EMERGENCY FIREFIGHTER HIRING

Emergency Firefighters (EFF) must be 18 years of age to be eligible for employment. Individuals can receive crew training at age 16 or older.

The Division of Forestry (DOF) employs two categories of Emergency Firefighters (EFF) in its wildland fire program:

- Type II EFF crews
- Non-crew EFF

Type II EFF crews are hired, managed, and paid by the State of Alaska or BLM under the guidelines set forth in the Alaska Emergency Firefighter Type II Crew Management Guide. The Point of Hire Collocation Code List is found in this chapter on page 22 & 23 and the key to acronyms for this list are on page 24.

Access to Firearms

- All non-crew EFF being considered for work are required to submit a *BLM or DNR Emergency Firefighter or Casual Support Worker application* annually so hiring personnel can tell if further action is warranted based on answers provided.
- All incumbents of positions in the warehouse or as drivers are required to **annually** submit the *Qualification Inquiry – Firearm Possession* form. See pages 28 & 29.

Note: Firearms Inquiry Forms should be accompanied by the definition of "misdemeanor crime of domestic violence," Select Portions of Title 18 United States Code – page 30.

Hours of Work

EFF are hired as temporary emergency workers in response to hazardous wildfire situations and all-risk incidents. The State does not guarantee the length of employment, working schedules, or number of hours per day. EFF crews will be paid for no less than eight hours of work per day except for the first and last day of an assignment, mandatory day off, or when being terminated. Non-crew EFF have no similar guarantee.

Timesheets and Pay - See Incident Payroll, Chapter 2.
Each I-Suite OF-288 must have a unique identifier. If necessary, add the letters A, B, C. etc., to the Form # ID for any subsequent pages to the first OF-288 a person might accrue.

EFF Employment Information

General information about the EFF program, as well as an information packet and application for non-crew positions, can be found at http://forestry.alaska.gov/employ.htm.

Alaska Job Center

Different Alaska Job Center Offices throughout the state offer varying levels of assistance. DOF is responsible for coordinating with local Job Center offices to develop procedures for referring and recruiting applicants during fire season for their Area.

Non-crew EFF hires must be made through Alaska Job Center whenever possible. Area or Regional offices can hire from applications previously collected by Job Center and forwarded to Forestry in lieu of contacting Job Center first each time. All DOF offices will use a standardized employment application (BLM or DNR Emergency Firefighter or Casual Support Worker form, see page 8).

Previously employed EFF recommended for rehire with acceptable performance ratings may either be name requested from Alaska Job Center or contacted directly because of fire operational needs. Some Alaska Job Center offices only accept applications for a specific time period. Others do so constantly. Employment-related telephone inquiries from perspective non-crew EFF should be referred to the nearest Alaska Job Center Office provided the Job Center is accepting applications. If not, an application can be filled out and kept on file in case hiring needs occur.

If completed Job Center applications aren't at hand, regular job orders can be placed by phone for EFF, but minimum job qualifications and titles must be given to Alaska Job Center in order for them to provide qualified applicants.

The hiring supervisor will notify Alaska Job Center when a referral is hired from their list of applicants.

Alternate Hiring Procedures

Applications will be available at each DOF office and Alaska Job Center. Nothing in this procedure prohibits hiring of additional workers when Alaska Job Center is unavailable such as weekends, holidays, or after hours or where there is no Job Center office.

To support equitable hiring practices, documentation of all attempts, both successful and unsuccessful, to contact applicants by phone are recorded on their application or on a contact log, noting date, time of call, and the name of the person making the call. Logs and applications will be kept on file for 2 years by the Area or Regional Administration Office.

Requesting a Non-crew EFF

All EFF hires will be initiated and documented on a Resource Order.

Requests for non-crew EFF will be made utilizing the List of Approved EFF Classifications (page 7) and will be submitted on a General Message Form to the State Logistics Center or respective Area Dispatch Office for processing with the following information:

- Non-crew EFF position requested
- Requirements for job (e.g., Driver must have a current driver's license)
- Name if a rehire
- Expected start date and beginning time
- Whether they need to be fully qualified or if a trainee is acceptable
- Reporting location
- Any other special instructions

State Logistics or the Area Dispatch will generate a resource order and fill the request.

Felony and Misdemeanor Convictions for Non-crew EFF

When applications reveal a misdemeanor conviction within the preceding five years, or a felony conviction regardless of the date it occurred (2 AAC 07.091), a hiring supervisor or manager may not make a job offer without DOA Human Resources' review of the conviction information and duties of the position. A hiring supervisor or manager who has knowledge of a conviction will report the information to Human Resources at the time of EFF hiring need.

Classification of EFF

Anyone not fully qualified is considered a trainee, and will be paid one level lower than a fully ICS-qualified individual.

