

2011 Summer Hire Application Package

- Summer Hire Programs will be available at:

- RAF Mildenhall/Lakenheath

DEADLINE FOR ACCEPTING APPLICATIONS

EXTENDED TO 31 MAY 2011

- 1 Apr 11 - 30 Apr 11 Applications A

- 18 Jul 11 - 12 Aug 11 Employment Period

- Placements will be based on date completed applications are received
(Students aged 14 & 15 will be employed only after the supply of older applicants has been exhausted - AFI USAFEI 36-201)

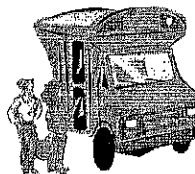
- Applicants must meet all of the following to be considered:

- 14-22 Years of age as of the employment start date
- a student in substantially full-time education
- a dependent of a DoD sponsor here on orders
- a US Citizen

- Applications **MUST BE COMPLETE** when submitted to be considered. Before submitting your application please check:

- It is complete, clear and legible
- It has been signed and dated -- by you and your parent/guardian
- Base(s) of preference have been selected
- Type(s) of employment preference have been selected
- The Direct Deposit form and W-4 are complete and legible (*incomplete and illegible forms will result in delay of pay*)
- Your Sponsor's PCS orders are attached
- Bring a copy of most recent school report card/progress report (dated Grade Speed copy) or college transcript to show proof student status

- Bring your Social Security card and passport when you submit your package. Packages will not be accepted without these.



DON'T FORGET-

ALL APPLICATION PACKAGES MUST INCLUDE COPIES OF:

- SPONSOR'S ORDERS
- PASSPORT
- UK VISA
- SOCIAL SECURITY CARD
- REPORT CARD OR PROOF OF ENROLLMENT TO COLLEGE

***APPLICATIONS ARE NOT COMPLETE UNTIL ALL ITEMS ARE SUBMITTED.**



DEPARTMENT OF THE AIR FORCE
HEADQUARTERS 100TH AIR REFUELING WING (USAFE)
ROYAL AIR FORCE MILDENHALL, UNITED KINGDOM

1 APR 2011

MEMORANDUM FOR ALL PROSPECTIVE STUDENT EMPLOYEES AND THEIR PARENTS

FROM: 100 FSS/FSMC
UNIT 4925 BOX 290
APO AE 09459

SUBJECT: Year 2011 Student Summer Employment Program Information

1. The Civilian Personnel Office (CPO) is taking applications in anticipation for the 2011 Student Summer Employment Program.
2. The program is scheduled to start on 18 July 2011 and finish on 12 August 2011. Applicants may choose between a full time (40 hours per week, 8 hours per day) or a part time schedule (4 hours per day). Please note the work schedule will be set by the Supervisor.
3. To be eligible for the program, students must be:
 - a. At least 14 years old (**prior to employment start date**), but less than 23 years old.
 - b. A U.S. Citizen and have a valid Social Security Number. (**A valid U.S. Passport with Visa and Social Security Card must be shown for verification.**)
 - c. Enrolled on a substantially full-time basis as a student of a secondary school or an institution of higher learning.
 - d. Available to begin work on 18 July 2011.
 - e. A dependent of either an active duty military member or a federal U.S. civilian employee (includes appropriated or non-appropriated fund employee's, AAFES, DoDDS and DeCA) recruited in the United States. **A copy of the orders will be required and must be submitted with the application package.**

NOTE: In accordance with USAFEI 36-201, dependents of locally hired civilian employees, contractors and military banking facility employees are **not** considered dependents for employment purposes and are **not eligible** for employment under the USAFE Student Summer Employment program.

4. All students hired **must** have a current bank account **in their own name** for direct deposit of pay. The Direct Deposit form and a W-4 **must** be turned in with the application package. Direct deposit forms **must** have the bank or credit union endorsement in section 3. Stateside accounts **must** have a deposit slip attached with the account number on it. Failure to provide complete and accurate information could result in delayed pay.

5. The type of work will be one of the following:

- a. **LABORER:** General laborer duties may consist of, but are not limited to, sweeping, mopping, buffing floors, washing windows, emptying trash cans, picking up litter, cutting grass, painting, washing vehicles, loading and unloading vehicles, moving furniture, etc. Students **will not be allowed** to operate power tools or drive heavy vehicles and they **will not** perform any duties which require the use of a respirator.
- c. **CLERICAL:** General office duties may consist of, but not be limited to, typing, some computer work, mail distribution, copying, answering phones, some office cleaning (i.e., vacuuming; dusting; emptying office trash cans), reception duties, etc.
- d. **LABORER/CLERK:** A combination with specifics detailed by supervisor. Students will need a physical and will need a Local Records Check for computer access.

6. There is a dress code for employees which will be set by the supervisor. It will always be neat, clean, reasonable and sensible. **SAFETY COMES BEFORE FASHION!!**

7. Applications will be accepted from 1 April until 30 April or later if all positions are not yet filled. Placement into positions will be made based on the order of receipt of **completed** application packages. If there are more applicants than available positions, the remaining applications will be placed on a waiting list in order of receipt. Applicants are responsible for ensuring a **complete, legible** application package, with all supporting documentation is submitted. Incomplete or illegible packages will not be considered.

