

Application Forms

- ? *Application Instructions and Checklist*
- ? *SGE Eligibility Information Sheet*
- ? *Request for Name Check*
- ? *Optional Application for Federal Employment*
- ? *Confidential Financial Disclosure Sheet*
- ? *Waiver of Claims Against the Government*

Form Approved
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Public Reporting burden for this collection of information is voluntary and is estimated to average 18 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate, or any other aspect of this collection of information, including suggestions for reducing this burden to the Division of

Application Instructions and Checklist

The following forms must be **completed, signed and dated** in order for your application to be processed. This sheet and checklist is for your convenience. If you have any questions regarding the SGE Application, please contact the SGE Coordinator at (202) 693-2213. Please keep a copy of your application for your files and future reference.

- ? Please complete the SGE Eligibility Information Sheet.
- ? Please complete the "Request for Name Check" (DL Form 1-68). Make sure that you complete all the sections on the form except for section two (2), "Bureau." That section may be left blank.
- ? Please complete the "Optional Application for Federal Employment," (Form OF-612) **or** include a copy of your most recently updated resume. Position-specific safety and health experience must be included either on the OF-612 or in your resume. **Failure to include position-specific safety or health experience may result in delays in processing your application or disqualification of your application.** If you use the Form OF-612, please remember to sign and date the form at the bottom of page two. **If you send a resume, you must include your Social Security number.**
- ? Please complete the "Executive Branch Confidential Financial Disclosure Report," (OGE Form 450). **Remember to sign and date the form.** The instructions for completing the form are located directly behind the form in your application packet.
- ? Please sign and date the "Waiver of Claims Against the Government."
- ? Please read "Principles for Ethical Conduct for Government Officers and Employees" and "How to Keep Out of Trouble: A summary of Ethics Rules for DOL Employees."

- _____ Eligibility Information Sheet
- _____ Request for Name Check (DL Form 1-68)
- _____ Optional Application for Federal Employment (Form OF-612) **or** Resume
- _____ Confidential Financial Disclosure Report (OGE-450)
- _____ Waiver of Claims Against the Government

Please return the above forms to:

SGE Coordinator
Directorate of Federal-State Operations
Frances Perkins Building, Room N 3700
200 Constitution Ave., NW
Washington, DC 20210

SGE Eligibility Information Sheet

SGE Contact Information:

Your Name and Title: _____

Your Company Name: _____

Site Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ E-mail: _____

Professional and Practical Experience: Do you work at an: OSHA VPP Site _____ DOE VPP Site _____

Your worksite's first official VPP approval date: _____ Your starting employment date: _____

Corporate-level SGE applicants, please provide the site name, address and approval date of the VPP site you control.

Based on the "Qualifications to Participate" (Page 3), please check whether you applying as a safety or health professional? Yes ____ No ____

Field(s) of Expertise (mark all that apply): _____ Safety Professional _____ Health Professional
_____ Process Safety Management _____ Ergonomics _____ Other (specify): _____

If you are not applying as a safety or health professional, please list at least three of the required experiences from the "Qualifications to Participate" (Page 3) that you have participated in while working at your present VPP site.

Optional Corporate / Management Contact Information:

If you complete the section below, a letter of appreciation from the Assistant Secretary of OSHA will be sent the person listed after you have successfully completed training and taken the oath of office. Some SGEs choose to have this letter sent to the CEO of their company, while others have the letter sent to their plant manager or immediate supervisor. If you choose to complete this section, you should choose the individual that you believe will best appreciate your individual commitment to Occupational Safety and Health.

Name of CEO / Manager / Supervisor: _____ Title: _____

Corporation: _____

Address: _____

City: _____ State: _____ Zip Code: _____

OPTIONAL APPLICATION FOR FEDERAL EMPLOYMENT - OF 612

You may apply for most jobs with a resume, this form, or other written format. If your resume or application does not provide all the information requested on this form and in the job vacancy announcement, you may lose consideration for a job.