Applicants will be hired and paid at the appropriate EFF classification according to the current List of Approved EFF Classifications (page 7). Hiring offices will work with their Regional Administration Officers to determine appropriate pay rate of EFF positions not shown on the List of Approved EFF Classifications. If the work assignment changes, the worker's classification and pay will be appropriately changed to reflect the new duties. Any incidental changes in assignment that cause a rate change must be documented on the crew time report. Permanent or long term changes require a new resource order.

At no time will an EFF, regardless of length of service or qualifications, be paid at a higher rate than the assigned work requires.

EFF Hiring Paperwork

FORM	FREQUENCY
Personnel Action – Emergency Firefighter	Once per season and any address change
Designation of Beneficiary*	Once per season unless changes occur
W-4	Once a year
I-9 (Employment Eligibility Verification)	Once, with re-certification annually
Conditions of Hire for Emergency Firefighters	Once per season (maintain at hiring office)
SSN Verification Form**	Once a year
Nepotism Waiver	Only if non-crew EFF is related to a regular DNR employee or another non-crew EFF
Blood-borne Pathogens	Once per season (hand out)
OF-288 (Emergency Firefighter Time Report)	This is kept current for entire time the individual is under hire

* If primary and contingent beneficiary are listed, **each** must total 100%.
** Only needed if no copy of SS card is provided.

USE LEGAL NAMES, NOT NICKNAMES, ON FORMS.

Nepotism

If a non-crew EFF is related to a DNR employee or another non-crew EFF, then the following procedure is required:

1. BEFORE offering the position, get verbal approval from the Area Forester for Area employees, State Support Forester for Warehouse/SLC positions, and Regional Forester for Regional positions.
2. Fill out Request for EFF Nepotism Waiver form (see example on page 27).
3. Area Forester or Unit Supervisor signs the form.
4. They immediately forward the form to the Regional Administrative Officer.
5. Regional Administrative Officer forwards the form to the Regional Forester or DOF Management Team Member in the supervisory chain for approval within three days of hire.
6. If denied, the Regional Administrative Officer or Regional Forester will notify the Area/Unit they must terminate the EFF immediately.

Picture ID: Individuals must have a picture ID issued by a state or federal government entity in their possession at the time of hire and for the duration of the assignment.

Red Card: Individuals must possess a current Interagency Red Card if one is required for the position being hired. Check the Red Card for currency, an approved signature, and appropriate fitness and work qualifications.

Inability to Perform Duties: If it appears that because of illness, injury, or disorientation, an EFF's ability to do their job may be compromised, the hiring office Dispatch Coordinator should be notified immediately.

Crew Hiring

The following items are needed in addition to those listed previously when hiring a crew:

- Passenger and Cargo Manifest (See example SOA form 10-3138 on page 25)
- Crew Time Report (CTR) book given to Crew Boss or Crew Representative
- OF-288's with headers completed and time started are given to Crew Boss or Crew Representative

Additional Notes on Crew Hiring

If there are less than 16 people in the crew, notify dispatch and determine if the crew will still be needed. Make sure each individual is wearing serviceable 8" leather lace-up boots.

Begin the crew's time from when they were ordered to standby at the airstrip or pickup point regardless of when transportation actually arrives to pick them up. The Crew Boss, or occasionally a Squad Boss, may have additional time on the CTR because of extra duties associated with crew management.

Match up SSN's on the EFF time report and all other hiring paperwork. The hiring official is responsible for the hiring forms reaching the administrative unit in the hiring Area. The Crew Boss or Crew Representative is responsible for getting the time reports, CTR book, and Passenger and Cargo Manifest to the incident Finance Section, or when applicable, to the Area Office. **IMPORTANT**: DO NOT USE WHITEOUT, edit, or modify a W-4 or I-9. It will not be accepted by Payroll. Please use a NEW form if corrections are needed.

Distribution of Hiring Paperwork

Route the original hiring paperwork to the Regional Administration office immediately after making a copy for the Area Office. Do not wait until the end of a pay period.

State Hiring Paperwork: Review and forward originals or scan to appropriate Region.

Coastal Region	Northern Region
Division of Forestry	Division of Forestry
101 Airport Road	3700 Airport Way
Palmer, AK 99645	Fairbanks, AK 99709
Phone 907-761-6205	Phone 907-451-2665

Regional Administration offices will audit hiring packets before forwarding them on to the Payroll office.

