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. List all contact telephone numbers.

Last Name:	**First Name:**	**MI:**	**Phone #:**
Mailing Address:			**Message or Cell #:**
City:	**State:**	**Zip:**	**Social Security Number** (optional):

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

PERSONNEL ACTION - EMERGENCY FIREFIGHTER

SSN: _____

Name: _____

Date of Birth: _____

Home Phone: _____

[ ] Married [ ] Single

Address for Paycheck:

_____

_____

New Hire [ ] Yes [ ] No [ ] Change of Address

[ ] Crew [ ] Single Resource

Are you at least 18 years old? [ ] Yes

Are you a State Employee? [ ] Yes [ ] No

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

Same address for W-2? [ ] Yes [ ] No
If "No" please fill in:

_____

_____

RACE/ETHNIC ORIGIN/SEX DATA

Check where appropriate:	Male		Female
White (T)	_____	(H)	_____
Black (O)	_____	(C)	_____
Hispanic (S)	_____	(E)	_____
Asian or Pacific Islander (L)	_____	(B)	_____
American Indian (K)	_____	(A)	_____
Alaska Native (P)	_____	(D)	_____

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:

Crew Member _____
Squad Boss _____
Crew Boss _____
Other _____

Pay Rate - Check One:

EFF 1	_____	($12.63)	EFF 7	_____	($22.29)
EFF 2	_____	($13.91)	EFF 8	_____	($25.04)
EFF 3	_____	($15.45)	EFF 9	_____	($27.69)
EFF 4	_____	($17.08)	EFF 10	_____	($30.47)
EFF 5	_____	($18.72)	EFF 11	_____	($33.48)
EFF 6	_____	($20.49)	EFF 12	_____	($40.12)
			EFF 13	_____	($47.75)

HR Staff - Input By: _____

3/11/2011

To be filled out by Area:
Reviewed by (initials): _____
Date sent to Region: _____

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. 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.

You are responsible for this form being received in your Human Resources Technical Service Group or Agency. You may also forward this form to Dept. of Administration, Division of Finance, Payroll Section. PO Box 110204, Juneau AK 99811-0204.

Employee Name _____ **Department** _____

Employee SSN _____ **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

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 Human Resource Technical Service Group (TSG) or Agency, or you may send it directly to Dept. of Administration, Div. of Finance, Payroll Section, PO Box 110204, Juneau AK 99811-0204.

Form W-4 (2012)

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 2012 expires February 18, 2013. 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 $950 and includes more than $300 of unearned income (for example, interest and dividends).

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 2012. See Pub. 505, especially if your earnings exceed $130,000 (Single) or $180,000 (Married).

Future developments. The IRS has created a page on IRS.gov for information about Form W-4, at *www.irs.gov/w4*. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

Personal Allowances Worksheet (Keep for your records.)

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

B Enter "1" if:
- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are $1,500 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 $1,900 of **child or dependent care expenses** for which you plan to claim a credit . . . **F** _____
(**Note.** Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
- If your total income will be less than $61,000 ($90,000 if married), enter "2" for each eligible child; then **less** "1" if you have three to seven eligible children or **less** "2" if you have eight or more eligible children.
- If your total income will be between $61,000 and $84,000 ($90,000 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.**
- 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 $40,000 ($10,000 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

Employee's Withholding Allowance Certificate

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

OMB No. 1545-0074
2012

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

5	Total number of allowances you are claiming (from line **H** above **or** from the applicable worksheet on page 2)	**5**	
6	Additional amount, if any, you want withheld from each paycheck	**6**	$
7	I claim exemption from withholding for 2012, 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

OMB No. 1615-0047; Expires 08/31/12

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

Form I-9, Employment Eligibility Verification

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 documents have a future expiration date may also constitute illegal discrimination.

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

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

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

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

- ☐ A citizen of the United States
- ☐ A noncitizen national of the United States (see instructions)
- ☐ A lawful permanent resident (Alien #) _____
- ☐ An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - *month/day/year*)

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

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

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

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

	List A	OR	List B	AND	List C
Document title:					
Issuing authority:					
Document #:					
Expiration Date *(if any)*:					
Document #:					
Expiration Date *(if any)*:					

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

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address *(Street Name and Number, City, State, Zip Code)*		Date *(month/day/year)*

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

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

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

Document Title: _____ Document #: _____ Expiration Date *(if any)*: _____

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 *(month/day/year)*

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

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
1. U.S. Passport or U.S. Passport Card		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		1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)				2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		3. School ID card with a photograph		
		4. Voter's registration card		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
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form		5. U.S. Military card or draft record		
		6. Military dependent's ID card		
		7. U.S. Coast Guard Merchant Mariner Card		5. Native American tribal document
		8. Native American tribal document		6. U.S. Citizen ID Card (Form I-197)
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
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		10. School record or report card		8. Employment authorization document issued by the Department of Homeland Security
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

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

Only Fill Out

If

SSN Card Is Missing

Certification of Name and Social Security Number

The State of Alaska is **required** by the Social Security Administration to hire employee's using the SSN card.