1 Job title in announcement	2 Grade(s) applying for	3 Announcement number
4 Last name	First and middle names	5 Social Security Number
6 Mailing address		7 Phone numbers (include area code) Daytime () Evening ()
City	State ZIP Code	

WORK EXPERIENCE

8 Describe your paid and nonpaid work experience related to the job for which you are applying. Do not attach job descriptions.

1) Job title (if Federal, include series and grade)

From (MM/YY)	To (MM/YY)	Salary \$	per	Hours per week
Employer's name and address				Supervisor's name and phone number
Describe your duties and accomplishments				

2) Job title (if Federal, include series and grade)

From (MM/YY)	To (MM/YY)	Salary \$	per	Hours per week
Employer's name and address				Supervisor's name and phone number
Describe your duties and accomplishments				

NOTICE: This is an OSHA ARCHIVE Document, and may no longer represent OSHA policy.

9 May we contact your current supervisor?
 YES [] NO [] **▶**If we need to contact your current supervisor before making an offer, we will contact you first.

EDUCATION

10 Mark highest level completed. Some HS [] HS/GED [] Associate [] Bachelor [] Master [] Doctoral []

11 Last high school (HS) or GED school. Give the school's name, city, State, ZIP Code (if known), and year diploma or GED received.

12 College and universities attended. Do **not** attach a copy of your transcript unless requested.

	Name	Total Credits Earned		Major(s)	Degree - Year (if any) Received
		Semester	Quarter		
1)	City _____ State _____ ZIP Code _____				
2)					
3)					

OTHER QUALIFICATIONS

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

GENERAL

14 Are you a U.S. citizen? YES [] NO [] **▶**Give the country of your citizenship. _____

15 Do you claim veterans' preference? NO [] YES [] **▶**Mark your claim of 5 or 10 points below.
 5 points [] **▶**Attach your DD 214 or other proof. 10 points [] **▶**Attach an *Application for 10-point Veterans' Preference* (SF 15) and proof required.

16 Were you ever a Federal civilian employee? NO [] YES [] **▶**For highest civilian grade give:
 Series _____ Grade _____ From (MM/YY) _____ To (MM/YY) _____

17 Are you eligible for reinstatement based on career or career-conditional Federal status?
 NO [] YES [] **▶**If requested, attach SF 50 proof.

APPLICANT CERTIFICATION

18 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.

SIGNATURE

DATE SIGNED

NOTICE: This document is presented here as historical content, for research and review purposes only.

Request for Name Check

U.S. Department of Labor

Office of Assistant Secretary for
Administration and Management



1. Date 2. Bureau

3. Name of Person (In Full) Last First Middle

4. Other Names or Nicknames Used

5. Sex 6. Date of Birth 7. Place of Birth (City and State)

8. Reason for Request

9. List of Organizations, Associations, Societies or Clubs with which Affiliated
Name City State

10. Places of Residence
Dates Street City State

11. Employments
Dates Street City State

This space reserved for investigative agency.

This is a request for a name check only and is not a request for an investigation.

DL Form 1-68
(Rev. 8/83)

OGE Form 450, 5 CFR Part 2634, Subpart I
 U.S. Office of Government Ethics (4/99)
 (Replaces 2/96 edition)

Form Approved:
 OMB No. 3209-0006

Executive Branch CONFIDENTIAL FINANCIAL DISCLOSURE REPORT

Page Number

Employee's Name <i>(Last, first, middle initial)</i>		Position/Title		Grade	Reporting Status: <input type="checkbox"/> New entrant <input type="checkbox"/> Annual
Agency		Branch/Unit and Address		Work Phone	If New Entrant, Date of Appointment
Check box if special Government employee (SGE) <input type="checkbox"/>	If an SGE, Home Address <i>(Number, Street, City, State and ZIP Code)</i>				
I certify that the statements I have made on this form and all attached statements are true, complete, and correct to the best of my knowledge.			Signature of Employee		Date

