Application for Federal Employment-SF 171

OMB No. 3206-0012

U.S. Office of Personnel Management

FPM Chapter 295

Read the instructions before you complete this application. Type or print clearly in dark ink. GENERAL INFORMATION What kind of job are you applying for? Give title and announcement no. (if any) FOR USE OF EXAMINING OFFICE ONLY Date entered register Form reviewed Social Security Number 3 Sex Form approved: X Male 523-35-8400 Female Earned Veteran Augmented Birth date (Month, Day, Year) Option Grade Birthplace (City and State or Country) Rating Preference Rating 03-03-65 GALESBURG, IL. Preference Name (Last, First, Middle) 5 Paints JAMES, RICKY ALAN
Mailing address (include apartment number, if any) (Tentative) 10 Pts. (309 4545 S. MISSION #199 Or More Comp. Dis.) ZIP Code 10 Pts. (Less TUCSON AZ 85746 Comp. Dis.) Other names ever used (e.g., maiden name, nickname, etc.) 10 Points Initials and Date RICK Disallowed Home Phone Work Phone FOR USE OF APPOINTING OFFICE ONLY Area Code Number Area Code | Number Extension Preference has been verified through proof that the separation 294-5093 was under honorable conditions, and other proof as required. 602 670-6254 Were you ever employed as a civilian by the Federal Government? 'NO", go to 10-Point--30% or More 10-Point-Less Than 30% Item 11. If "YES", mark each type of job you held with an"X" npensable Disability Signature and Title X Career-Conditional X Career Excepted What is your highest grade, classification series and job title? Agency Date GS-2152-13 SATCS (TEMP) Dates at highest grade: FROM 7-3-94 то 10-29-94 **AVAILABILITY** MILITARY SERVICE AND VETERAN PREFERENCE (Cont.) When can you start work? 12 What is the lowest pay you will accept? (You will not be considered for jobs which pay less than you indicate.) Were you discharged from the military service under honorable (Month and Year) conditions? (If your discharge was changed to "honorable" or "general" by a Discharge Review Board, answer "YES". If you YES NO NEGOTIABLE received a clemency discharge, answer "NO".) Pay \$ per_ If "NO", provide below the date and type of discharge you received. X 13 In what geographic area(s) are you willing to work? Discharge Date Type of Discharge (Month, Day, Year) ANY HONORABLE AUG 87 14 Are you willing to work: List the dates (Month, Day, Year), and branch for all active duty military service. 20 YES NO From To Branch of Service AUG 83 A. 40 hours per week (full-time)?..... X AUG 87 US ARMY B. 25-32 hours per week (part-time)?..... X C. 17-24 hours per week (part-time)?..... If all your active military duty was after October 14, 1976, list the full names and dates of X all campaign badges or expeditionary medals you received or were entitled to receive. D. 16 or fewer hours per week (part-time)?..... X E. An intermittent job (on-call/seasonal)?..... X F. Weekends, shifts, or rotating shifts?... 15 Are you willing to take a temporary job lasting: Read the instructions that came with this form before completing this item. A. 5 to 12 months (sometimes longer)?. When you have determined your eligibility for veteran preference from the instruct-X B. 1 to 4 months?..... ions, place an "X" in the box next to your veteran preference claim. X C. Less than 1 month?.... X NO PREFERENCE 16 Are you willing to travel away from home for: 5-POINT PREFERENCE -- You must show proof when you are hired. A. 1 to 5 nights each month?... Y 10-POINT PREFERENCE -- If you claim 10-point preference, place an "X" 10-POINT PHEREMENCE—If you death 10-point preference, place and in the box below next to the basis for your claim. To receive 10-point preference you must also complete a Standard Form 15, Application for 10-Point Veteran Preference, which is available from any Federal Job Information Center. ATTACH THE COMPLETED SF 15 AND B. 6 to 10 nights each month?.... X C. 11 or more nights each month?. MILITARY SERVICE AND VETERAN PREFERENCE Job Information Center. ATTACH THE COREQUESTED PROOF TO THIS APPLICATION. 17 Have you served in the United States Military Service? If your YES NO only active duty was training in the Reserves or National Guard, Non-compensably disabled or Purple Heart recipient. Compensably disabled, less than 30 percent. 18 Did you or will you retire at or above the rank of major or lieuten-Spouse, widow(er), or mother of a deceased or disabled veteran. ant commander?. Compensably disabled, 30 percent or more. THE FEDERAL GOVERNMENT IS AN EQUAL OPPORTUNITY EMPLOYER NSN 7540-00-935-7150 Standard Form 171 (Rev. 6-88) PREVIOUS EDITION USABLE UNTIL 12-31-90