Termination of Assignment or Employment Due to Documentation Insufficiencies

Termination of employment for non-crew EFF will occur for:

- Failure to obtain approval of a nepotism waiver
- Failure to submit a nepotism waiver within 3 days of hire

Termination of employment for any EFF will occur for:

- Failure to submit ID/documents for I-9 verification within 3 days of hire
- Just cause

AFS Hiring Paperwork:

Alaska Fire Service
P.O. Box 35005
Fort Wainwright, Alaska 99703-0005
Attention: Financial Services
Phone 907-356-5781 or 907-356-5780

2012 LIST OF APPROVED EFF CLASSIFICATIONS

Title	Mnemonic	Rate
Admin Aide***		EFF-5
Agency Representative*	AREP	EFF-11
Aircraft Base Radio Operator*	ABRO	EFF-4
Aircraft Dispatcher	ACDP	EFF-8
Air Support Group Supervisor	ASGS	EFF-10
Air Tactical Group Supervisor	ATGS	EFF-10
Airtanker Base Manager*	ATBM	EFF-10
Barracks Worker		EFF-3
Barracks Worker- Lead		EFF-4
Base Camp Manager*	BCMG	EFF-5
Buying Team Member	BUYM	EFF-6
Camp Crew Member***	CAMP	EFF-1
Camp Crew Squad Boss***	THSP	EFF-3
Camp Crew Boss***	THSP	EFF-4
Carpenter***		EFF-9
Clerk***		EFF-3
Commissary Manager*	CMSY	EFF-5
Comp for Injury Specialist	INJR	EFF-5
Cook, Head Camp***	COOK	EFF-6
Cook Helper***	THSP	EFF-3
Crew Administrative Representative*	CAR	EFF-8
Crew Boss*	CRWB	EFF-6
Crew Representative*	CREP	EFF-7
Deck Coordinator	DECK	EFF-6
Demob Unit Leader*	DMOB	EFF-8
Detection Specialist***	AOBS	EFF-6
Display Processor*	DPRO	EFF-3
Division/Group Supervisor*	DIVS	EFF-10
Documentation Unit Leader	DOCL	EFF-6
Dozer Boss*	DOZB	EFF-6
Dozer Operator***	DOZ1	EFF-8
Driver, CDL Required	DRCL	EFF-5
Driver, >1 Ton and ≤ 4 Tons (No CDL)	DRVS	EFF-4
Driver, ≤1 Ton	DRVP	EFF-3
EMTB***	EMTB	EFF-7
EMTI***	EMTI	EFF-7
EMTP***	EMTP	EFF-10
Engine Boss* or Engine Boss**	ENGB	EFF-6
Engine Operator* or Engine Operator**	ENOP	EFF-5
Equipment Manager*	EQPM	EFF-5
Equipment Time Recorder*	EQTR	EFF-5
Expanded Dispatch Recorder*	EDRC	EFF-3
Expanded Dispatch Coordinator*	CORD	EFF-10
Expanded Supervisory Dispatcher*	EDSP	EFF-8
Expanded Support Dispatcher*	EDSD	EFF-6
Faller Class A	FALA	EFF-4
Faller Class B	FALB	EFF-6
Field Observer*	FOBS	EFF-6
Firefighter Type 1*	FFT1	EFF-4
Firefighter Type 2*	FFT2	EFF-3
Fire Behavior Analyst*	FBAN	EFF-10
Fire Investigator*	INVF	EFF-11
Fixed Wing Base Manager*	FWBM	EFF-9
Fixed Wing Parking Tender*	FWPT	EFF-3
Food Service Worker***		EFF-1
Fork Lift Operator***		EFF-2
Fueler***		EFF-2
Fuel Specialist***	FUEL	EFF-4
GIS Specialist*	GISS	EFF-7
Ground Support Unit Leader*	GSUL	EFF-8
Helicopter Manager, Single Resource*	HMGB	EFF-7
Helibase Manager Type 2*	HEB2	EFF-8
Helibase Manager Type 1*	HEB1	EFF-9
Helicopter Crew Member*	HECM	EFF-4