8. Application packages must be submitted to the appropriate location listed below:

**CIVILIAN PERSONNEL OFFICE
BUILDING 440, RAF MILDENHALL
(Customer Support Desk)**

9. If you require any further information on the Student Summer Employment Program, please contact: Sandra McIntire DSN 238-3074 or commercial 01638-543074 or send email to sandra.mcintire@mildenhall.af.mil

NOTE: Turning in an application form does not guarantee a job. There may be more applicants than available positions. Placements will be made based on the date the **completed** application package was submitted. Incomplete or illegible packages will not be considered.

“Where Eagles Dare!”

NOTE: NOT EVERYONE WILL BE PLACED AT THE BASE OR IN THE TYPE OF POSITION THEY REQUEST. EVERY EFFORT WILL BE MADE TO MEET REQUESTS, HOWEVER, WE ARE LIMITED BY THE NUMBER AND TYPE OF POSITIONS THAT WILL BE AVAILABLE AT EACH LOCATION. IF AN APPLICANT DOES NOT WISH TO BE PLACED AT A CERTAIN BASE OR POSITION, THEY MUST STATE SO ON THEIR APPLICATION. IF THE APPLICANT HAS SPECIAL NEEDS, PLEASE STATE WHAT TYPE OF NEEDS AND WHAT THE LIMITATIONS ARE. A MEDICAL EVALUATION MAY BE REQUIRED PRIOR TO EMPLOYMENT. THE APPLICANT'S SAFETY MUST COME FIRST.

(Please Print Clearly)

Section A - Applicant Information		For Official Use Only
Print Name: (Last, First, MI)		Sex: Submitted Date:
DOB: (DDMMYYYY)	SSN#:	Completed Date:
PSC: BOX: APO AE		Applicant #
Daytime Phone #:	Emergency Phone #	PARIS #
Student Email:		RPA #
Parent Home Email:		Passport #/Exp. Date:
List all family members employed by DoD, both Military and Civilian:		
Name:	Squadron/Office Symbol:	
Name:	Squadron/Office Symbol:	
Name:	Squadron/Office Symbol:	
Section B - Position Information		
Please annotate the base you are submitting this application for. You must live in the region of the base selected. Also, ensure you will have transportation to the location selected. (Mildenhall/Lakenheath/Feltwell students: Please indicate order of preference; i.e. 1-Lakenheath, 2-Mildenhall, 3-Feltwell, etc.)		
RAF Mildenhall	RAF Lakenheath	RAF Feltwell
RAF Croughton	RAF Alconbury	RAF Menwith Hill
Select which type of job you prefer:		
Laborer	Clerk	Both (Laborer/Clerk)
State any job location preferences: (Previous Summer Hire location, Golf Course, Hospital, etc.)		
Specify any positions or locations that you would not accept: (Laborer due to injury, Previous Summer Hire location, etc.)		
Please list any dates during the program that you will be unavailable to work and reason why:		
Section C - Parental Consent		
Sponsor Name:		Rank/Grade:
Squadron/Office Symbol:		Duty Phone:
My dependent does / does not have any learning or medical disabilities or limitations. If the answer is yes, please list disability, special needs, limitation on work, or any medication required:		
I give my permission for my dependent to work at the base(s) and job indicated above. I understand that if they are employed as a laborer, an employment physical will need to be completed (or a copy dated within last 12 months.)		
Signature of Sponsor/Parent/Guardian:		Date:

ABOVE INFORMATION IS PROTECTED BY THE PRIVACY ACT

TEMPORARY POSITION NOTICE

1. You have been selected for the temporary position of 2011 SUMMER HIRE PROGRAM. This position is expected not to exceed 4 weeks.

2. You should be aware of the following conditions of temporary employment:

(a) Management may terminate the appointment at any time. Temporary appointments can normally be made for up to one year with a maximum of a one year extension.

(b) As a temporary employee you are ineligible for Federal Employees Group Life Insurance (FEGLI) and the Federal Employees Retirement System (FERS). Your pay will be subject to Social Security deductions and deductions for income tax.

(c) You will become eligible to enroll in the Federal Employees' Health Benefit (FEHB) Plan after completion of one year of current continuous employment.

(d) You will earn sick leave at the rate of 1 hour per every 20 hours worked. You will not accrue annual leave unless your appointment exceeds 90 days.

(e) GS employees on temporary appointment do not receive Within-Grade Increases (WGIs).

(f) FWS employees on temporary appointment receive their Within-Grade Increases (WGIs) according to schedule.

(g) If your position is filled on a permanent basis at a later date, you must reapply. The position will be filled in accordance with all applicable regulations.

(h) It is your responsibility to apply for any other positions you are interested in by reviewing the current recruitment list and submitting an application.

(i) Military spouses will not lose their spouse preference for any temporary position.

(j) Temporary positions are not exempt from the five year overseas rotation policy.

3. This notice will be filed in your Official Personnel Folder.

RECEIPT AND UNDERSTANDING ACKNOWLEDGEMENT

I have read and understand all of the conditions as stated and have received a copy of this notice.