	• INCLUDE MILITAR	r you a job, we	You should comple	ete all parts of the
 Describe your current or most recent job in Block A and work backward describing each job you held during the past 10 years. If you we unemployed for longer than 3 months within the past 10 years, list the dat and your address(es) in an experience block. 	uld for a non-military job, including a ach major change of duties or responsibilities			
 You may sum up in one block work that you did more than 10 years ago. Bu that work is related to the type of job you are applying for, describe each relat job in a separate block. 		is page (be sure each sheet show	e to include all inform w your name, Social	3Use sheets of paper mation we ask for in Security Number, an
 INCLUDE VOLUNTEER WORK (non-paid work)—If the work (or a part of twork) is like the job you are applying for, complete all parts of the experien block just as you would for a paying job. You may receive credit for wo experience with religious, community, welfare, service, and other organizations 	ork FYOU NEED TO U	PDATE (ADD M		
Name and address of employer's organization (include ZIP Code, if known)	Dates employed (give mont	NEW PROPERTY AND ADDRESS OF THE PROPERTY OF TH	Average number of hours per week	Number of employee
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/our immediate supervisor		If Federal emplo	byment (civilian or milit moted in this job, the dat	tary) list series, grade or te of your last promotion
JACK HAMILTON 602 6706254 ATCS/SAC	TS	GS-215	2-12 OCT	94
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AND AND A LEGAL DANK BERGH SHOW BE KEET AND HAND HAD BEEN SHOPE	From: 3-26-89To:1	0-5-91	Average number of hours per week	Number of employee you supervised 3 AS CIC
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25	JCATION Did you graduate from high school? If you have a GED	high school equivalency	26 v	/rite the n	ame an	d location	(city an	od state) of t	ne last hi	igh school yo	ı atten	ded o
	or will graduate within the next nine months, answer "YI	ES".	MIT	here you CHEL	obtained	GH,	D high s	chool equiva	alency.	INGS,		
	VES X or received GED equivalency:	5-83	A moon is	lave you o			YES		'YES",co	ntinue with 20 to 31.	3.	
28	NAME AND LOCATION (city, state and ZIP Code) OF C uate within nine months, give the month and year you e			ı expect t	o grad-		AND YEAR	NUMBER OF				TH ANI
	Name	City	State	ZIP Co	ode	From	То	Semester	Quarter	(e.g. B.A., M.A	DE	GREE
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	2)			1 1	()							
	3)											
29	CHIEF UNDERGRADUATE SUBJECTS Show major on the first line	NUMBER OF CREDIT HOURS COMPLETED	30	a *		GRADU/ w major o			Min trial company from the	NUMBE		
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	2)	C NOT ON DESCRIPTION TO SEE	2	1	E STEELE	No el Victoria		(ADV 142) 1821	51.0(500		-	
	3)		3				2-4	raos			1	
31	If you have completed any other courses or training re	elated to the kind of job	s you are	applying	a for /tra	ide, vocal	ional. Ar	med Forces	busines	s) give inform	ation b	elow.
	NAME AND LOCATION (city, state and ZIP Cod.		MONTH A	ND YEAR	CLASS-					-) g	TRA	INING
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	GOOD CONDUCT MEDAL 1987 SPECIAL ACHIEVEMENT AWA		990,	199	3							
33	How many words per minute can you: TYPE? TAKE DICTATION? 1.CE	ses or certificates that you		ich as: re				lio operator;	driver's;	pilot's; etc.	OTHE	R
		THE COLUMN TOWN			~ 4		ERTIFIC	ATE		LICENSING AGENCY		
	Agencies may test your skills before hiring you. 1) CTO 2)		BE EG	DEILE	3-1-	-93	30-8	u ost	F'	AA	178	
35	Do you speak or read a language other than English (incl language)? Applicants for jobs that require a language of English may be given an interview conducted solely in that la	ther than		S", list ea ", go to 3		age and	place an	"X" in each	column	that applies to	you.	
	LANGUAGE(S)	CAN PREPARE AND GIVE LECTURES Jently With Difficulty	CAN SPEA	AK AND UN	IDERSTA Passably		N TRANS	LATE ARTICL		CAN READ AI FOR OWN Easily		
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Shoodanda	2)		NO TENEDUCENCO CONTROL		The section of the se							
36	ERENCES List three people who are not related to you and are not s	supervisors you listed un	der 24 wh	o know yo	our quali	fications a	and fitne	ss for the kir	d of job	for which you	are ap	plying
	At least one should know you well on a personal basis. FULL NAME OF REFERENCE	TELEPHONI (Include	NUMBER(Area Code)	S)	PRESE		ESS OR F	HOME ADDRE	SS	STATE Z	IP COD	E
	1) BRIAN DONNELLY	602-29	6-38	99 7	470	E. 3	32nd	. TUC	SON	AZ 8	5 7	1 0
	2) BOBBY WARD	602-63	8-94	51 P	0 вс)X 33	342G	RAND (CAN.	A Z 8 6	0 2	2 3
	3) TIMOTHY GILMARTIN	602-74	9-02	65 11	361	HOL	STER	TUCS	ON	A Z 8 5	7.4	1 9
Par	ge 3										1.1.	
	idard Form 131-A-Co											

Standard Form 171-A—Continuation Sheet for SF 171

• Attach all SF 171-A's to your application at the top of page 3.