Title	Mnemonic	Rate
Incident Commander Type 5*	ICT5	EFF-5
Incident Commander Type 4*	ICT4	EFF-6
Incident Commander Type 3*	ICT3	EFF-10
Incident Communication Center Mgr*	INCM	EFF-5
Incident Communication Technician	INCT	EFF-6
Initial Attack Dispatcher *	IADP	EFF-8
Interagency Resource Rep*	IARR	EFF-9
Laborer***		EFF-3
Lead Accounting/Admin Tech***		EFF-7
Line Officer	LINE	EFF-11
Loadmaster***	LOAD	EFF-9
Maintenance Mechanic***		EFF-6
Mixmaster*	MXMS	EFF-7
Materials Handler *	WHHR	EFF-5
Materials Handler Leader *	WHLR	EFF-6
Mechanic (Automotive/Heavy Equip)	GMEC	EFF-7
Medical Unit Leader*	MEDL	EFF-8
Operations Branch Director*	OPBD	EFF-11
Ordering Manager*	ORDM	EFF-5
Paramedic*	EMTP	EFF-10
Personnel Time Recorder*	PTRC	EFF-5
Pilot* or Pilot***	PILO	EFF-12
Prevention Technician***	PREV	EFF-6
Public Information Officer Type I*	PIO1	EFF-12
Public Information Officer Type II*	PIO2	EFF-11
Public Information Officer	PIOF	EFF-7
Radio Operator*	RADO	EFF-4
Ramp Manager*	RAMP	EFF-6
Receiving & Dist. Manager*	RCDM	EFF-5
Receptionist***		EFF-2
Resource Advisor	READ	EFF-9
Resources Unit Leader*	RESL	EFF-8
Retardant Worker***		EFF-6
Safety Officer Type 1*	SOF1	EFF-12
Safety Officer Type 2*	SOF2	EFF-11
Safety Officer, Line*	SOFR	EFF-8
Section Chiefs Type 1*	FSC1	EFF-12
Section Chiefs Type 2*	FSC2	EFF-11
Situation Unit Leader*	SITL	EFF-8
Security Manager*	SECM	EFF-5
Staging Area Manager*	STAM	EFF-6
Status Check-In Recorder*	SCKN	EFF-5
Strike Team Leader-All Types*		EFF-8
Structure Protection Specialist*	STPS	EFF-10
Swamper***		EFF-2
Take Off and Landing Coordinator	TOLC	EFF-6
Task Force Leader*	TFLD	EFF-8
Time Unit Leader*	TIME	EFF-8
Unit Leaders* (w/ exception of DOCL & PROC which are EFF 6 & 9 respectively)		EFF-8
Warehouse Work Leader***		EFF-5
Warehouse Worker***		EFF-4
Type 2 Crew		
Crew Member*	FFT2	EFF-3
Squad Boss*	FFT1	EFF-4
Crew Boss*	CRWB	EFF-6
Type 1 Crew		
Crew Member * <2 seasons		EFF-3
Crew Member *		EFF-4
Squad Boss *		EFF-6
Asst. Crew Superintendent *		EFF-7
Crew Superintendent*		EFF-8

* 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.
+Non-ics position, use mnemonic only in Alaska.

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

To get the rate for a position not listed here, contact Karen Gordon at 451-2662 for the Northern Region and Michelle Demaline at 761-6205 for the Coastal Region.

ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK

2011 - Fairbanks Job Center Application - 2011
BLM or DNR Emergency Firefighter or Casual Support Worker

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

PERSONAL INFORMATION: Print Name and Address below. 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:				

4/15/2011

ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK

PERSONNEL ACTION - EMERGENCY FIREFIGHTER

SSN: (1) 200-00-0002

(2) New Hire [X] Yes [ ] No [ ] Change of Address

Name: (3) Aragali Z Caprinae

(4) [ ] Crew [X] Single Resource

Date of Birth: (5) 4/1/1945

(6) Are you at least 18 years of age ? [X] Yes

Home Phone: (7) 907-111-1111

(8) Are you a State Employee? [ ] Yes [X] No

[ ] Married [X] Single (9)

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

Address for Paycheck: (11)
Box 27
McGrath, AK 99627

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

RACE/ETHNIC ORIGIN/SEX DATA (13)

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

EMERGENCY CONTACT INFO (14)

Name:	Joe Fire
Address:	Box O McGrath, AK 99627
Phone #:	907-111-1112
Name:	Lee Xander
Address:	Box 000 McGrath, AK 99627
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.

(15) Aragali Z Caprinae
Signature of EFF Employee

(16) 5/1/xx
Date

(17) Karen Smith
Signature of Witness (Hiring Person)

(18) 5/1/xx
Date

TO BE COMPLETED BY HIRING PERSONNEL:

EFF Hire Date: (19) 5/1/xx

Job Title: (20) Field Observer

Point of Hire Collo Code: (21) 10317131

Crew Name (If applicable):: (22)

3 Letter Designator: (23) FAI (3-letter code)

EFF Type - Check One:

Crew Member ____ (24)
Squad Boss ____
Crew Boss ____
Other ✓ (26)

Pay Rate - Check One: (25)

EFF 1		EFF 7	
EFF 2		EFF 8	
EFF 3		EFF 9	
EFF 4		EFF 10	
EFF 5		EFF 11	
EFF 6	✓	EFF 12	
		EFF 13	

3/11/2011

HR Staff - Input By: ____

To be filled out by Area:
Reviewed by (initials): K.S.
Date sent to Region: 5/1/xx