Date Received by	<i>On the basis of information contained in this report, I conclude that the filer is in compliance with applicable laws and regulations (except as noted in "comments" box below).</i>	Signature and Title of Supervisor/Other Intermediate Reviewer <i>If (agency requires)</i>	Date
Signature of Agency's Final Reviewing Official and Title		Date	Comments of Reviewing Officials (Check box if continued on reverse) <input type="checkbox"/>

Part I: Assets and Income

None

	Assets and Income Sources <i>(Identify specific employer, business, stock, bond, mutual fund, type/location of real estate, etc.)</i>	(X) if no longer held	Nature of Income over \$200 <i>(Rent, interest, dividends, capital gains, salary, etc.)</i>	Date <i>(Only for honoraria)</i>
Examples	Rental Condo, Anchorage, Alaska		Rent	
	Dee, Jones & Smith, Hometown, USA	X	Salary	

NOTICE: This is an OSHA ARCHIVE Document, and may no longer represent OSHA policy.

Identify for you, your spouse, and dependent children:

1) assets with a fair market value greater than \$1,000 at the close of the reporting period or producing income over \$200; and 2) sources of earned income such as salaries, fees, honoraria (other than U.S. Government salary or retirement benefits, such as the Thrift Savings Plan) which generated over \$200 in income during the reporting period. Earned income sources of your spouse must be reported if greater than \$1,000 (greater than \$200 for honoraria). No earned income needs to be reported for dependent children.

Assets include (but are not limited to): stocks, bonds, tax shelters, real estate, mutual funds, pensions, annuities, IRAs, trusts, commodity futures, trades and businesses, and partnership interests.

Exclude your personal residence, unless you rent it out, and deposit accounts in financial institutions. See instructions for additional exclusions.

Use copies of blank pages for continuation

Authorized for local reproduction

	(S) Alexandria Medical Clinic, Alexandria, VA Franklin Equity Mutual Fund		Salary	Dividends/Capital Gains
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

OGE Form 450, 5 CFR Part 2634, Subpart I
U.S. Office of Government Ethics (4/99)

Page Number

Employee's Name (Last, first, middle initial)	Work Phone
---	------------

Part II: Liabilities

None
Report for you, your spouse, and dependent children liabilities over \$10,000 owed at any time during the reporting period (over \$10,000 at the end of the period if revolving charge accounts.)
Exclude a mortgage on your personal residence unless it is rented out; loans for autos, household furniture or appliances; and liabilities owed to certain family members (see instructions).

	Creditors (Name and address)	Type of Liability (Mortgage, promissory note, etc.)
Example	First Alaska Bank, Anchorage, Alaska	Mortgage on rental property in Anchorage, AK
1		
2		
3		

Part III: Outside Positions

None
Report any positions, whether or not compensated, which you held outside the U.S. Government during the reporting period. Positions include (but are not limited to) an employee, officer, director, trustee, general partner, proprietor, representative, executor, or consultant for a business, nonprofit or labor organization, or educational institution. **Exclude** positions with religious, social, fraternal, or political entities or those solely of an honorary nature. You need not report any positions of your spouse or dependent children.

	Organization (Name and address)	Type of Organization	Position	(X) If no longer
Example	Dee, Jones & Smith, Hometown, USA	Law Firm	Associate	X
1				
2				
3				
4				

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Part IV: Agreements or Arrangements	Terms of Any Agreement or Arrangement		Parties	Date
	None	Example	Will receive retained benefits (independently managed, fully funded, defined contribution plan)	Dee, Jones & Smith, Hometown, USA
Report your agreements or arrangements for current or future employment, leaves of absence, continuation of payment by a former employer (including severance payments), or continuing participation in an employee benefit plan. You need not report agreements or arrangements of your spouse or dependent children.	1			
	2			
	3			