Employee Name (Print)

Date

Signature

OPTIONAL APPLICATION FOR FEDERAL EMPLOYMENT - OF 612

Form Approved
OMB No. 3208-0219

Section A - Applicant Information			
<small>Use Standard Home Postal Codes (abbreviations) if outside the United States of America and you do not have a military address. Use or print "CV" in the State field. Block out and fill in the Country field (Block see below, leaving the Zip Code field (Block 6a) blank).</small>			
1. Job title in announcement		2. Grade(s) applying for	3. Announcement number
4a. Last name	4b. First and middle names		5. Social Security Number
6a. Mailing address			7. Phone numbers (include area code if within the United States of America)
			7a. Daytime
6b. City	6c. State	6d. Zip Code	7b. Evening
6e. Country (if not within the United States of America)			
8. Email address (if available)			

Section B - Work Experience				
<small>Describe your paid and non-paid work experience related to the job for which you are applying. Do not attach job description.</small>				
1. Job title (if Federal, include series and grade)				
2. From (mm/yyyy)	3. To (mm/yyyy)	4. Salary per \$	5. Hours per week	
6. Employer's name and address			7. Supervisor's name and phone number	
			7a. Name	
			7b. Phone	
8. May we contact your current supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/> If we need to contact your current supervisor before making an offer, we will contact you first.				
9. Describe your duties, accomplishments and related skills (if you need to attach additional pages, include your name, address, and job announcement number)				

Section C - Additional Work Experience				
1. Job title (if Federal, include series and grade)				
2. From (mm/yyyy)	3. To (mm/yyyy)	4. Salary per \$	5. Hours per week	
6. Employer's name and address			7. Supervisor's name and phone number	
			7a. Name	
			7b. Phone	
8. May we contact your current supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/> If we need to contact your current supervisor before making an offer, we will contact you first.				
9. Describe your duties, accomplishments and related skills (if you need to attach additional pages, include your name, address, and job announcement number)				

Section D - Education

Upon request from the employing Federal agency, you must provide documentation or proof that your degree(s) is from a school accredited by an accrediting body recognized by the Secretary of the U.S. Department of Education or that your education meets the other provisions outlined in the OPM Operating Manual. It will be your responsibility to secure the documentation that verifies that you attended and earned your degree(s) from the accredited institution(s) (e.g., official transcript). Federal agencies will verify your documentation.

A list of postsecondary educational institutions and programs accredited by accrediting agencies and state approval agencies recognized by the U.S. Secretary of Education is located in the U.S. Department of Education Office of Postsecondary Education website at <http://www.ed.gov/edpolicy>.

For information on Educational and Training Provisions of Requirements, refer to the OPM Operating Manual available at <http://www.opm.gov/qualifications/OPM/OPM%20Manual>.

Do not list degrees received based solely on life experience or obtained from schools with little or no academic standards.

1. Last High School (HS)/GED school. Give the school's name, city, state, ZIP Code (if known), and year diploma or GED received:

2. Mark highest level completed: Some HS HS/GED Associate Bachelor Master Doctoral

3. Colleges and universities attended.			Total Credits Earned		Major(s)	Degree (if any), Year Received
Do not attach a copy of your transcript unless requested.			Semester	Quarter		
3a. Name						
City	State	Zip Code				
3b. Name						
City	State	Zip Code				
3c. Name						
City	State	Zip Code				

Section E - Other Education Completed

Do not list degrees received based solely on life experience or obtained from schools with little or no academic standards.

Section F - Other Qualifications

License or Certificate	Date of Latest License or Certificate	State or Other Licensing Agency
1f.		
2f.		

Section G - Other Qualifications

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

Section H - General

1a. Are you a U.S. citizen? Yes No → 1b. If no, give the Country of your citizenship

2a. Do you claim veterans' preference? Yes No → If yes, mark your claim of 5 or 10 points below.

2b. 5 points → Attach your *Report of Separation from Active Duty* (DD 214) or other proof.

2c. 10 points → Attach an *Application for 10-Point Veterans' Preference* (SF 15) and proof required.

3. Check this box if you are an adult male born on or after January 1st 1960, and you registered for Selective Service between the ages of 18 through 25 →

4. Were you ever a Federal civilian employee? Yes No → If yes, list highest civilian grade for the following:

4a. Series	4b. Grade	4c. From (mm/yyyy)	4d. To (mm/yyyy)
------------	-----------	--------------------	------------------

5a. Are you eligible for reinstatement based on career or career-conditional Federal status? Yes No
If requested in the vacancy announcement, attach *Notification of Personnel Action* (SF 50), as proof.

5b. Are you eligible under the ICTAP*? Yes No
*ICTAP (Interagency Career Transition Assistance Plan): A participant in this plan is a current or former federal employee displaced from a Federal agency. To be eligible, you must have received a formal notice of separation such as a RIF separation notice. If you are an ICTAP eligible, normally you will be provided priority consideration for vacancies within your commuting area for which you apply and are well qualified.

Section I - Applicant Certification

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

1a. Signature	1b. Date (mm/dd/yyyy)
---------------	-----------------------

Declaration for Federal Employment

Form Approved
OMB No. 3208-0182

GENERAL INFORMATION

1. FULL NAME (First, middle, last) ◆	2. SOCIAL SECURITY NUMBER ◆
3. PLACE OF BIRTH (Include city and state or country) ◆	4. DATE OF BIRTH (MM/DD/YYYY) ◆
5. OTHER NAMES EVER USED (For example, maiden name, nickname, etc) ◆ ◆	6. PHONE NUMBERS (Include area codes) Day ◆ Night ◆

Selective Service Registration

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

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

Military Service

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

Branch	From <small>(MM/DD/YYYY)</small>	To <small>(MM/DD/YYYY)</small>	Type of Discharge

Background Information

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9, 10, and 11, your answers should include convictions resulting from a plea of *nolo contendere* (no contest), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 18th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law.