INSTRUCTIONS FOR PERSONNEL ACTION-EMERGENCY FIREFIGHTER

1. SSN: Make sure it matches on all paperwork.
2. Always mark "New Hire" the first time the EFF Personnel Action (PA) is done each season.
3. Name: Make sure you include Jr., Sr., or other designation.
4. Hired as crew or single resource.
5. Date of Birth: Verify 18 years of age.
6. Must be at least 18 years old.
7. Home Phone: Village phone, cell phone, or contact phone may be used.
8. Are you a State Employee? If the answer is yes, immediately contact the Regional Admin Assistant so they can determine if the hire will be approved.
9. Married or single.
10. For non-crew EFF only: If answer to this question is "yes", a request for EFF Nepotism Waiver form must be filled out.
11. Where paycheck should be mailed.
12. If not the same as paycheck, you must provide address where your W-2 should be sent.
13. Race/Ethnic Origin/Sex Data (OPTIONAL): This is used for statistical data only.
14. Emergency Contact Information: Include 2 contacts when possible.
15. Employee Signature: Employee signs here to acknowledge Conditions of Hire for Emergency Firefighters and the brochure "Protecting Employees From Hepatitis A Virus, Hepatitis B Virus and Human Immunodeficiency Virus" have been read and understood.
16. Date of employee signature.
17. Witness or Hiring Person: Must be signed.
18. Date of Witness Signature.
19. Date of Hire
20. Job Title: Must be from the EFF Classification List. Exceptions must be requested through the Regional Admin and approved by the Regional FMO.
21. Point of Hire Collo Code: Each Point of Hire is assigned a collocation code, see pages 22 & 23.
22. Crew Name, (if applicable): See the Designated Interagency EFF Crew list on pages 22 & 23 of this chapter.
23. 3 Letter Designator: Generally the 3 letter airport designator for the EFF's point of hire.
24. EFF Type: Check only one.
25. EFF Pay Rate: Must match EFF type and qualifications.
26. Other: Check when hiring non-crew EFF.

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 Argali Caprinae **Department** Natural Resources

Employee SSN 200-00-0002 **Date of Birth** 4/1/1945

☒ **INITIAL AUTHORIZATION** ☐ **CHANGE**

PRIMARY BENEFICIARY (IES)		CONTINGENT BENEFICIARY (IES)	
Name: Valerius Geist		Name: Velva Brethouwer	
Address: Box 1573		Address: 316 So. Morlan	
City,State, & Zip Code: Cranbrook, BC		City,State, & Zip Code: Holyoke, CO 72116	
Relationship / DOB if Minor: Uncle	Percentage: 50%	Relationship / DOB if Minor: Aunt	Percentage: 50%
Name: Tony Smith		Name: Gray Thornton	
Address: 1098 Equine Dr.		Address: 112 Allen Ave	
City,State, & Zip Code: Yakima, WA 99127		City,State, & Zip Code: Cody, WY 81217	
Relationship / DOB if Minor: cousin	Percentage: 50%	Relationship / DOB if Minor: cousin	Percentage: 50%
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
Argali Caprinae	5/27/0x	Steve Bethune	5/27/0x

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 DBUNCP Rev. 3/2004

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 (**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 $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
(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)

For Privacy Act and Paperwork Reduction Act Notice, see page 2. Cat. No. 10220Q Form **W-4** (2012)

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)*

Form I-9 (Rev. 08/07/09) Y Page 4

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)

Form I-9 (Rev. 08/07/09) Y Page 5

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

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 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) or an Individual Taxpayer Identification Number (ITIN) is mandatory. The U.S. Government requires a SSN for U.S. citizens or an ITIN for non-U.S. citizens. You will be ineligible for employment with the State 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 Office-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 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 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 Blood-borne 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.

Argali Caprinae	Argali Caprinae	200-00-0002
EFF'S PRINTED NAME	EFF'S SIGNATURE	SOCIAL SECURITY NUMBER
Steve Bethune	Steve Bethune	5/27/0X
HIRING OFFICIAL'S PRINTED NAME	HIRING OFFICIAL'S SIGNATURE	DATE

AK-300-1346-16 (4/04)

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)

ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK

STATE OF ALASKA

PROTECTING EMPLOYEES FROM

HEPATITIS A VIRUS
HEPATITIS B VIRUS
AND
HUMAN
IMMUNODEFICIENCY
VIRUS

Rev. 01/2012

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.

Reviewed 01/2012

0-72

EMERGENCY FIREFIGHTER TIME REPORT

1. Identification Number: F 9437569

2. Social Security Number: 200-00-0002
3. Initial Employment (X one): ☐ Yes ☒ No
4. Type of Employment (X one): ☐ Casual ☐ Regular Gov't. Employee ☒ Other State EFF
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): Argali Caprinae
11. Street Address: Box 27
12. City: McGrath
13. State: AK
14. Zip Code: 99627

IN CASE OF ACCIDENT NOTIFY

15. Name: Kevin Hurley
16. Street Address: 2754 Ammon Karelini Dr.
17. City: Dodge
18. State: WY
19. Telephone No. (Include Area Code): (702) 261-1151

20. FIRE LOCATION IDENTIFICATION

Column A	Column B	Column C	Column D
1. Fire Name: 73X03042	1. Fire Name:	1. Fire Name:	1. Fire Name:
2. Fire No.: Blazing Saddles; 3. Unit Code:	2. Fire No.: 3. Unit Code:	2. Fire No.: 3. Unit Code:	2. Fire No.: 3. Unit Code:
4. Fire Location: Kenai; 5. State: AK	4. Fire Location: 5. State:	4. Fire Location: 5. State:	4. Fire Location: 5. State:
6. Firefighter Classification: FOBS; 7. Rate: 17.98	6. Firefighter Classification: 7. Rate:	6. Firefighter Classification: 7. Rate:	6. Firefighter Classification: 7. Rate:
8. Date and Time a. Year 200X	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.
8	2	1500		(T)

9. Total Hours →
10. Gross Amount (Item 7 x Item 9) →
11. Inclusive Dates →
12. Time Officer's Signature
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 2600	B. Rate	C. Miles*/ Hours	D. Accounting Classification (a)	(b)	(c)	E. Object Class (a)	(b)	(c)	F. Amount

Gross Salary or Equip. Rental

23. Remarks

Gross Earning
Comm. Deduct.
Net Earning

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

Instructions for Emergency Firefighter Time Report (OF-288)

Block 1: Identification Number: Enter the person's Resource order number above Block 1. (C-# for Crew Personnel, O-# for Overhead Personnel). If using I-Suite, make sure each page has a unique #.

Block 2: SSN: Make sure this number matches all other (hiring) paperwork.

Block 3: Initial Employment: Mark "yes" if this is the first time they have worked for DOF this season.

Block 4: Type of Employment: EFF are "Other" employees. Write "State EFF."

Block 5: Transferred From: Leave blank.

Block 6: Point of hire: Town/village where the individual was hired (3-letter designator, e.g. BIG, PAQ, MCG. The State of Alaska is responsible for returning the employee to the point of hire.)

Blocks 7-9: Not normally filled out at time of hire.

Blocks 10-19: Self-explanatory.

Block 20.1: Enter the State fire number. Do not include the collocation code.

Block 20.2: Enter the fire name. On federal fires enter Incident Order #.

Block 20.3: Leave blank.

Block 20.4 and 20.5: Enter the nearest town/village.

Block 20.6 and 20.7: Enter the EFF classification and pay rate from list on page 7.

Block 20.8a: Enter year. Two digits are sufficient.

Block 20.8b-f: All EFF time reports are done in military time.

See Payroll Chapter 2 for recording time and closing out the OF-288.

POINT OF HIRE COLLOCATION LIST

LOCATION	DESIGNATED CREW	3-LETTER CODE	DOF CREW CC	ADMIN OFFICE	AGENCY	# OF CREWS
Allakaket/Alatna	Y	6A8		TAD	AFS	2
Ambler	Y	AFM		GAD	AFS	1
Anchorage	N	ANC	10317030	MSS	DOF	
Aniak	Y	ANI	10317032	SWS	DOF	1
Arctic Village	Y	ARC		UYD	AFS	
Beaver/Stevens	Y	WBQ		UYD	AFS	1
Buckland	Y	7K5		GAD	AFS	1
Chevak	Y	VAK	10317034	SWS	DOF	2
Copper River	Y	Z93	10317037	CRS	DOF	2
Delta	Y	BIG	10317038	DAS	DOF	2
Dillingham	N	DLG	10317435	SWS	DOF	
Eagle	Y	EAA		UYD	AFS	2
Fairbanks	Y	FAI	10317131	FAS	DOF	4
Ft. Yukon	Y	FYU		UYD	AFS	3
Galena	Y	GAL		GAD	AFS	1
Grayling	Y	KGX		GAD	AFS	1
Haines/Juneau	N	JNU	10317134		DOF	
Holy Cross	Y	HCA		GAD	AFS	1
Homer	N	HOM	10317135	KKS	DOF	
Hooper Bay	Y	HPB	10317136	SWS	DOF	3
Hughes	Y	HUS		TAD	AFS	1
Huslia	Y	HLA		GAD	AFS	2
Kalskag, Lower	Y	KLG	10317139	SWS	DOF	1
Kalskag, Upper	Y	KLG	10317337	SWS	DOF	1
Kaltag	Y	KAL		GAD	AFS	2
Kenai	N	ENA	10317437	KKS	DOF	
Kiana	Y	IAN		GAD	AFS	2
Koyuk	Y	KKA		GAD	AFS	1
Koyukuk	Y	KYU		GAD	AFS	1
Marshall	Y	MLL		GAD	AFS	1