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Part V: Gifts & Travel Reimbursement		Source	Description (For travel-related items, include itinerary)	Date	
Do not complete this part if you are a new entrant or Special Government employee.		Example	Dee, Jones & Smith, Hometown, USA	Leather briefcase as a departing gift	2/99
None		1			
<p>Report for you, your spouse, and dependent children gifts or travel reimbursements you have recieved from one source totaling more than \$260. Exclude anything valued at \$104 or less; anything received by your spouse or dependent child totally independent of their relation-ship to you; anything from a relative or from the U.S. Government; anything given to your agency in connection with your official travel; and food, lodging, or entertainment received as personal hospitality at the donor's residence or premises.</p>		2			
		3			
		4			

1/2000

**INSTRUCTIONS FOR OGE FORM 450,
CONFIDENTIAL FINANCIAL
DISCLOSURE REPORT**

A. Why You Must File

This report is a safeguard for you as well as the Government. It provides a mechanism for determining actual or potential conflicts between your public responsibilities and your private interests and activities. This allows you and your agency to fashion appropriate protections against such conflicts.

B. Who Must File

Agencies are required to designate positions at or below GS-15, O-6, or comparable pay rates, in which the nature of duties may involve a potential conflict of interest. Examples include contracting, procurement, administering, grants and licenses, regulating/auditing non-Federal entities, other activities having a substantial economic effect on non-Federal entities, or law enforcement.

All special Government employees (SGEs) must file, unless exempted by their agency or subject to the public reporting system, Agencies may also require certain employees in positions above GS-15, O-6, or comparable pay rate to file.

C. When to File

New entrant reports: Due within 30 days of assuming a position designated for filing, unless your agency requests the report earlier. No report is required if you left another filing position within 30 days prior to assuming the new position. (SGEs must file new reports upon each reappointment or re-designation, at the time specified by the agency.)

Annual reports: Due not later than October 31, unless extended by your agency.

D. Reporting Periods

New entrant reports: The reporting period is the preceding twelve months from the date of filing.

Annual reports: The reporting period covers October 1 through September 30 (or that portion not covered by a new entrant report). However, no report is required if you performed the duties of your position for less than 61 days during that twelve-month period. (All reappointed or re-designated SGEs file reports, regardless of the number of days worked.)

E. Where to File

With ethics officials at the agency in which you serve or will serve, or in accordance with their procedures.

F. Definitions

Dependent Child- means your son, daughter, stepson, or stepdaughter if such person is either:

- (1) unmarried, under age 21, and living in your household; or
- (2) a "dependent" of yours for Federal income tax purposes. See 26 U.S.C. 152.

Honoraria-means payments (direct or indirect) of money or anything of value to you or your spouse for an appearance, speech, or article, excluding necessary travel expenses. Also included are payments to charities in lieu of honoraria.

Special Government Employee (SGE)- is defined in 18 U.S.C. 202(a) as: an officer or employee of an agency who performs temporary duties, with or without compensation, for not more than 130 days in a period of 365 days, either on full-time or intermittent basis.

G. General Instructions

1. Filers must provide sufficient information about outside interests and activities so that ethics officials can make an informed judgement as to compliance with applicable conflict of interest laws and standards of conduct regulations.
2. This form consists of five parts, which require identification of certain specific financial interests and activities. NO DISCLOSURE OF AMOUNTS OR VALUES IS REQUIRED. You must complete each part (except as indicated for Part V) and sign the report. If you have no information to report in any part or do not meet the threshold values for reporting, check the "None" box. New entrants and SGEs are not required to complete Part V.
3. You must include information applicable to yourself, your spouse, and dependent children on Parts I, II and V. This is required because their financial interests are attributed to you under ethics rules in determining conflicts of interest. Information about your spouse is not required in the case of divorce, permanent separation, or temporary separation with the intention of terminating the marriage or permanently separating. Parts III and IV require disclosures about yourself only.
4. You may distinguish any entry for a family member by preceding it with S for spouse, DC for dependent child, or J for jointly held.

Part I: Assets & Income

Assets:

1. Report all assets held for investment or for the production of income by **you, your spouse, and dependent children**, with a value greater than \$1,000 at the end of the reporting period which produced more than \$200 in income during the reporting.