(IRS Publication 15, Circular B, Employer's Tax Guide)

I do hereby certify that my name (including middle name) and SSN appear on my SSN card as follows:

_____

Social Security Number

_____

Printed name as it appears on SSN card Date

_____

Signature Date

EMERGENCY FIREFIGHTER TIME REPORT

1. Identification Number: F

2. Social Security Number

3. Initial Employment (X one) ☐ Yes ☐ No

4. Type of Employment (X one) ☐ Casual ☐ Regular Gov't. Employee ☐ Other

5. Transferred From

6. Hired At

7. Employee Has (X one) ☐ Been Discharged ☐ Quit

8. Entitled To Return Travel Time (X one) ☐ Yes ☐ No

9. Entitled to Return Transportation (X one) ☐ Yes ☐ No

ZIP CODE MUST BE ENTERED BELOW

10. Name (First, Middle, Last)

11. Street Address

12. City | 13. State | 14. Zip Code

IN CASE OF ACCIDENT NOTIFY

15. Name

16. Street Address

17. City | 18. State | 19. Telephone No. (Include Area Code)

20. FIRE LOCATION IDENTIFICATION

Column A	Column B	Column C	Column D
1. Fire Name	1. Fire Name	1. Fire Name	1. Fire Name
2. Fire No. / 3. Unit Code	2. Fire No. / 3. Unit Code	2. Fire No. / 3. Unit Code	2. Fire No. / 3. Unit Code
4. Fire Location / 5. State	4. Fire Location / 5. State	4. Fire Location / 5. State	4. Fire Location / 5. State
6. Firefighter Classification / 7. Rate	6. Firefighter Classification / 7. Rate	6. Firefighter Classification / 7. Rate	6. Firefighter Classification / 7. Rate
8. Date and Time a. Year _____	8. Date and Time a. Year _____	8. Date and Time a. Year _____	8. Date and Time a. Year _____

Mo b.	Day c.	Start d.	Stop e.	Hours f.	Mo b.	Day c.	Start d.	Stop e.	Hours f.	Mo b.	Day c.	Start d.	Stop e.	Hours f.	Mo b.	Day c.	Start d.	Stop e.	Hours f.
9. Total Hours →					9. Total Hours →					9. Total Hours →					9. Total Hours →				
10. Gross Amount (item 7 x item 9) →					10. Gross Amount (item 7 x item 9) →					10. Gross Amount (item 7 x item 9) →					10. Gross Amount (item 7 x item 9) →				
11. Inclusive Dates →					11. Inclusive Dates →					11. Inclusive Dates →					11. Inclusive Dates →				
12. Time Officer's Signature					12. Time Officer's Signature					12. Time Officer's Signature					12. Time Officer's Signature				
13. Date Signed					13. Date Signed					13. Date Signed					13. Date Signed				

21. SHOW "H" FOR HAZARD PAY AND "E" PLUS % FOR ENVIRONMENTAL DIFFERENTIAL IN THE "HOURS" COLUMN FOR REGULAR EMPLOYEES.

A. Comm. BO 2800	B. Rate	C. Miles*/ Hours	D. Accounting Classification (a)	(b)	(c)	E. Object Class (a)	(b)	(c)	F. Amount

Gross Salary or Equip. Rental

Gross Earning

Comm. Deduct.

Net Earning

23. Remarks

NOTE: The above items are correct and proper for payment from available appropriations.

25. Employee (Signature)

26. Time Officer (Signature)

22. Commissary Record

a. Date	b. Item	c. Amount
Total →		

24. ADO Check Number and Stamp

*Equipment rentals must be supported with OF-294 and OF-297.

NSN 7540-01-124-7833

OPTIONAL FORM 288 (Rev. 3/83)
USDA/USDI
50288-102

PRINTED ON RECYCLED PAPER

STATE OF ALASKA

DIVISION of FORESTRY	PASSENGER and CARGO MANIFEST		

ORDERING UNIT OR ORDER NUMBER	INCIDENT NAME	INCIDENT NUMBER
NAME OF CARRIER	VEHICLE # AND TYPE	VEHICLE OPERATOR or AIRCRAFT PILOT NAME
CHIEF OF PARTY	REPORT TO	IF DELAYED, CONTACT

DEPARTURE		INTERMEDIATE STOPS			DESTINATION	
PLACE	ETD	ETA	PLACE	ETD	ETA	PLACE

PASSENGER AND OR CARGO NAME	M	F	PASSENGER WEIGHT	CARGO WEIGHT	DUTY ASGMT. IF APPLICABLE	HOME UNIT
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						

SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE

10-3138 (3/87) Distribution: White - Retain in Book Yellow - Chief of Party Pink - Check in Recorder/Mail Goldenrod - Pilot or Driver

DEPARTMENT OF INTERIOR
BUREAU OF LAND MANAGEMENT
ALASKA FIRE SERVICE

STATE OF ALASKA
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY

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 polices 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. Tribal or village/regional corporation ID card is not acceptable for travel purposes. 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. The U.S. Government will provide you the opportunity to complete a W-5, Earned Income Credit Advance Payment Certificate (EIC). EIC reduces the amount of tax you will owe, if you are eligible.

11. 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.

12. 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.

13. 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.

14. 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.

15. Whenever the Officer-in-Charge decides it is necessary, the Government will furnish your meals and lodging without cost. 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.

16. The Government a will provide or pay for necessary transportation from the point of hire to the work location. The Government a will also provide or pay for transportation back to the point of hire unless you are discharged for cause, quit without a good reason, or deviate your travel.

17. The cost of anything you buy from the 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.

18. 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 of them may be deducted from your check.

19. 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.

20. 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.

21. 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.

22. Possession, use, and/or being under the influence of intoxicating beverages while in pay status constitutes grounds for immediate discharge.

23. If you are fired, or you quit without good reason before your scheduled demobe, 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 NUMBER
HIRING OFFICIAL'S PRINTED NAME	HIRING OFFICIAL'S 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

		Approval	Disapproval
_____ Date	_____ Area Forester or Unit Supervisor **	☐	☐
_____ Date	_____ DOF Management Team Member in Supervisory Chain	☐	☐

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.

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 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)?

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)

_____ _____
Signature Date