POINT OF HIRE COLLOCATION LIST (CONTINUED)

LOCATION	DESIGNATED CREW	3-LETTER CODE	DOF CREW CC	ADMIN OFFICE	AGENCY	# OF CREWS
McGrath	N	MCG	10317230	SWS	DOF	
Mentasta	Y	MEN	10317231	TAS	DOF	1
Minto	Y	51Z		TAD	AFS	1
Mt. Village	Y	MOU		GAD	AFS	1
Nenana	Y	ENN	10317232	FAS	DOF	1
New Stuyahok	Y	KNW	10317431	SWS	DOF	1
Nikolai	Y	5NI	10317233	SWS	DOF	1
Nondalton	Y	5NN	10317234	SWS	DOF	1
Noorvik	Y	ORV		GAD	AFS	2
Northway	Y	ORT	10317236	TAS	DOF	2
Nulato	Y	NUL		GAD	AFS	2
Palmer(Mat-Su)	Y	PAQ	10317237	MSS	DOF	1
Pilot Station	Y	PST		GAD	AFS	1
Ruby	Y	RBY		GAD	AFS	1
Scammon Bay	Y	SCM	10317430	SWS	DOF	1
Selawik	Y	WLK		GAD	AFS	2
Shageluk	Y	SHX	10317239	SWS	DOF	1
Shungnak	Y	SHG		GAD	AFS	1
Slana	N	GKN	10317235	TAS	DOF	
Sleetmute	Y	SLQ	10317330	SWS	DOF	1
Soldotna	N	ENA	10317437	KKS	DOF	
St. Marys	Y	KSM		GAD	AFS	1
St. Michael	Y	5S8		GAD	AFS	1
Stebbins	Y	WBB		GAD	AFS	2
Tanacross	Y	TSG	10317332	TAS	DOF	1
Tanana	Y	TAL		TAD	AFS	1
Tetlin	Y	3T4	10317333	TAS	DOF	1
Tok	Y	6K8	10317334	TAS	DOF	1
Venetie	Y	VEE		UYD	AFS	2

AFS Areas:

GAD - Galena Zone, Galena
TAD - Tanana Zone, Tanana
UYD - Upper Yukon Zone, Fairbanks

DOF Areas:

SWS - Southwest Area, McGrath
MSS - Mat-Su Area, Palmer
CRS - Valdez-Copper River Area, Glennallen
TAS - Tok Area, Tok
DAS - Delta Area, Delta
FAS - Fairbanks Area, Fairbanks
KKS - Kenai-Kodiak Area, Soldotna

STATE OF ALASKA (1) Hooper Bay #1

DIVISION of FORESTRY	PASSENGER and CARGO MANIFEST		
ORDERING UNIT OR ORDER NUMBER (2) AK-CRS-042	INCIDENT NAME (3) Glenn Fire	INCIDENT NUMBER (4) 73X14042	
NAME OF CARRIER (5) Hageland	VEHICLE # AND TYPE (6) N732A	VEHICLE OPERATOR or AIRCRAFT PILOT NAME (7) Joe Pilot	
CHIEF OF PARTY (8) Boss Mann	REPORT TO (9)	IF DELAYED, CONTACT (10) CRS	

DEPARTURE		INTERMEDIATE STOPS			DESTINATION	
PLACE	ETD	ETA	PLACE	ETD	ETA	PLACE
(11) HPB			(12) MCG			(13) GKN

PASSENGER AND OR CARGO NAME	M (15)	F (16)	PASSENGER WEIGHT (17)	CARGO WEIGHT (18)	DUTY ASGMT. IF APPLICABLE	HOME UNIT
1. (14) Boss Mann CB	X		220	42	(19)	(20)
2. Joe Friday SB	X		165	40		
3. Henry Lake SB	X		160	43		
4. William Ivanov SB	X		170	40		
5. Joe Crew CM	X		185	42		
6. Sandra Smith CM		X	125	42		
7. Candy Clark CM		X	130	40		
8. Colin McKenzie CM	X		140	41		
9. Ben Prax CM	X		200	43		
10. Leanna Williams CM		X	130	42		
11. Amanda Copeland CM		X	140	40		
12. AJ Pirrotta CM	X		165	41		
13. Jeff Monck CM	X		210	42		
14. John Bjunes CM	X		170	40		
15. Dan Anderson CM	X		185	43		
16. Larry Malmberg CM	X		165	43		
17. Cindy Lands CREP		X				
18.						
19.						
20.						
21.						
22.						