Salary and Earned Income:

1. **For yourself:** report all sources of salary and earned income greater the \$200 during the reporting period.
2. **For you spouse:** report all sources of salary and earned income if greater than \$1,000 (for honoraria, if greater than \$200).
3. **For dependent children:** no earned income needs to be reported.

Examples of Assests:

Stocks, Bonds, Tax Shelters, Investment Real Estate Pensions, Mutual Funds, IRA/401(k) Holdings, Annuities, Commodity Futures, Trust Holdings, Partnership Interests, Trades & Businesses, Collectibles held for Investment, Investment Life Insurance

Examples of Income:

Investment Income, Earned/Other Income, Dividends, Fees, Rents and Royalties, Salaries, Interest, Commissions, Capital Gains, Retirement Benefits, Honoraria

Notes:

1. For **pensions**, you will ordinarily just need to indicate the name of the sponsoring employer. However, if you have control over the specific investment assests held in your pension account (it is not independently managed), you must also list those underlying investments or attach an account statement that lists them
2. For publicly available **mutual funds**, you are only required to indicate the name of the fund, not the investments that the mutual fund holds in its portfolio. You must, however, always indicate the full name of the specific mutual fund in which you hold shares, not just the general family fund name.
3. For other publicly available investment funds, such a publicly offered units of **limited partnerships**, the disclosure requirements are the same as for mutual funds-- list the full name of the limited partnership, but not its underlying portfolio investments.
4. For a **privately held trade or business**, report its name, location, and description of activity.

Do Not Report:

1. Your personal residence, unless you rent it out;
2. Federal Government salary or retirement benefits such as the Thrift Savings Plan;
3. Social Security benefits;
4. Money owed to you , your spouse, or dependent child by a spouse, parent, sibling or child;
5. Accounts including certificates of deposit, savings accounts, interest-bearing checking accounts, or any other forms of deposit in a bank, savings and loan association, credit union or similar financial institution;
6. Money market mutual funds and money market accounts;
7. U.S. Government obligations (including Treasury bonds, bills, notes and savings bonds);
8. Government securities issued by U.S. Government agencies or Government-sponsored corporations, such as TVA, GNMA, FNMA; and
9. The underlying holdings of a trust that: 1)was not created by you, your spouse, or dependent children, **and** 2) the holding or spouses of income of which you , your spouse, and dependent children have no past or present knowledge. An example is a trust created by a relative, from which you receive periodic income but have no knowledge about its assets. Just identify the trust by name and date of creation.

Part II: Liabilities

Report for Yourself, Spouse, and Department Children:

1. Liabilities over \$10,000 owed to any creditor at any time during the reporting period.

Do Not Report:

1. Mortgages on your personal residence unless you rent it out;
2. Personal liabilities owed to a spouse, or the parent, sibling, or child of you, your spouse, or dependent child;
3. Loans for personal automobiles, household furnishings, or appliances, where the loan does not exceed the purchase price; and
4. Revolving charge accounts where the outstanding liability does not exceed \$10,000 at the end of the reporting period.

Part III: Outside Positions

Report for Yourself:

1. All positions outside the U.S. Government held at any time during the reporting period(including positions no longer held), whether or not paid.

Positions include an officer, director, trustee, general partner, proprietor, representative, executor, employee, or consultant of any of the following:

1. A corporation, company, firm, partnership, trust, or other business enterprise;
2. A non-profit organization;
3. A labor organization; and
4. An educational or other institution outside the Federal Government.

Do Not Report:

1. Positions held in any religious, social, fraternal, or political entry;
2. Positions solely of an honorary nature; and
3. Positions held by a spouse or dependent child.

Part IV: Agreements or Arrangements

Report Your Agreements or Arrangements for:

1. Current or future employment;
2. A leave of absence from private or other non-Federal employment;
3. Continuation of payment by a former employer other than the Federal Government (including severance payments); and
4. Continuing participation in an employee pension or benefit plan maintained by a former employer other than the Federal Government.

Do Not Report:

1. A spouse or dependent child's agreements or arrangements.

**Part V: Gifts and Travel
Reimbursements**

Note: Part V is not applicable to new entrants and SGEs.

Report for You, Your Spouse, and Dependent Children:

1. Travel-related cash reimbursements received from one source during the reporting period totaling more than \$260.
2. Any other gifts totaling more than \$260 from any one source. A "gift" is defined as anything of value, unless you give something of equal or greater value to the donor. This includes tangible items and in-kind transportation, food, lodging, and entertainment.

Note: Gifts or reimbursements valued at \$104 or less need not be included in determining the over \$260 reporting threshold.

Do Not Report:

1. Anything received from relatives, the U.S. Government, D.C., State, or local governments;
 2. Bequests and other forms of inheritance;
 3. Gifts and travel reimbursements given to your agency in connection with your official travel;
 4. Gifts of hospitality (food, lodging, entertainment) at the donor's residence or personal premises; and
 5. Gifts or reimbursements received by a spouse or dependent child totally independent of the relationship to the filer(*Example: a spouse's reimbursement in connection with private employment*).
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Privacy Act Statement

Title I of the Ethics in Government Act of 1978 (5 U.S.C. App.), Executive Order 12674, and 5 CFR Part 2634, Subpart I, of the Office of Government Ethics regulations require the reporting of this information. The primary use of the information on this form is for review by Government officials of your agency, to determine compliance with applicable Federal conflict of interest laws and regulations. Additional disclosures of the information on this report may be made: (1) to a Federal, State or local law enforcement agency if the disclosing agency becomes aware of a violation or potential violation of law or regulation;(2) to a court or party in a court or Federal administrative proceeding if the Government is a party or in order to comply with a judge-issued subpoena;(3) to a source when necessary to obtain information relevant to a conflict of interest investigation or decision; (4) to the National Archives and Records Administration or the General Services Administration in records management inspections;(5) to the Office of Management and Budget during legislative coordination on private relief legislation; and (6) in response to a request for discovery or for the appearance of a witness in a judicial or administrative proceeding, if the information is relevant to the subject matter. This confidential report will not be disclosed to any requesting person unless authorized by law. See also the OGE/GOVT-2 executive branchwide Privacy Act. System of records.

Penalties

Falsification of information or failure to file or report information required to be reported may subject you to disciplinary action by your employing agency or other authority. Knowing and willful falsification of information required to be reported may also subject you to criminal prosecution.

Public Burden Information

This collection of information is estimated to take an average of one and a half hours per response, including time for reviewing the instructions, gathering the data needed, and completing the form. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Associate Director for Administration, U.S. Office of Government Ethics, Suite 500, 1201 New York Avenue NW., Washington, DC 20005-3917. Do not send your completed OGE Form 450 to this address. See Section E for where to file.

Pursuant to the Paperwork Reduction Act, as amended, an agency may not conduct or sponsor, and no person is required to respond to, a collection of information unless it displays a currently valid OMB control number (that number, 3209-0006, is displayed here and in the upper right-hand corner of the first page of this OGE Form 450).

Mere disclosure of the required information does not authorize holdings, income, liabilities, affiliations, positions, gifts, or reimbursements which are otherwise prohibited by law, Executive order, or regulation.

If you need assistance in completing this form, contact the ethics officials in the agency in which you serve or will serve.

Waiver of Claims Against the Government

I hereby waive any and all claims against the United States Government or the State in which I perform services. I also waive any compensation on account of my services as an OSHA SGE for VPP rendered in connection with an onsite evaluation of an applicant to OSHA's VPP Program or a State Plan State's VPP Program.

SIGNATURE

DATE

Ethics Documents

- ? *Principles of Ethical Conduct for Government Officers and Employees*
- ? *How to Keep Out of Trouble: A Summary of Ethics Rules for DOL Employees*