- | | | |
|--|--------------------------|--------------------------|
| 9. During the last 10 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) <i>If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.</i> | YES | NO |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you been convicted by a military court-martial in the past 10 years? (If no military service, answer "NO.") <i>If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.</i> | YES | NO |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are you now under charges for any violation of law? <i>If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.</i> | YES | NO |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency? <i>If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.</i> | YES | NO |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) <i>If "YES," use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.</i> | YES | NO |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Declaration for Federal Employment

Form Approved:
OMB No. 3206-0182

Additional Questions

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

Continuation Space / Agency Optional Questions

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

Certifications / Additional Questions

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

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

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

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

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

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

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

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

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

YES NO Do Not Know

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

YES NO Do Not Know

LOCAL APPLICANT QUESTIONNAIRE

AUTHORITY: 10 U.S.C. 8013, Secretary of the Air Force: powers and duties; delegation by.

PURPOSE: Used by civilian personnel specialist to make determinations regarding eligibility for employment with the US Forces and employment referral priorities.

ROUTINE USES: Records from this system of records may be disclosed for any of the blanket routine uses published by the Air Force. Furnishing the information is voluntary. If you do not give the requested information it may result in erroneous employment determinations and may be grounds for not employing you or dismissal after you begin work.

NAME (Last, First, Middle Initial)	SOCIAL SECURITY NUMBER
PLACE OF BIRTH (City and State or Country)	DATE OF BIRTH (YYYYMMDD)

SECTION A. TO BE COMPLETED BY ALL

1. STATUS AND REASONS FOR BEING IN THE OVERSEAS AREA (Mark "X" and complete information where applicable)

A. SPOUSE OF ACTIVE DUTY MILITARY MEMBER ASSIGNED TO _____
(Attach copy of sponsor's PCS orders, or agency documentation showing command sponsorship, and complete Section B.)

B. SPOUSE OF A DOD CIVILIAN EMPLOYEE ASSIGNED TO _____
(Attach copy of sponsor's orders etcetera, and complete Section B.)

C. CHILD OF ACTIVE DUTY MILITARY OR DOD CIVILIAN EMPLOYEE (Attach copy of sponsor's PCS orders, if any and complete Section B.)

D. FORMER MILITARY MEMBER (Includes those applying in anticipation of military separation. Complete Sections C and D.)

E. OTHER (Explain, e.g., tourist, student, employed by private company, off-duty military, etcetera. For those employed by a private company or a dependent of a person employed by private company, be sure to include the name of the company. Complete Section D.)

2. US CITIZEN BY <input type="checkbox"/> BIRTH <input type="checkbox"/> NATURALIZATION (Give original citizenship)	3. PASSPORT NUMBER
---	--------------------

4. ARE YOU A CITIZEN, OR DO YOU HAVE A CLAIM TO CITIZENSHIP IN OTHER COUNTRIES? NO YES (List each country and identify whether or not you have passports from those countries)

SECTION B. TO BE COMPLETED BY SPOUSES AND CHILDREN OF MILITARY AND GOVERNMENT EMPLOYEES

5. SPONSOR'S NAME AND GRADE	6. SPONSOR'S ORGANIZATION
7. SPONSOR'S DUTY PHONE	8. SPONSOR'S DEROS (YYYYMMDD)
9. ARE YOU CURRENTLY RESIDING WITH YOUR SPONSOR? <input type="checkbox"/> NO <input type="checkbox"/> YES	

SECTION C. TO BE COMPLETED BY FORMER MILITARY MEMBERS

10. DATE OF SEPARATION (YYYYMMDD) <input type="checkbox"/> WAS: _____ <input type="checkbox"/> WILL BE: _____	11. PLACE OF SEPARATION <input type="checkbox"/> WAS: _____ <input type="checkbox"/> WILL BE _____
12. REASON FOR SEPARATION <input type="checkbox"/> WAS: _____ <input type="checkbox"/> WILL BE: _____	13. MILITARY TRANSPORTATION ENTITLEMENT <input type="checkbox"/> WAS USED <input type="checkbox"/> WILL BE USED <input type="checkbox"/> WILL NOT BE USED

