEPOTISM WAIVER

Date: _____

In accordance with Division Policy, no person may be employed in an EFF position for the Division of Forestry who is the spouse of, or is in a conjugal relationship with, or related by blood or marriage within and including the second degree of kindred to, their immediate State supervisor,* or supervisor in the chain of command.

However, the Division of Forestry has determined a nepotism policy concerning EFF personnel is necessary for effective and efficient operations during emergency situations. Occasionally, emergency employment of personnel related to a DNR Employee is necessary to expedite business associated with an emergency. Authority is requested to employ the individual listed below as a non-crew EFF. He/she will not be placed in any situation where a supervisor/subordinate relationship is inconsistent with Division policy with another classified State employee or another non-crew EFF.

EFF Non-crew Employee

_____ Name	_____ Relationship
_____ Location	_____ Position

Regular DNR State Employee or Non-crew EFF

_____ Name	_____ Relationship
_____ Location	_____ Title

Additional information for Area Forester/MTM member consideration.

A current ORG chart must accompany request showing Supervisor relationship between employees.

Approvals/Disapprovals

_____ Date	_____ Area Forester or Unit Supervisor **	Approval <input type="checkbox"/>	Disapproval <input type="checkbox"/>
_____ Date	_____ DOF Management Team Member in Supervisory Chain	Approval <input type="checkbox"/>	Disapproval <input type="checkbox"/>

1. Get prior verbal approval from the Area Forester or Unit Supervisor before hiring. Any hire is contingent on final approval by a Management Team member within 3 days of the original hire.
2. Get written approval from the Area Forester or Unit Supervisor.
3. Forward waiver to the Regional Admin Officer with organizational chart attached.
4. The waiver will then be submitted for review and final approval or denial by the DOF Management Team member in the Supervisory Chain within 3 days of the hire.
5. Regional Admin Officer or Regional Forester will notify the Area/Unit if the EFF won't be retained, and the EFF will terminate work immediately.

*State supervisor is defined as a permanent classified employee of the State.

**Unit supervisors are the Regional Admin Officer, Regional FMO, Aviation Supervisor, Fire Support Forester, etc.

2018 - Fairbanks Job Center Application - 2018
BLM or DNR Emergency Firefighter or Casual Support Worker

Note to Applicant: You are applying for emergency work with BLM or DNR. If hired you must comply with the provisions of the 1986 Immigration Control Act and you are expected to possess and show documentation supporting your legal right to work in the United States. **Income taxes are withheld from pay. Earnings do not qualify for unemployment benefits.**

PERSONAL INFORMATION: Print Name and Address below. This is a contact telephone number.

Last Name:	First Name:	MI:	Phone #:
Mailing Address:			Message or Cell #:
City:	State:	Zip:	Email:

SCREENING QUESTIONS: Answer the following questions YES or NO by circling the appropriate response.

1. Are you currently a BLM or State of Alaska employee?	YES	NO	7. Do you have a current Interagency Qualification Card (Red Card)?	YES	NO
2. Are you related to any current BLM or State of Alaska, Division of Forestry employee?	YES	NO	8. Are you a Veteran of the Armed Forces of the United States?	YES	NO
3. Have you ever been convicted of a felony?	YES	NO	9. Are you an active duty member of the Armed Forces of the United States?	YES	NO
4. Have you ever been convicted of a misdemeanor?	YES	NO	10. Are you available for field assignment for up to 14 days?	YES	NO
5. Have you been convicted of a misdemeanor within the past five years?	YES	NO	11. Do you have a valid Alaska Driver's License?	YES	NO
6. Are you at least 18 years of age?	YES	NO	12. Do you have a current Commercial Driver's License? If YES, list endorsements.	YES	NO

JOB INTERESTS: What kind of work are you available for? Pick three; number them in order of preference 1, 2, 3 in box on the right.

Administrative/Office		Dispatcher/Teletype Operator		Motor Vehicle Operator	
Aircraft Fueler		Firefighter (Must have Red Card)		Radio Operator	
Barracks Worker		Food Service Worker		Ramp Specialist	
Carpenter		Forklift Operator		Timekeeper	
Clerk/Typist		Laborer		Warehouse Worker	
Cook		Maintenance Mechanic		Other (list)	

EXPERIENCE AND TRAINING: Describe job experience, training and fire classes which qualify you for the jobs you listed above.

Job Experience/Training	Supervisor/Telephone Contact	Dates Worked (MO/YR)
1.		
2.		
3.		

By my signature below, I certify that the above information is true and complete to the best of my knowledge. I understand that if I deliberately conceal or enter false information on this form, that my name may be removed from eligibility or that I may be removed from my job; that the information in this application may be released in an investigation; and that for the purpose of this certification, a photocopy of my original signature shall have the same force and effect as my original signature. I understand that an official DMV print-out of my driving record may be required if I am offered a job. I agree that BLM, the State of Alaska, or its agents, may contact current or former employers or other persons who know me in order to obtain additional information. I understand this application is not an offer or guarantee of hiring or employment.

APPLICANT SIGNATURE _____ DATE _____

.....Agency Use Below.....

DNR RED CARD, SAFETY TRAINING AND FITNESS TESTING INFORMATION:	Has Applicant ever had a Red Card? YES NO	Tested by:	Issued by:	Date:
	Fireline Safety Refresher? YES NO	Given by:	Location:	Date:
	Fitness Level Required:	"Pack Test" Time:	1.5 Mile Run Time:	Date:

JOB CENTER CONTACT INFO AND DATE: