

2016 LIST OF APPROVED EFF CLASSIFICATIONS

Title	Mnemonic	Rate	Title	Mnemonic	Rate
Admin Aide***		EFF-5	Helicopter Crew Member*	HECM	EFF-4
Advanced Emergency Med Tech (not fireline)	AEMT	EFF-8	Incident Commander Type 5*	ICT5	EFF-5
Advanced Emergency Med Tech (fireline)	AEMF	EFF-9	Incident Commander Type 4*	ICT4	EFF-6
Agency Representative*	AREP	EFF-11	Incident Commander Type 3*	ICT3	EFF-10
Aircraft Base Radio Operator*	ABRO	EFF-4	Incident Communication Center Mgr*	INCM	EFF-5
Aircraft Dispatcher*	ACDP	EFF-8	Incident Communication Technician	COMT	EFF-6
Air Support Group Supervisor*	ASGS	EFF-10	Initial Attack Dispatcher *	IADP	EFF-8
Air Tactical Group Supervisor*	ATGS	EFF-10	Interagency Resource Rep*	IARR	EFF-9
Air Tactical Supervisor	ATS	EFF-11	Laborer***		EFF-3
Airtanker Base Manager*	ATBM	EFF-10	Lead Accounting/Admin Tech***	ACCT	EFF-7
Base Camp Manager*	BCMG	EFF-5	Line Officer***	LINE	EFF-11
Camp Crew Member***	CAMP	EFF-1	Loadmaster***	LOAD	EFF-9
Camp Crew Squad Boss***		EFF-3	Mixmaster*	MXMS	EFF-7
Camp Crew Boss***	CACB	EFF-4	Materials Handler *	WHHR	EFF-5
Cashe Liaison		EFF-7	Materials Handler Leader *	WHLR	EFF-6
Carpenter***	CARP	EFF-9	Mechanic (Automotive/Heavy Equip)***	GMEC	EFF-7
Clerk***		EFF-3	Mechanic, Maintenance***	FMNT	EFF-6
Comp for Injury Specialist	INJR	EFF-5	Medical Unit Leader*	MEDL	EFF-8
Cook, Head Camp***	COOK	EFF-6	Operations Branch Director*	OPBD	EFF-11
Cook Helper***	THSP	EFF-3	Ordering Manager*	ORDM	EFF-5
Crew Administrative Representative***	CAR	EFF-8	Personnel Time Recorder*	PTRC	EFF-5
Crew Representative*	CREP	EFF-7	Pilot* or Pilot***	PILO	EFF-12
Deck Coordinator*	DECK	EFF-6	Prevention/Education Team Leader	PETL	EFF-11
Detection Specialist***	AOBS	EFF-6	Prevention/Education Team Member	PETM	EFF 10
Crew Representative*	CREP	EFF-7	Prevention Technician***	PREV	EFF-6
Division/Group Supervisor*	DIVS	EFF-10	Public Information Officer Type I*	PIO1	EFF-12
Driver, CDL Required	DRCL	EFF-5	Public Information Officer Type II*	PIO2	EFF-11
Driver, >1 Ton and ≤ 4 Tons (No CDL)	DRIV	EFF-4	Public Information Officer*	PIOF	EFF-7
Emergency Medical Tech Basic	EMTB	EFF-7	Radio Operator*	RADO	EFF-4
Emergency Medical Tech Fireline	EMTF	EFF-8	Ramp Manager*	RAMP	EFF-6
Emergency Medical Tech Paramedic (fireline)	EMPF	EFF-10	Receiving & Dist. Manager*	RCDM	EFF-5
Emergency Medical Tech Paramedic	EMTP	EFF-10	Resource Advisor***	READ	EFF-9
Engine Boss* or Engine Boss**	ENGB	EFF-6	Retardant Crewmember***	THSP	EFF-6
Equipment Inspector	EQPI	EFF-4	Safety Officer Type 1*	SOF1	EFF-12
Engine Operator* or Engine Operator**	ENOP	EFF-5	Safety Officer Type 2*	SOF2	EFF-11
Equipment Manager*	EQPM	EFF-5	Safety Officer, Line*	SOFR	EFF-8
Equipment Time Recorder*	EQTR	EFF-5	Section Chiefs Type 1*		EFF-12
Expanded Dispatch Recorder*	EDRC	EFF-3	Section Chiefs Type 2*		EFF-11
Expanded Dispatch Coordinator*	CORD	EFF-10	Security Guard	SECG	EFF-3
Expanded Supervisory Dispatcher*	EDSP	EFF-8	Security Manager*	SECM	EFF-5
Expanded Support Dispatcher*	EDSD	EFF-6	Staging Area Manager*	STAM	EFF-6
Basic Faller *	FAL3	EFF-4	Status Check-In Recorder*	SCKN	EFF-5
Intermediate Faller *	FAL2	EFF-5	Strike Team Leader-All Types*		EFF-8
Advanced Faller *	FAL1	EFF-10	Structure Protection Specialist*	STPS	EFF-10
Field Observer*	FOBS	EFF-6	Take Off and Landing Coordinator*	TOLC	EFF-6
Firefighter Type 1*	FFT1	EFF-4	Task Force Leader*	TFLD	EFF-8
Firefighter Type 2*	FFT2	EFF-3	Unit Leaders* (w/ exception of DOCL & PROC which are EFF 6 & 9 respectively)		EFF-8
Firefighter, Single Resource, IA Yr 2 +		EFF-4	Warehouse Work Leader***		EFF-5
Fire Behavior Analyst*	FBAN	EFF-10	Warehouse Worker***		EFF-4
Fire Investigator*	INVF	EFF-11			
Fixed Wing Base Manager*	FWBM	EFF-9			
Fixed Wing Parking Tender*	FWPT	EFF-3			
Food Service Worker***		EFF-1	Type 2 Crew		
Fork Lift Operator***	FLOP	EFF-2	Crew Member*	FFT2	EFF-3
Fueler***		EFF-2	Squad Boss*	FFT1	EFF-4
Fuel Specialist***	FUEL	EFF-4	Crew Boss*	CRWB	EFF-6
GIS Specialist*	GISS	EFF-7			
Heavy Equipment Boss	HEQB	EFF-6	Type 3 General Staff Positions		
Helicopter Manager, Single Resource*	HMGB	EFF-7	Finance/Admin Section Chief Type 3	FSC3	EFF-10
Helibase Manager Type 2*	HEB2	EFF-8	Logistics Section Chief Type 3	LSC3	EFF-10
Helibase Manager Type 1*	HEB1	EFF-9	Operations Section Chief Type 3	OPS3	EFF-10
			Planning Section Chief Type 3	PSC3	EFF-10

* Must meet ICS requirements and possess a valid Red Card. Trainees are hired at one pay rate below qualified hires.

** Must be dispatched as part of a Structure Fire Department (SFD) unit of apparatus.

*** Alaska positions, local hire, not normally sent to the Lower-48 states except for CAR.

+Non-ICS position, use mnemonic only in Alaska.

EFF-1	\$12.01	EFF-6	\$ 19.44	EFF-11	\$31.78
EFF-2	\$13.19	EFF-7	\$ 21.21	EFF-12	\$38.13
EFF-3	\$14.73	EFF-8	\$ 23.76	EFF-13	\$45.29
EFF-4	\$16.20	EFF-9	\$ 26.28		
EFF-5	\$17.80	EFF-10	\$ 28.93		

To get the rate of a position not listed here, INCLUDING THSP, contact Admin Officer
Northern Region at (907) 451-2663, (907) 460-7007

PERSONNEL ACTION - EMERGENCY FIREFIGHTER

SSN: _____

New Hire Yes No Change of Address: _____

Name: _____

Crew Single Resource

Date of Birth: _____

Are you at least 18 years old? Yes

Home Phone: _____

Are you a State Employee? Yes N

Married Single

Are you related to a DNR State Employee or non-crew EFF? Yes No

Address for Paycheck: _____

Same address for W-2? Yes No

If "No" please fill in: _____

EMERGENCY CONTACT INFO

Name: _____
Address: _____ _____
Phone #: _____

Name: _____
Address: _____ _____
Phone #: _____

CONDITION OF HIRE AND BLOODBORNE PATHOGEN ACKNOWLEDGMENT

I have read, or had read to me, and understand the documents noted in items I and II listed below:

- I. State of Alaska - Division of Forestry's Conditions of Hire; and I agree to abide by them throughout the duration of employment, and
- II. State of Alaska brochure entitled "Protecting Employee from Hepatitis A Virus, Hepatitis B Virus, and Human Immunodeficiency Virus" and realize that by doing so, I have fulfilled the Level I training requirement of the Bloodborne Pathogens Exposure Control Plan.

Signature of EFF Employee _____

Date _____

Signature of Witness (Hiring Person) _____

Date _____

TO BE COMPLETED BY HIRING PERSONNEL:

EFF Hire Date: _____

Job Title: _____

Point of Hire Collo Code: _____

Crew Name (if applicable): _____

3 Letter Designator: _____ (3-letter code)

EFF Type - Check One:

Pay Rate - Check One:

	EFF 1 _____ \$12.01	EFF 7 _____ \$21.21
	EFF 2 _____ \$13.19	EFF 8 _____ \$23.76
Crew Member _____	EFF 3 _____ \$14.73	EFF 9 _____ \$26.28
Squad Boss _____	EFF 4 _____ \$16.20	EFF 10 _____ \$28.93
	EFF 5 _____ \$17.80	EFF 11 _____ \$31.78
Crew Boss _____	EFF 6 _____ \$19.44	EFF 12 _____ \$38.13
		EFF 13 _____ \$45.29
Other _____		

Check here if Social Security Card was requested but the employee was unable to provide a copy

HR Staff - Input by: _____

3/31/2016

Reviewed by (initials): _____

Date sent to Region: _____

State of Alaska
Division of Personnel & Labor Relations

EQUAL EMPLOYMENT OPPORTUNITY SURVEY

Please complete the information requested below. This information will be used for the State Affirmative Action Plan and to fulfill Federal Employment reporting requirements. If you elect not to provide this information, a determination will be made based on visual observation.

Last Name	First Name	M.I.
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RACE, ETHNICITY AND GENDER INFORMATION

	<u>Male</u>	<u>Female</u>
Alaska Native	<input type="checkbox"/> (P)	<input type="checkbox"/> (D)
American Indian / Native American	<input type="checkbox"/> (K)	<input type="checkbox"/> (A)
Asian or Pacific Islander	<input type="checkbox"/> (L)	<input type="checkbox"/> (B)
African-American	<input type="checkbox"/> (O)	<input type="checkbox"/> (C)
Hispanic	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)
White	<input type="checkbox"/> (T)	<input type="checkbox"/> (H)

DEFINITIONS

The racial / ethnic groups for State Affirmative action programs and federal reporting purposes are defined as follows:

- Alaska Native:** Any person having origins in any of the original peoples of Alaska and who maintains cultural identification through tribal affiliation or community recognition. Alaska Native may include, for example, any person of Yup'ik, Inupiat, Aleut, Athabascan, Tlingit, Haida or Tsimshian origin.
- American Indian/
Native American:** Any person having origins in any of the original peoples of North America (Not including Alaska), and who maintains cultural identification through tribe affiliation or community recognition.
- Asian or
Pacific Islander:** Any person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
- African-American:** Any person having origins in any of the Black racial groups of Africa (Not including people of Hispanic origin).
- Hispanic:** Any person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture of origin, regardless of race.
- White:** Any person having origins in any or the original peoples of Europe, North Africa or the Middle East (Not including people of Hispanic origin).

STATE OF ALASKA DESIGNATION OF BENEFICIARY FOR UNPAID COMPENSATION

This form names the people you want to receive unpaid wage compensation in the event of your death while an employee of the State of Alaska. It can also be used to change those names at any time. Your wishes may not be carried out as intended if the form is not completed correctly.

Employee Name _____ **Department** Natural Resources (10)

Employee ID _____ **Date of Birth** _____

INITIAL AUTHORIZATION

CHANGE

PRIMARY BENEFICIARY (IES)			CONTINGENT BENEFICIARY (IES)		
Name			Name		
Address			Address		
City, State & Zip Code			City, State & Zip Code		
Relationship	DOB (if minor)	Percentage %	Relationship	DOB (if minor)	Percentage %
Name			Name		
Address			Address		
City, State & Zip Code			City, State & Zip Code		
Relationship	DOB (if minor)	Percentage %	Relationship	DOB (if minor)	Percentage %
Name			Name		
Address			Address		
City, State & Zip Code			City, State & Zip Code		
Relationship	DOB (if minor)	Percentage %	Relationship	DOB (if minor)	Percentage %
Name			Name		
Address			Address		
City, State & Zip Code			City, State & Zip Code		
Relationship	DOB (if minor)	Percentage %	Relationship	DOB (if minor)	Percentage %
TOTAL PRIMARY PERCENTAGE MUST EQUAL		100%	TOTAL CONTINGENT PERCENTAGE MUST EQUAL		100%

Employee Signature _____	Date _____	Witness _____	Date _____
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INSTRUCTIONS

1. You may designate one primary beneficiary who would be the sole beneficiary.
2. You may designate primary beneficiary(ies) and contingent beneficiary(ies). Primary beneficiaries receive the benefit first if you die. Contingent beneficiaries receive the benefit if the primary beneficiary has died.
3. You may designate any number of beneficiaries to share in any manner you wish. Please designate the percentage to pay each beneficiary. The total percentage of all Primary beneficiaries must equal 100% and the total of all Contingent beneficiaries must equal 100%. List each name separately; attach additional forms if necessary.
4. If you are designating a minor (under 18 yrs of age) as your beneficiary, you must add the minor's date of birth (DOB).
5. Should you wish to change or alter your designation of beneficiary, be sure to complete a new form in its entirety.
6. This form must be witnessed by someone who can verify your identity and who is not your beneficiary.

Return this completed form to your Payroll Services Section or Agency HR Office, or you may send it directly to Dept. of Administration, Div. of Finance, Payroll Section, P.O. Box 110204, Juneau AK 99811-0204.

Form W-4 (2016)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

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 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can 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. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

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. 505 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. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or 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. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

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: { <ul style="list-style-type: none"> • 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 \$1,500 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 \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	
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 \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child	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. { <ul style="list-style-type: none"> • 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 are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 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. 		

----- Separate 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	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ 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.</p>	OMB No. 1545-0074 2016
1 Your first name and middle initial _____ Last name _____		2 Your social security number _____
Home address (number and street or rural route) _____		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> 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. ▶ <input type="checkbox"/>
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 2016, 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 (This 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) _____

Deductions and Adjustments Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2016 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1952) of your income, and miscellaneous deductions. For 2016, you may have to reduce your itemized deductions if your income is over \$311,300 and you are married filing jointly or are a qualifying widow(er); \$285,350 if you are head of household; \$259,400 if you are single and not head of household or a qualifying widow(er); or \$155,650 if you are married filing separately. See Pub. 505 for details	1	\$	
2	Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,300 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$	2	\$	
3	Subtract line 2 from line 1. If zero or less, enter “-0-”	3	\$	
4	Enter an estimate of your 2016 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$	
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2016 Form W-4</i> worksheet in Pub. 505.)	5	\$	
6	Enter an estimate of your 2016 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 \$4,050 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 or 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 \$65,000 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 through 9 below to figure 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 2016. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2016. 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

Table 2

Married Filing Jointly		All Others		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	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 - \$6,000	0	\$0 - \$9,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
6,001 - 14,000	1	9,001 - 17,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 25,000	2	17,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
25,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,600		
44,001 - 55,000	6	75,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

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. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. 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 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, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use 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.



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** 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-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation <i>(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)</i>						
Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town	State ▼	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][]-[][]-[][][][]	E-mail Address			Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

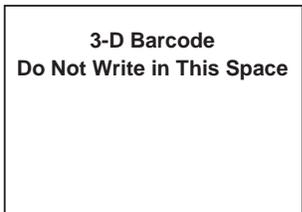
- A citizen of the United States
- A noncitizen national of the United States *(See instructions)*
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. *(See instructions)*

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See instructions)*

Signature of Employee:	Date (mm/dd/yyyy):
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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.

Signature of Preparer or Translator:			Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State ▼	Zip Code



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <p>3-D Barcode Do Not Write in This Space</p> </div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

Certification

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

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

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

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

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name)		Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

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

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

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

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

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

**STATE OF ALASKA
PAYROLL DIRECT DEPOSIT FORM**

EMPLOYEE ID NUMBER: _____	DEPT #: _____
NAME: _____	

Electronic direct deposit complies with AS 37.25.050 and 2 AAC 15.130.

ELECTRONIC FUND TRANSFER (EFT) AUTHORIZATION

**Authorizations can be made for both net pay deposits and/or one flat amount deposit.
Direct deposit to foreign financial institutions is not allowed.**

I hereby authorize the State of Alaska to make payroll deposits to my account as indicated below:

NET PAY DEPOSIT: <input type="radio"/> Initial Authorization <input type="radio"/> Change <input type="radio"/> Cancellation <input type="radio"/> No Change	
Financial Institution Name _____ Institution Transit Routing Number _____ Account Number _____	CHECK ONLY ONE <input type="radio"/> SAVINGS <input type="radio"/> CHECKING – PLEASE ATTACH A VOIDED CHECK OR OTHER BANK VERIFICATION OF ACCOUNT NUMBER AS APPLICABLE

FLAT AMOUNT DEPOSIT: <input type="radio"/> Initial Authorization <input type="radio"/> Change <input type="radio"/> Cancellation <input type="radio"/> No Change	
Financial Institution Name _____ Institution Transit Routing Number _____ Account Number _____ Amount of Deduction _____	CHECK ONLY ONE <input type="radio"/> SAVINGS <input type="radio"/> CHECKING – PLEASE ATTACH A VOIDED CHECK OR OTHER BANK VERIFICATION OF ACCOUNT NUMBER AS APPLICABLE

FREQUENCY OF FLAT AMOUNT (CHECK ONLY ONE):		
<input type="radio"/> 1st payroll of month (16 th – end of month pay period)	<input type="radio"/> 2nd payroll of month (1 st – 15 th pay period)	<input type="radio"/> Twice monthly (both pay periods)
Note: Pay period dates listed apply to semi-monthly pay employees only. Bi-weekly employees should make selections based on the frequency of deduction.		

I also authorize the State of Alaska to initiate, if necessary, debit entries and adjustments for any credit entries made in error to the account I have indicated above. I understand the State will make a reasonable effort to notify me within twenty-four (24) hours if a debit entry or adjustment is made against the account. This authority is to remain in full force and effect through the duration of my employment with the State of Alaska or until the State of Alaska has received written notification from me. I understand I must notify the State immediately and complete a new authorization form if I change financial institutions, account numbers or type of account. Any alteration or unauthorized addition invalidates this form.

In addition, as required by the Federal Office of Foreign Asset Control in support of U.S.C. Title 50, War and National Defense, I attest that the full amount of my direct deposit is not being forwarded to a bank in another country and that if at any point I establish a standing order with my receiving bank to forward the full direct deposit to a bank in another country, I will inform the State of Alaska immediately. If the State discovers that the full amount of a direct deposit has been forwarded to another country or if information on the form has been falsified, this agreement shall be terminated. I certify all information regarding this authorization is true and correct. Any intent to falsify information is punishable under AS 11.56.210 as a class A misdemeanor.

Submit this completed form to your Payroll Services Section or Agency HR Office for processing. The processing of this form will take at least two pay periods. Refer any questions to your Human Resources Service Center or agency.

SIGNATURE: _____	DATE: _____
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Instructions to complete the State of Alaska Direct Deposit Form

Enter Employee ID, Name, and Department

NET PAY DEPOSIT

To deposit the all of net dollars from each pay warrant for each pay period. Dollars can be transferred to any ACH participating Financial Banking Institution.

Indicate by marking the appropriate box:

- **Initial Authorization** – you do not currently have an existing electronic NET deposit.
- **Change** – you wish to make a change to an existing electronic NET deposit such as a new financial institution, account number or account type.
- **Cancellation** – you wish to cancel an existing electronic NET deposit and elect not to have a new set-up started.
- **No Change** – you wish to continue your existing electronic NET deposit. Mark this box if you are making an authorization in the flat amount deposit section only.

Enter the name of the financial institution, the 9-digit institution transit routing number, and account number.

Indicate either Savings or Checking. *For Checking please attach a voided check or other bank verification of account number as applicable.*

Only indicate ONE type of account. Monies may not be divided between savings and checking.

When to expect your first deposit: Each new deposit or change will require at least two pay periods processing. The first pay period after set up, a pre-note process is initiated where information regarding your account is sent to the banking institution, but no monies are sent. You will receive an actual payroll warrant. The next pay period, your NET monies will be sent electronically and your warrant stub will be available online through Employee Documents Online.

See: <http://soaemployeedocs.alaska.gov> .

FLAT AMOUNT DEPOSIT

A set flat amount of money can be electronically deposited into any ACH participating financial institution.

Indicate by marking the appropriate box:

- **Initial Authorization** – you do not currently have an existing electronic flat amount deposit.
- **Change** – you wish to make a change to an existing electronic flat amount deposit. A new banking institution, account number, account type or dollar amount.
- **Cancellation** – you wish to cancel an existing electronic flat amount deposit and elect not to have a new set-up started.
- **No Change** – you wish to continue your existing electronic flat amount deposit. Mark this box if you are making an authorization in the NET deposit section only.

Enter the name of the financial institution, the 9-digit institution transit routing number, and account number.

Enter the dollar amount – Enter the dollar amount to be deducted from the appropriate pay period.

Indicate either Savings or Checking. *For Checking please attach a voided check or other bank verification of account number as applicable.* .

Only indicate ONE type of account. Monies may not be divided between savings and checking.

Frequency:

Indicate how often the flat amount should be deducted and electronically transferred; the first warrant of the month, the second warrant of the month or both warrants.

When to expect your first deposit: Each new deposit or change will require at least two pay periods processing. The first pay period after set up, a pre-note process is initiated where information regarding your account is sent to the financial institution, but no monies are sent. The next pay period, the monies will be sent electronically. If you are making a change to the flat dollar amount only, no pre-note will be necessary and no delay in electronic deposits will occur.

Sign and date the form. Submit the completed form to your Payroll Services Section or Agency HR Office.

CONDITIONS OF
HIRE FOR
EMERGENCY
FIREFIGHTERS

1. You are being hired as an emergency firefighter (EFF) by an agency of the U.S. Government or the State of Alaska. These agencies are referred to in this document collectively as the "Government". Procedures or policies that refer to either the federal or state agencies are specifically addressed. The work is hard and shifts often exceed 12 hours. Prompt compliance with your supervisor's instructions at all times is essential and mandatory. You must be at least 18 years old and in good physical health (a physical examination may be required at the discretion of your supervisor). Close living conditions in incident camps require personal cleanliness. Personal hygiene must meet standards set by your supervisor, particularly your hair, which must be maintained in such a way that a safety hat can be properly worn.
2. Disclosure of your Social Security Number (SSN) is mandatory. You will be ineligible for employment if you fail to provide your SSN. The SSN is the primary reference for the gathering of earnings data in connection with lawful requests from other agencies (Internal Revenue Service or State agencies). The hiring agency alone has direct access to this information. SSN use is necessary because another individual may have a name identical to yours. Always provide **YOUR FULL LEGAL NAME** on your hiring documents, not nicknames.
3. You must have a current valid Government issued picture identification card (ID card) in your possession at the time of hire and for the duration of the assignment. You must also have documents that meet federal I-9 requirements to be hired.
4. Standard length for each assignment is 14 days, exclusive of travel time; however, this is not a guarantee of employment. The hiring agency or incident organization may release you at any time.
5. You are required to bring a sufficient supply of all necessary prescription medication for each incident assignment. Notify your regular Government supervisor of any potential life threatening medical conditions, i.e., allergic reactions to bee stings.
6. You will be paid at an hourly rate. The Officer-in-Charge will advise you of the salary rate for your position.
7. Income tax will be withheld from your check. All pay as an EFF must be included as gross income for Federal Income Tax purposes. You may have to report it on your state income tax report, if applicable, in accordance with state instructions.
8. You will be given the opportunity to complete federal income tax withholding forms. Failure to complete the W-4, Employee's Withholding Allowance Certificate, will result in federal income tax withheld at the default tax rate (the highest withholding rate).
9. Alaska does not have a state income tax. If you wish income tax withheld for another state, you must provide the proper state income tax form to the Officer-in-Charge.
10. When you sign your time report, you are agreeing it is correct. Do not sign the report until you agree! Keep your time sheet copy until you are paid.
11. You can expect to receive payment within three to four weeks after the end of your employment period. The State of Alaska will mail your check to the address you provide on your hiring paperwork. Federal payments will be made either by Direct Deposit (if you complete the sign-up form) or Treasury check mailed to your address of record.
12. You are required to bring your own personal items to and from the incident in a single bag. The total weight of your bag cannot exceed 45 pounds for the entire duration of the assignment. Radios, "boom boxes", or other electronic gear must not exceed one pound. Individuals exceeding the personal gear weight limitation must leave excess weight items behind. The Government will not be responsible for these items. MINIMUM clothing requirements are listed in the Emergency Fire Fighter Crew Management Guide, Section IV.B.2.a-h.
13. When you are hired for incident assignment, whether or not you may be restricted to an incident camp or staging area is at the discretion of the Incident Commander, or local, regional, or agency policy. Your pay status will be determined by the Officer-in-Charge following Interagency Incident Business Management Handbook and/or the Alaska Incident Business Management Handbook, and the Emergency Firefighter Crew Management Guide.
14. Whenever the Officer-in-Charge decides it is necessary, the Government will furnish meals and lodging with no cost to you. You will not receive reimbursement for meals or lodging that you purchase, meals you do not accept, or when

the Government is temporarily unable to furnish meals or lodging.

15. The Government will provide or pay for necessary transportation from the point of hire to the work location. The Government will also provide or pay for transportation back to the point of hire unless you are discharged due to a disciplinary action, quit without good reason, or intentionally deviate from your provided travel itinerary.
16. The cost of anything purchased through commissary will be deducted from your check. The Officer-in-Charge may suspend your commissary privileges if purchases exceed wages earned, less tax withholding. Commissary purchases are included in your 45 pound weight limitation.
17. Designated Government property (such as hard hats, tools, sleeping bags, tents, nomex clothing, etc.) issued to you must be returned. If they are lost, destroyed, or left in bad condition, the cost may be deducted from your check.
18. Report any damage to or loss of your personal property to your supervisor before you leave the incident camp. The Government assumes no responsibility for loss of personal items not needed for incident assignment. Reimbursement may be limited to predetermined maximum dollar amounts per item.
19. The Incident Commander may approve paid days off for personnel assigned at the incident. During paid days off periods, the Crew Boss will remain in charge. You are obligated to adhere to any conditions that have been established governing paid days off situations. EFF are not entitled to paid days off at their point of hire.
20. Possession of firearms, marijuana, illegal drugs, and illegal use of a controlled substance is prohibited. Possession or any evidence of usage constitutes grounds for immediate discharge.
21. Possession, use, and/or being under the influence of intoxicating beverages while in pay status constitutes grounds for immediate discharge.
22. Collection and/or transportation of wildlife during your period of employment may be grounds for immediate discharge.
23. If you are fired, or you quit without good reason before your scheduled demobilization, your pay will stop immediately. Additionally, the Interagency Resource Representative or Incident Commander will determine whether or not the Government will provide transportation back to the point of hire or pay you for this travel time. If not, you will be responsible for these transportation costs and/or the costs of personal needs during the waiting time.
24. If you are on active duty with the Armed Forces (Army, Air Force, Navy, Marine Corps, or Coast Guard) you are ineligible for U.S. Government EFF work. If you are on active duty with the Alaska National Guard you are ineligible for State of Alaska EFF work.
25. If you sustain an injury or become sick, report to your supervisor immediately.
26. THE U.S. GOVERNMENT AND THE STATE OF ALASKA ARE EQUAL EMPLOYMENT OPPORTUNITY EMPLOYERS. Unlawful discrimination or any kind of harassment will not be tolerated. (This includes behavior such as making threats, abusive language, slurs, unwelcome jokes, teasing and other such verbal or physical conduct.) Creating a hostile work environment will not be condoned. (This includes verbal or physical conduct of a sexual nature, making unwelcome sexual advances or requests for sexual favors, and unreasonably interfering with the work of others.)

I have read, or had read to me, and understand, the State of Alaska Exposure Control Plan, the Bureau of Land Management Exposure Control Plan, or the brochure entitled "Protecting Employees from Hepatitis A Virus, Hepatitis B Virus, and Human Immunodeficiency Virus" and realize by doing so I have fulfilled the Level 1 training requirement of the Bloodborne Pathogens Standard.

I have been provided the opportunity to complete income tax withholding forms.

I have read, or had read to me, and understand the above conditions and upon signing below, agree to abide by said conditions for the duration of this calendar year.

EFF'S PRINTED NAME

EFF'S SIGNATURE

SOCIAL SECURITY # (LAST 4 DIGITS)

HIRING OFFICIAL'S PRINTED NAME

HIRING OFFICIAL'S SIGNATURE

DATE

STATE OF ALASKA
APPLICANT QUALIFICATION INQUIRY - FIREARM POSSESSION

The position for which you are being considered for appointment, PCN _____ 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 in the course of 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 by reason 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 in the course of 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)?

Name (Print or type)

SSN

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.

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

Court/Jurisdiction _____

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, and under Alaska State law as unsworn falsification (AS 11.56.210). 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 a report is grounds for disciplinary action, up to and including dismissal.

Name (Print or type)

SSN

Department/Division

PCN#

Duty Station

Signature

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.

Approvals/Disapprovals

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

HEPATITIS B VACCINATIONS

The Occupational Safety and Health Administration requires employers to offer Hepatitis B vaccinations to employees who may be occupationally exposed to potentially infectious materials. The vaccinations come in the form of three vaccinations: an initial, a second after 30 days, and the final one six months after the initial vaccination.

If you receive an exposure to blood-borne pathogens, the DOF/BLM-Alaska will offer the vaccinations at no cost to employee or volunteers through an appointed medical facility. The vaccinations protect personnel from Hepatitis B, the most serious form of hepatitis.

Symptoms of Hepatitis B include fatigue, mild fever, muscle or joint aches, nausea, vomiting, loss of appetite, and sometimes diarrhea. Should you choose to decline the vaccination, you will be asked to sign a "Hepatitis B Vaccine Refusal Form" for the records. Should you decide at a later date that vaccination is in your best interest, DOF/BLM will provide the vaccination.

WHAT-TO-DO IF YOU ARE EXPOSED (ON THE JOB) TO HUMAN BLOOD OR BODY FLUIDS:

- * **IMMEDIATELY** report the exposure to your supervisor.
- * Medical evaluation and follow-up will be provided at no cost to you.
- * Medical evaluation, with your consent, will include a blood test to determine infectiousness.
- * Medical findings and evaluation are confidential.
- * Complete the following forms and give to your supervisor:
 - 1) Report of Occupational Injury or Illness (02-921)
 - 2) Employee's Statement (BBP)
 - 3) Health Care Provider Report of Post-Exposure Evaluation (BBP)
 - 4) Exposure Incident Record (BBP)The Supervisor fills out the Supervisor's Accident Investigation Report (02-932)

STATE OF ALASKA



PROTECTING EMPLOYEES FROM

HEPATITIS A VIRUS HEPATITIS B VIRUS AND HUMAN IMMUNODEFICIENCY VIRUS

Rev. 02/2016

Division of Forestry/Bureau of Land Management employees and volunteers perform a variety of tasks such as handling refuse, coming in contact with blood on work surfaces, or giving first aid that may expose them to potentially infectious materials. Exposure to Human Immunodeficiency Virus and Hepatitis A or B can be minimized if precautions are taken by the employee and the employer.

HUMAN IMMUNODEFICIENCY VIRUS (HIV) is transmitted through sexual contact, contact with human blood or other body fluids, or contact with contaminated needles/syringes. HIV is the disease that can lead to AIDS.

HEPATITIS A VIRUS (HAV) is transmitted through contact with an infected person's feces or indirect fecal contamination of food, water supply, or raw shellfish. It has been known to be transmitted through urine, semen, and tears. Hands and utensils may carry sufficient amounts of the virus to enter the mouth to cause infection. The Interior or Bush communities in Alaska commonly experience outbreaks. Onset may occur in the fall, but is most common in the winter throughout the United States.

Protection for employees who may be occupationally exposed to Hepatitis A through exposure to human feces shall include safe work practices, personal protective equipment, employee awareness, and Hepatitis A vaccination based on current job assignment.

HEPATITIS B VIRUS (HBV) is transmitted to a person through sexual contact, blood transfusions, or contact with human blood, contaminated needles or body fluids (such as joint and lung fluids), or from mother-to-child during the third trimester or at birth.

Protection for employees who may be occupationally exposed to Hepatitis B and HIV through exposure to potentially infectious materials shall include training, safe work practices, personal protective equipment, Hepatitis B vaccinations, housekeeping (laundry, cleanup of blood or body fluids), medical surveillance (physician examination, testing and follow-up), and record keeping.

SAFE WORK PRACTICES

1. Administering First Aid/CPR

- * Always protect yourself through the use of a barrier kit (gloves, goggles, and one-way mouthpiece). Crewbosses and overhead personnel should always carry these when in the field.
- * Use disposable equipment and devices only once, then dispose properly.
- * Disinfect reusable equipment after each use.

2. Potential Exposure to Hepatitis A via Human Feces.

- * Always use personal protective equipment.
- * Always wash your hands thoroughly after removing gloves.
- * Disinfect any contaminated hand tools or equipment.

3. Handling / Disposal of Hypodermic Needles/Syringes.

- * Do not pick up these items by hand. Always use a litter grabber, pliers, or tongs to avoid direct contact. Pick up away from point.
- * Always wear proper gloves as an added precaution, even when using a litter grabber, pliers, etc.
- * Treat all medical instruments (needles/syringes) as medical waste and label as a biohazard.
- * Never use hands or feet to crush garbage. Do not hold garbage bags against legs or torso for any reason.

4. Handling Used Condoms and Feminine Hygiene Products

- * Do not pick up by hand; always use a litter grabber or tongs, etc.
- * Always use appropriate gloves as an added precaution, even when using pickup devices.

5. Camp Life

- * Avoid sharing utensils, bottles and cups with others.
- * Always wash hands prior to entering any Fresh Food boxes or cooking areas.
- * Use chlorinated lime to cover latrines. Make wash basins available in camp areas and latrine sites.