SECTION D. TO BE COMPLETED BY ALL THOSE WHO ARE NOT DEPENDENTS		
14. DATE (YYYYMMDD) OF ORIGINAL ARRIVAL IN THIS OVERSEAS COUNTRY (Periods of travel outside the country for business, pleasure, etcetera, do not change this date)		
15. CURRENT RESIDENCE		
A. <input type="checkbox"/> OWNED HOUSE, APARTMENT, ETC. (By applicant or family member including in-laws)		
B. <input type="checkbox"/> RENTED HOUSE, APARTMENT, ETC., SINCE (Give date) _____ CURRENT LEASE EXPIRES (Give date) _____ (YYYYMMDD) (YYYYMMDD)		
C. <input type="checkbox"/> OTHER (Give details) _____		
16. DO YOU HAVE A PLACE OF RESIDENCE IN THE US? <input type="checkbox"/> NO <input type="checkbox"/> YES (Give full address)		
17. LOCAL RESIDENCE (include registration with local police where applicable)		
<input type="checkbox"/> PERMIT DATE OF EXPIRATION _____ <input type="checkbox"/> VISA DATE OF EXPIRATION _____ (YYYYMMDD) (YYYYMMDD)		
18. DO YOU HAVE A LOCAL WORK PERMIT? <input type="checkbox"/> NO <input type="checkbox"/> YES		
19. DO YOU HAVE EXPERIENCE WORKING ON THE LOCAL ECONOMY? <input type="checkbox"/> NO <input type="checkbox"/> YES		
20. WERE HOUSEHOLD GOODS SHIPPED TO THE OVERSEAS AREA?		
<input type="checkbox"/> NO <input type="checkbox"/> YES, THE SHIPMENT WAS PAID BY:		
<input type="checkbox"/> THE US GOVERNMENT <input type="checkbox"/> MY CURRENT EMPLOYER		
<input type="checkbox"/> MY FORMER EMPLOYER <input type="checkbox"/> MYSELF		
<input type="checkbox"/> OTHER (Explain) _____		
21. ARE HOUSEHOLD GOODS IN STORAGE?		
<input type="checkbox"/> NO <input type="checkbox"/> YES, THE STORAGE IS PAID BY:		
<input type="checkbox"/> THE US GOVERNMENT <input type="checkbox"/> MY CURRENT EMPLOYER		
<input type="checkbox"/> MY FORMER EMPLOYER <input type="checkbox"/> MYSELF		
<input type="checkbox"/> OTHER (Explain) _____		
22. I INTEND TO STAY IN THE OVERSEAS AREA (Regardless of whether or not I am employed by the US Forces)		
<input type="checkbox"/> INDEFINITELY <input type="checkbox"/> 3 - 5 YEARS <input type="checkbox"/> 2 - 3 YEARS <input type="checkbox"/> 1 - 2 YEARS <input type="checkbox"/> 6 - 12 MONTHS <input type="checkbox"/> LESS THAN SIX MONTHS		
23. MARITAL STATUS?		
<input type="checkbox"/> I AM NOT MARRIED <input type="checkbox"/> I AM MARRIED, MY SPOUSE:		
<input type="checkbox"/> IS WORKING <input type="checkbox"/> HAS WORKED ON THE ECONOMY		
<input type="checkbox"/> HAS NEVER WORKED		
24. DO YOU OR YOUR SPOUSE OWN PROPERTY IN THIS COUNTRY? <input type="checkbox"/> NO <input type="checkbox"/> YES		
25. DO YOU HAVE A DRIVER'S LICENSE ISSUED BY THE LOCAL GOVERNMENT? <input type="checkbox"/> NO <input type="checkbox"/> YES		
26. HAVE YOU PAID TAXES IMPOSED ON LOCAL RESIDENTS? <input type="checkbox"/> NO <input type="checkbox"/> YES		
27. IS YOUR INCOME SUBJECT TO LOCAL TAXES? <input type="checkbox"/> NO <input type="checkbox"/> YES		
28. DO YOU HAVE A RETURN TICKET TO THE US?		
<input type="checkbox"/> NO <input type="checkbox"/> YES (Give date of return flight) _____ IF OPEN, TICKET EXPIRES (Give date) _____ (YYYYMMDD) (YYYYMMDD)		
SECTION E. REMARKS (Use this space if you need additional room to explain your answers)		
APPLICANT'S PRINTED NAME	SIGNATURE	DATE (YYYYMMDD)



DEPARTMENT OF THE AIR FORCE
UNITED STATES AIR FORCES IN EUROPE

MEMORANDUM FOR ALL AIR FORCE CIVILIAN EMPLOYEES

FROM: 100 FSS/FSMC
Unit 4925, Box 295
APO AE 09459

SUBJECT: General Notice – Air Force Civilian Drug Testing Program

1. Executive Order 12564, Drug-Free Federal Workplace, provides that federal employees are required to refrain from the use of illegal drugs and that the use of such illegal drugs, whether on duty or off duty, is contrary to the efficiency of the service. The head of each Executive agency is required to develop a plan for achieving the objectives of a drug-free workplace. In order to implement the Executive Order, the Air Force has developed a Civilian Drug Testing Program.
2. The Air Force program is aimed at identifying illegal drug users in order to maintain a safe and secure workplace. The determination that an employee uses illegal drugs may be made on the basis of direct observation, a criminal conviction, the employee's own admission, other appropriate administrative determination, or by a confirmed positive urinalysis. While the Air Force will assist employees with drug problems, it must be recognized that employees who use illegal drugs are primarily responsible for changing their behavior.
3. The Air Force program authorizes the testing of employees for the illegal use of drugs under the following conditions:
 - a. When there is a reasonable suspicion that an employee uses illegal drugs.
 - b. In an investigation authorized by the Air Force regarding an accident or unsafe practice.
 - c. As part of or as a follow-up to counseling or rehabilitation for illegal drug use.
 - d. When an employee volunteers for testing. Under such circumstances, the employee's name is placed in the testing pool for random selection.
 - e. In addition, certain designated employees, who occupy or are selected for testing designated positions, will be subject to the random testing program. Employees in these special categories will receive specific written notice, along with a detailed explanation of the program as it relates to them.
4. All specimens will be tested at an approved facility, using state-of-the-art procedures. Before a positive test result can be verified, two separate and different test procedures are performed on the same specimen and both results must be positive. The first test procedure used is an immunoassay and the second confirmatory procedure uses gas chromatograph-mass spectrometry (GC/MS). The screening levels are sufficiently conservative to eliminate extraneous reasons for a positive result and, with confirmation by an additional and different test method, the chemical test results are reliable and accurate. Individual privacy will be allowed during the collection of the specimen; however, employees will be observed if there is reason to believe the specimen

