



VA BOSTON HEALTHCARE SYSTEM

APPLICANT SUPPLY FILE

Applications are accepted from all qualified applicants for the following positions for possible future vacancies. Please indicate the position(s) you wish to be considered. A separate application is required for each position.

If you are one of the following categories:

30% or More Disabled Veteran
Persons with Severe Disabilities
Current Federal Employee
Federal Reinstatement Eligible
Veterans' Recruitment Appointment (VRA) Eligible

** General Administrative Support positions (require the ability to type 40 WPM)*

- | | |
|---|--|
| <input type="checkbox"/> Accounting Technician * | <input type="checkbox"/> Medical Supply Technician |
| <input type="checkbox"/> Civilian Pay Technician * | <input type="checkbox"/> Police Officer |
| <input type="checkbox"/> Food Service Worker | <input type="checkbox"/> Program Support Assistant * |
| <input type="checkbox"/> Health Technician | <input type="checkbox"/> Purchasing Agent * |
| <input type="checkbox"/> Housekeeping Aid (Restricted Veterans w/pref.) | <input type="checkbox"/> Secretary * |
| <input type="checkbox"/> Laundry Worker | <input type="checkbox"/> Supply Technician * |
| <input type="checkbox"/> Mail and File Clerk * | <input type="checkbox"/> Voucher Examiner * |

- **Veteran Preference** – DD-214 must be legible and must show character of service and all dates of service; more than one DD-214 may be needed to show all dates of service. Copies of your DD-214 may be requested by calling 800-827-1000 or TDD# 800-829-4833. Service connected disabled veterans and other veterans eligible for 10 point preference must also submit a SF-15 (Application for 10 point preference) with the required documentation.
- **Current/Former Federal Employee** - Latest SF-50 (Notification of Personnel Action), showing your career /career conditional status.

Contact our Job Information desk for information on how to apply –

Brockton Campus – Bldg 1, Job Information – 774-826-1269
West Roxbury Campus – Bldg 3, Room GA-153A – 857-503-5105
Jamaica Plain Campus – Bldg 1, Room A1-40B 857-364-4456

VA Boston Healthcare System

940 Belmont Street

Brockton, MA 02301

Attn: Job Information

Via email to VHABHSJOBS@va.gov

For further information on current job openings visit www.usajobs.gov

Revised 10/01/2013



BOSTON HEALTHCARE SYSTEM AVAILABILITY FORM

Name _____

Date _____

Note: Applicants please be advised that this application will stay on file for 6 months from the date of submission.

Please mark all that apply.

1. Please indicate your location preference for employment:

Campuses

- Brockton
- Jamaica Plain
- West Roxbury

Outpatient Clinics:

- Boston (Causeway Street)
- Quincy
- Plymouth
- Lowell
- Framingham

2. I will accept:

- Full-time employment
- Part-time employment
- Temporary employment

3. I am available to work:

- Monday – Friday Only
- Alternating Weekends
- Every Weekend
- Overnight
- Evenings
- Rotating Schedule
- As needed

4. Please indicate your lowest acceptable salary: \$ _____

I understand if I am not able to work any of the above required schedules / rotations I will not be referred for an available position with such required schedules, but if qualified will be considered for other positions with a M-F Day schedule.

Signature

APPLICATION (REQUIRED DOCUMENTS)

If you are 30% veteran submit the following

- ✓ Resume
- ✓ SF-15
- ✓ VA Letter
- ✓ DD-214
- ✓ OF-306

If you are Veterans Readjustment Appointment (VRA) eligible submit the following:

- ✓ Resume
- ✓ DD-214
- ✓ OF-306
- ✓ Still need va letter if over 30% AND SF-15

If you are Veterans Employment Opportunity Act (VEOA) eligible, submit the following

- ✓ Resume
- ✓ DD-214
- ✓ Of-306

If you are a Reinstatement eligible submit the following:

- ✓ Resume
- ✓ OF-306
- ✓ SF-50 Notification of Personnel Action

If you are a current federal employee submit the following:

- ✓ Resume
- ✓ OF-306
- ✓ SF-50 Notification of Personnel Action

If you are a Persons with a Severe Disability submit the following:

- ✓ Resume
- ✓ OF-306
- ✓ Schedule A letter

Declaration for Federal Employment*

(*This form may also be used to assess fitness for federal contract employment)

Form Approved:
OMB No. 3206-0182

Instructions

The information collected on this form is used to determine your acceptability for Federal and Federal contract employment and your enrollment status in the Government's Life Insurance program. You may be asked to complete this form at any time during the hiring process. Follow instructions that the agency provides. If you are selected, before you are appointed you will be asked to update your responses on this form and on other materials submitted during the application process and then to recertify that your answers are true.

All your answers must be truthful and complete. **A false statement on any part of this declaration or attached forms or sheets may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by a fine or imprisonment (U.S. Code, title 18, section 1001).**

Either type your responses on this form or print clearly in dark ink. If you need additional space, attach letter-size sheets (8.5" X 11"). Include your name, Social Security Number, and item number on each sheet. We recommend that you keep a photocopy of your completed form for your records.

Privacy Act Statement

The Office of Personnel Management is authorized to request this information under sections 1302, 3301, 3304, 3328, and 8716 of title 5, U. S. Code. Section 1104 of title 5 allows the Office of Personnel Management to delegate personnel management functions to other Federal agencies. If necessary, and usually in conjunction with another form or forms, this form may be used in conducting an investigation to determine your suitability or your ability to hold a security clearance, and it may be disclosed to authorized officials making similar, subsequent determinations.

Your Social Security Number (SSN) is needed to keep our records accurate, because other people may have the same name and birth date. Public Law 104-134 (April 26, 1996) asks Federal agencies to use this number to help identify individuals in agency records. Giving us your SSN or any other information is voluntary. However, if you do not give us your SSN or any other information requested, we cannot process your application. Incomplete addresses and ZIP Codes may also slow processing.

ROUTINE USES: Any disclosure of this record or information in this record is in accordance with routine uses found in System Notice OPM/GOVT-1, General Personnel Records. This system allows disclosure of information to: training facilities; organizations deciding claims for retirement, insurance, unemployment, or health benefits; officials in litigation or administrative proceedings where the Government is a party; law enforcement agencies concerning a violation of law or regulation; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representation of employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearance, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public and private organizations, including news media, which grant or publicize employee recognitions and awards; the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives and Records Administration, and Congressional offices in connection with their official functions; prospective non-Federal employers concerning tenure of employment, civil service status, length of service, and the date and nature of action for separation as shown on the SF 50 (or authorized exception) of a specifically identified individual; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and non-Federal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from a self-and-family to a self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement, or job for the Federal government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employees about fitness-for-duty or agency-filed disability retirement procedures.

Public Burden Statement

Public burden reporting for this collection of information is estimated to vary from 5 to 30 minutes with an average of 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to the U.S. Office of Personnel Management, Reports and Forms Manager (3206-0182), Washington, DC 20415-7900. The OMB number, 3206-0182, is valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

Include the following completed Forms in your packet:

Application for 10-point Veterans Preference

[Download SF 15](#)

Declaration for Federal Employment form

[OF-306](#)