SIGNATURE OF AUTHORIZED REPRESENTATIVE (21) Sally Mae House — DATE 05/01/0X

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

INSTRUCTIONS FOR PASSENGER AND CARGO MANIFEST

Prepare a Passenger and Cargo Manifest (SOA form 10-3138, page 25) if personnel are to be transported away from the point of hire. Press firmly through all four layers.

Regardless of the mode of transportation for the crew, a manifest should be prepared. This document serves as an excellent tracking tool, and it provides for expedience in the event that transportation plans change.

1. Crew Name if applicable in the upper right hand corner.

2. Ordering unit or order number: Resource order number

3. Incident Name: Name of incident.

4. Incident Number: 8-digit state fire number

5. Name of Carrier: Use air transportation carriers name or ground transportation name (i.e.: Laidlaw, Evergreen).

6. Vehicle # and Type: Use tail number, license plate number, or equipment number.

7. Name of vehicle operator or aircraft pilot.

8. Chief of Party: Crew Boss or Crew Representative's name.

9. Report to: Leave blank.

10. If Delayed contact: Hiring dispatch office.

11. Departure Place: Airport or town party is leaving (use 3 letter designator).

12. Intermediate Stops: Aircraft only, refueling stops.

13. Destination Place: Final destination if possible.

14-20. Self-explanatory.

21. Signature of Authorized Representative: Must have a signature.

22. Date: Date when manifest is prepared.

23. Distribution: 4 copies (1 with crew, 1 forwarded to SLC or Area office, 1 retained by hiring official, 1 with aircraft pilot or bus driver)

Request for EFF Nepotism Waiver

Date: 5/3/xx

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

Jay Doe	Father
Name	Relationship
Nondalton	FFT2
Location	Position

Regular DNR State Employee or Non-crew EFF

John Doe	Son
Name	Relationship
Nondalton	FFT2
Location	Title

Jay Doe was hired 5/1/xx, John Doe was hired 5/3/xx. There is no direct or indirect Supervision Between them. See Attached organizational Chart.

Additional information for Area Forester/MTM member consideration.

Approvals/Disapprovals

		Approval	Disapproval
5/3/xx	Woody Dual	☒	☐
Date	Area Forester or Unit Supervisor **		
5/3/xx	Smoke E. Bear	☒	☐
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.

Revised 03/2011

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 there for 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.

QUALIFICATION INQUIRY - FIREARM POSSESSION (CONTINUED)

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

Select Portions of
Title 18 United States Code

18 U.A.C., Sec. 921 (a) (33) (A)… the term "misdemeanor crime of domestic violence" means an offense that-

(i) is a misdemeanor under the Federal or State law, and

(ii) has, as an element, the use or attempted use of physical force, or the threatened use of a deadly weapon, committed by a current or former spouse, parent, or guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with or has cohabited with the victim as a spouse, parent, or guardian, or by a person similarly situated to a spouse, parent, or guardian of the victim.

(B)(i)A person shall not be considered to have been convicted of such an offense for the purpose of this chapter, unless-

(I) the person was represented by counsel in the case, or knowingly and intelligently waived the right to counsel in the case; and

(II) in the case of a prosecution for an offense described in this paragraph for which a person was entitled to a jury trial in the jurisdiction in which the case was tried, either

(aa) the case was tried by a jury, or

(bb) the person knowingly and intelligently waived the right to have the case tried by a jury, by guilty plea or otherwise.

(i) A person shall not be considered to have been convicted of such an offense for the purpose of this chapter of the conviction was expunged or set aside, or is an offense for which the person has been pardoned or has had civil rights restored (if the law of the applicable jurisdiction provides for the loss of civil rights under such an offense) unless the pardon, expungement, or restoration of civil rights expressly provides that the person may not ship transport, posses, or receive firearms.

18 U.A.C., Sec. 922(d) It shall be unlawful for any person to sell or otherwise dispose of any firearm or ammunition to any person knowing or having reasonable cause to believe that such person –

….

(9) has been convicted in any court of a misdemeanor crime of domestic violence.

18 U.A.C., Sec. 922(g) It shall be unlawful for any person-

….

(9) who has been convicted in any court of a misdemeanor crime of domestic violence, to ship or transport in interstate or foreign commerce, or possess in or affecting commerce, any firearm or ammunition; or to receive any firearm or ammunition which has been shipped or transported in interstate or foreign commerce.

18 U.A.C., Sec. 925(a) (1) The provisions of this chapter, except for sections 922(d)(9) and 922(g)(9) and provisions relating to firearms subject to the prohibitions of section 922(p), shall not apply with respect to the transportation, shipment, receipt, possession, or importation of any firearm or ammunition imported for, sold or shipped to, or issued for the use of, the United States or any department or agency thereof or any State or any department, agency, or political subdivision thereof.