will be altered. The Air Force has developed strict chain of custody procedures to ensure the validity of the specimen tested, according to the Department of Health and Human Services Technical Guidelines. Any tested employee will be given an opportunity to provide evidence to verify the legitimate use of prescription drugs authorized by a physician or medical officer to the Medical Review Officer (MRO).

5. Strict confidentiality will be provided to the employee when the confirmed positive test result is verified by the MRO. Positive test results by the MRO may only be disclosed to the employee, the appropriate management officials necessary to process a disciplinary or adverse action against the employee, a court of law, or an administrative tribunal in any disciplinary or adverse personnel action. All medical and rehabilitation records in a rehabilitation program will be deemed confidential "patient" records and may not be disclosed without the prior written consent of the employee, IAW all applicable regulatory guidelines.

6. While the Air Force cannot tolerate the use of illegal drugs, we encourage any employee who has a substance abuse problem to seek appropriate counseling and rehabilitation assistance. Note that removal action is proposed for any employee receiving a second positive test, refusing to obtain counseling or rehabilitation after having been found to use illegal drugs, or altering or substituting a specimen. You may contact the Substance Abuse Office, 48 Medical Group, RAF Lakenheath, DSN 226-8603 or 8647.

7. The Air Force program is very ambitious and requires the support, understanding, and cooperation of all employees. We fully appreciate that this is a highly sensitive issue and want to assure you that the program has been designed with the utmost concern for maintaining each individual's privacy and dignity. The importance of creating a drug-free workplace cannot be overstated. We ask for your complete professional and personal dedication to achieving this. For more detailed guidance, you are encouraged to direct any questions to your supervisor or the Civilian Personnel Flight office.

8. For assistance please contact the Civilian Personnel 100 ARW Team Chief on DSN 238-3670, the 48th FW Team Chief on DSN 226-2484 or the 501st CSW Team Chief on DSN 238-3668.


Christina Lhamon
Civilian Personnel Officer

Signature

Date

Print Name

SSN

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 Hire (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)
--	-----------------------

STATEMENT OF PRIOR FEDERAL SERVICE
To be Completed by Employee

1. Name (Last, First, Middle Initial)	2. Social Security Number	3. Date of Birth (Month, Day, Year)
---------------------------------------	---------------------------	-------------------------------------

4. Does the application or resume that you submitted, for the position to which you are being appointed, list all of your Federal government civilian and uniformed service, including beginning and ending dates, as well as the type of appointment and work schedule for civilian service?
 Yes — If "Yes", check this block and skip to item 8. No — If "No", check this block and complete items 5 - 9.

5. List below your prior civilian service. Include service with the DC Government on appointments made before October 1, 1987.

NAME AND LOCATION OF AGENCY	FROM			TO			TYPE OF APPOINTMENT AND WORK SCHEDULE (Full-Time, Part-Time, or Intermittent)
	Year	Month	Day	Year	Month	Day	

6. During periods of employment shown in item 5, did you have a total of more than 6 months' absence without pay during any one calendar year?

Yes — If "Yes", list the following information. No — If "No", go to item 7.

TYPE OF ABSENCE, IF KNOWN (LWOP, Furlough, Suspension, AWOL, or Placement in Nonpay Status)	FROM			TO			TOTAL		
	Year	Month	Day	Year	Month	Day	YEARS	MONTHS	DAYS

7. List all uniformed service below. List active service in any branch of the Armed Forces of the United States, including active duty as a reservist, and active service in the commissioned corps of the Public Health Service or the National Oceanic and Atmospheric Administration.

BRANCH OF SERVICE	FROM			TO			DISCHARGE (Honorable or Dishonorable)
	Year	Month	Day	Year	Month	Day	

8. Do you claim any type of veterans' preference which has not been verified?

No Yes — Check one of the statements, if it applies to you. I claim preference as the:
 Spouse of a disabled veteran Mother of a deceased or disabled veteran Unmarried widow/widower of a veteran

9. **CERTIFICATION:** The prior Federal civilian and uniformed service listed on my application/resume and listed above constitutes my entire record of Federal employment. I have no other Federal service for which I want to claim credit.

Signature	Date
-----------	------

U.S. Office of Personnel Management Guide to Personnel Data Standards	ETHNICITY AND RACE IDENTIFICATION (Please read the Privacy Act Statement and Instructions before completing form.)	
Name (Last, First, Middle Initial)	Social Security Number	Birthdate (Month and Year)
Agency Use Only		
<p>Privacy Act Statement</p> <p>Ethnicity and race information is requested under the authority of 42 U.S.C. Section 2000e-16 and in compliance with the Office of Management and Budget's 1997 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity. Providing this information is voluntary and has no impact on your employment status, but in the instance of missing information, your employing agency will attempt to identify your race and ethnicity by visual observation.</p> <p>This information is used as necessary to plan for equal employment opportunity throughout the Federal government. It is also used by the U. S. Office of Personnel Management or employing agency maintaining the records to locate individuals for personnel research or survey response and in the production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained, or for related workforce studies.</p> <p>Social Security Number (SSN) is requested under the authority of Executive Order 9397, which requires SSN be used for the purpose of uniform, orderly administration of personnel records. Providing this information is voluntary and failure to do so will have no effect on your employment status. If SSN is not provided, however, other agency sources may be used to obtain it.</p>		
<p>Specific Instructions: The two questions below are designed to identify your ethnicity and race. Regardless of your answer to question 1, go to question 2.</p>		
<p>Question 1. Are You Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>Question 2. Please select the racial category or categories with which you most closely identify by placing an "X" in the appropriate box. Check as many as apply.</p>		
RACIAL CATEGORY (Check as many as apply)	DEFINITION OF CATEGORY	
<input type="checkbox"/> American Indian or Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.	
<input type="checkbox"/> Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.	
<input type="checkbox"/> Black or African American	A person having origins in any of the black racial groups of Africa.	
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.	
<input type="checkbox"/> White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.	

Standard Form 181
Revised August 2005
Previous editions not usable

42 U.S.C. Section 2000e-16

NSN 7540-01-099-3446

SELF-IDENTIFICATION OF HANDICAP

(See instructions and Privacy Act information on reverse)

Last Name, First Name, Middle Initial	Birth Date (Mo./Yr.)	Social Security Number	ENTER CODE HERE →
---------------------------------------	----------------------	------------------------	-------------------

DEFINITION OF A HANDICAP: A person is handicapped if he or she has a physical or mental impairment which substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment. Those handicaps that

are to be reported are listed below (codes in bold numbers 13 through 94). In the case of multiple impairments, choose the code which describes the impairment that would result in the most substantial limitation.

TO THE EMPLOYEE: Self-identification of handicap status is essential for effective data collection and analysis. The information you provide will be used for statistical purposes only and will not in any way affect you individually. While self-identification is voluntary, your cooperation in providing accurate information is critical.

01 I do not wish to identify my handicap status. (Please read the employee note above and the reverse side of this form before using this code.) (Note: Your personnel officer may use this code if, in his or her judgment, you used an incorrect code.)

05 I do not have a handicap.

06 I have a handicap but it is not listed below.

SPEECH IMPAIRMENTS

13 Severe speech malfunction or inability to speak; hearing is normal (Examples: defects of articulation [unclear language sounds]; stuttering; aphasia [impaired language function]; laryngectomy [removal of the "voice box"])

HEARING IMPAIRMENTS

- 15** Hard of hearing (Total deafness in one ear or inability to hear ordinary conversation, correctable with a hearing aid)
- 16** Total deafness in both ears, with understandable speech
- 17** Total deafness in both ears, and unable to speak clearly

VISION IMPAIRMENTS

- 22** Ability to read ordinary size print with glasses, but with loss of peripheral (side) vision (Restriction of the visual field to the extent that mobility is affected—"Tunnel vision")
- 23** Inability to read ordinary size print, not correctable by glasses (Can read oversized print or use assisting devices such as glass or projector modifier)
- 24** Blind in one eye
- 25** Blind in both eyes (No usable vision, but may have some light perception)

MISSING EXTREMITIES

- 27** One hand
- 28** One arm
- 29** One foot
- 32** One leg
- 33** Both hands or arms
- 34** Both feet or legs
- 35** One hand or arm and one foot or leg
- 36** One hand or arm and both feet or legs
- 37** Both hands or arms and one foot or leg
- 38** Both hands or arms and both feet or legs

NONPARALYTIC ORTHOPEDIC IMPAIRMENTS

- (Because of chronic pain, stiffness, or weakness in bones or joints, there is some loss of ability to move or use a part or parts of the body.)
- 44** One or both hands
 - 45** One or both feet
 - 46** One or both arms
 - 47** One or both legs
 - 48** Hip or pelvis
 - 49** Back
 - 57** Any combination of two or more parts of the body

PARTIAL PARALYSIS

(Because of a brain, nerve, or muscle problem, including palsy and cerebral palsy, there is some loss of ability to move or use a part of the body, including legs, arms, and/or trunk.)

- 61** One hand
- 62** One arm, any part
- 63** One leg, any part
- 64** Both hands
- 65** Both legs, any part
- 66** Both arms, any part
- 67** One side of body, including one arm and one leg
- 68** Three or more major parts of the body (arms and legs)

COMPLETE PARALYSIS

(Because of a brain, nerve, or muscle problem, including palsy and cerebral palsy, there is a complete loss of ability to move or use a part of the body, including legs, arms, and/or trunk.)

- 70** One hand
- 71** Both hands
- 72** One arm
- 73** Both arms
- 74** One leg
- 75** Both legs
- 76** Lower half of body, including legs
- 77** One side of body, including one arm and one leg
- 78** Three or more major parts of the body (arms and legs)

OTHER IMPAIRMENTS

- 80** Heart disease with no restriction or limitation of activity (History of heart problems with complete recovery)
- 81** Heart disease with restriction or limitation of activity
- 82** Convulsive disorder (e.g., epilepsy)
- 83** Blood diseases (e.g., sickle cell anemia, leukemia, hemophilia)
- 84** Diabetes
- 86** Pulmonary or respiratory disorders (e.g., tuberculosis, emphysema, asthma)
- 87** Kidney dysfunctioning (e.g., if dialysis [Use of an artificial kidney machine] is required)
- 88** Cancer—a history of cancer with complete recovery
- 89** Cancer—undergoing surgical and/or medical treatment
- 90** Mental retardation (A chronic and lifelong condition involving a limited ability to learn, to be educated, and to be trained for useful productive employment as certified by a State Vocational Rehabilitation agency under section 213.3102(f) of Schedule A)
- 91** Mental or emotional illness (A history of treatment for mental or emotional problems)
- 92** Severe distortion of limbs and/or spine (e.g., dwarfism, kyphosis [severe distortion of back])
- 93** Disfigurement of face, hands, or feet (e.g., distortion of features on skin, such as those caused by burns, gunshot injuries, and birth defects [gross facial birthmarks, club feet, etc.])
- 94** Learning disability (A disorder in one or more of the processes involved in understanding, perceiving, or using language or concepts [spoken or written]; e.g., dyslexia)

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for direct deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (last, first, middle initial) _____ ADDRESS (street, route, P.O. Box, APO/FPO) _____ CITY STATE ZIP CODE _____ TELEPHONE NUMBER AREA CODE _____ B NAME OF PERSON(S) ENTITLED TO PAYMENT _____ C CLAIM OR PAYROLL ID NUMBER Prefix _____ Suffix _____ PAYEE/JOINT PAYEE CERTIFICATION I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.	D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS E DEPOSITOR ACCOUNT NUMBER _____ F TYPE OF PAYMENT (Check only one) <input type="checkbox"/> Social Security <input type="checkbox"/> Fed Salary/Mil. Civilian Pay <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active _____ <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire. _____ <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor _____ <input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other _____ <i>(specify)</i> G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable) <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 70%;">TYPE</th> <th>AMOUNT</th> </tr> <tr> <td> </td> <td> </td> </tr> </table> JOINT ACCOUNT HOLDERS' CERTIFICATION (optional) I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	TYPE	AMOUNT						
TYPE	AMOUNT								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">SIGNATURE _____</td> <td style="width: 50%;">DATE _____</td> </tr> <tr> <td>SIGNATURE _____</td> <td>DATE _____</td> </tr> </table>	SIGNATURE _____	DATE _____	SIGNATURE _____	DATE _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">SIGNATURE _____</td> <td style="width: 50%;">DATE _____</td> </tr> <tr> <td>SIGNATURE _____</td> <td>DATE _____</td> </tr> </table>	SIGNATURE _____	DATE _____	SIGNATURE _____	DATE _____
SIGNATURE _____	DATE _____								
SIGNATURE _____	DATE _____								
SIGNATURE _____	DATE _____								
SIGNATURE _____	DATE _____								

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
------------------------	---------------------------

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION	ROUTING NUMBER <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; border: 1px solid black;"> </td> <td style="width: 20px; height: 20px; border: 1px solid black;"> </td> <td style="width: 20px; height: 20px; border: 1px solid black;"> </td> <td style="width: 20px; height: 20px; border: 1px solid black;"> </td> <td style="width: 20px; height: 20px; border: 1px solid black;"> </td> <td style="width: 20px; height: 20px; border: 1px solid black;"> </td> <td style="width: 20px; height: 20px; border: 1px solid black;"> </td> <td style="width: 20px; height: 20px; border: 1px solid black;"> </td> <td style="width: 20px; height: 20px; border: 1px solid black;"> </td> <td style="width: 20px; height: 20px; border: 1px solid black;"> </td> </tr> </table> CHECK DIGIT <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; border: 1px solid black;"> </td> </tr> </table> DEPOSITOR ACCOUNT TITLE _____											
FINANCIAL INSTITUTION CERTIFICATION												
I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.												
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE									

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

Form W-4 (2011)

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 2011 expires February 16, 2012. 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 may 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. 919, How Do I Adjust My Tax Withholding, 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. 919 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. 919 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. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B _____
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$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. <ul style="list-style-type: none"> • 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 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 plus "1" additional if you have six or more eligible children 	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.) ▶ For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you 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. 	H _____

Cut here and give Form W-4 to your employer. Keep the top part for your records.

<p>Form W-4 Department of the Treasury Internal Revenue Service</p>	<h3>Employee's Withholding Allowance Certificate</h3> <p>▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	<p>OMB No. 1545-0074 2011</p>
<p>1 Type or print your first name and middle initial. Last name</p>		<p>2 Your social security number</p>
<p>Home address (number and street or rural route)</p>		<p>3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</p>
<p>City or town, state, and ZIP code</p>		<p>4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/></p>
<p>5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)</p>		<p>5 _____</p>
<p>6 Additional amount, if any, you want withheld from each paycheck</p>		<p>6 \$ _____</p>
<p>7 I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • 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 ▶ </p>		<p>7 _____</p>
<p>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.</p>		
<p>Employee's signature (This form is not valid unless you sign it.) ▶</p>		<p>Date ▶</p>
<p>8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)</p>		<p>9 Office code (optional) 10 Employer identification number (EIN)</p>