Form Approved OMB No. 3206-0012

Number of employees

1. Name (Last, First, Middle Initial)

2. Social Security Number

523-35-8400 4. Date Completed

JAMES, RICKY A. 3. Job Title or Announcement Number You Are Applying For

ADDITIONAL WORK EXPERIENCE BLOCKS

Name and address of employer's organization (include ZIP Code, if known)

D.O.D.

FT. POLK AAF

FT. POLK, LA. 71446

Dates employed (give month, day and year)

From: JAN 88 To: MAR 89

hours per week 40

Average number of

you supervised 6-8 Your reason for leaving

Salary or earnings

Starting \$32500 perYEAR

Ending \$33600 perYEAR

CAREER PROGRESSION If Federal employment (civilian or military) list series, grade or rank, and, if promoted in this job, the date of your last promotion

Your immediate supervisor Name

Exact title of your job Area Code Telephone No.

BILL MORGAN 318 5317982 AS/ATCS GS-2152-11 Description of work: Describe your specific duties, responsibilities and accomplishments in this job, including the job title(s) of any employees you supervised. If you describe

more than one type of work (for example, carpentry and painting, or personnel and budget), write the approximate percentage of time you spent doing each. SUPERVISED AND PROVIDED ATC SERVICES IN A LEVEL 2 VFR TOWER/GCA TO A SINGLE RUNWAY OPERATION WITH A TRAFFIC DENSITY OF 20-50 OPERATIONS PER HOUR.

For Agency Use (skill codes, etc.)

Name and address of employer's organization (include ZIP Code, if known)

US ARMY FT. POLK AAF

FT. POLK, LA. 71446

Average number of hours per week Dates employed (give month, day and year)

To: AUG 87

Number of employees you supervised

N/A

FromAUG 83 Salary or earnings

50 Your reason for leaving

Starting \$500 per MONTH Ending \$1000

CAREER PROGRESSION

Your immediate supervisor Name

Area Code | Telephone No.

Exact title of your job

MONTH

If Federal employment (civilian or military) list series, grade or rank, and, if promoted in this job, the date of your last promotion

SSG. TABAREZ

UNKNOWN ATCS

E-4 1986

Description of work: Describe your specific duties, responsibilities and accomplishments in this job, including the job title(s) of any employees you supervised. If you describe more than one type of work (for example, carpentry and painting, or personnel and budget), write the approximate percentage of time you spent doing each.

PROVIDED ATC SERVICES IN BOTH FIXED BASED AND TACTICAL SETUPS. TRAFFIC CONSISTED OF MOSTLY MILITARY HELICOPTERS.

For Agency Use (skill codes, etc.)

37		of the United States? (In most ca.	answer each question in this se	ction before we can process your d. You will be required to submit proof of	application.
F-100	THE RESERVE OF THE PERSON OF T		a counties and	I die a cilizan or	
jı ce m	onviction whose re	der a Youth Offender law; 4) are cord was expunged under Federa	birthday; 3) any violation of law conviction set aside under the Federal	rough 44. If you answer "YES" to any re (no contest). Omit: 1) traffic fines o mmitted before your 18th birthday, if feral Youth Corrections Act or similar S date, facts, and circumstances of each e h or fail to list all relevant events or circumstances.	inally decided in
38	During the last 10	years, were you fired from any id	on for one rooms at a	ng told that you would be fired, or did y	
39	Have you ever be	en convicted of, or forfeited collate	ral for any felony violation? (Generally	y, a felony is defined as any violation of la ors under State law which are punishable	Xummer X
40	Have you ever be	en convicted of, or forfeited collete	rol for any fine		X
41 42		3 I HOIGHOIL OI IGEV:			X
43	include violations	reported in 39, 40, or 41, above	1, been convicted, been imprisoned, bee	n on probation, or been on parole? Do no	ot X
44			artial? If no military service, answer "N		Х
45			and your reason(s) for leaving. Give the		er X
	ic	lentification number associated wi	Give place of occurrence and name/add of the delinquency or default, and steps the the debt and the address of the Feder paper, and include the item number.		the debt. Give a
	No. (Mo./Yr.)	Ex	planation	Mailing Address	
				Name of Employer, Police, Court, or Federa	al Agency
				City State	e ZIP Code
				Name of Employer, Police, Court, or Federa	A Agency
				City State	ZIP Code
46	Do you receive, or Columbia Government	have you ever applied for retirement	nt pay, pension, or other pay based on n	nilitary, Federal civilian, or District of	YES NO
47	Do any of your rela wife; son; daughter brother-in-law; siste	tives work for the United States Go; brother; sister; uncle; aunt: first o	ousin; nepnew; mece; tather-in-law; mo tepson: stendaughter: stendauther: stend	orces? Include: father; mother; husband, other-in-law; son-in-law; daughter-in-law, sister; half brother; and half sister.	X
		Name	Relationship	Department, Agency or Branch of	Armed Forces
	JAMES T. S	CHUTZE	BROTHER-IN-LAW	D.O.D.	
i	JAMES P. B	ARTLETT	BROTHER-IN-LAW	US AIR FORCE	
YOU Aft by If elig I un I co	ialse statement on a fine or imprisonme you are a male borgible for Federal en inderstand that any consent to the release ividuals and organicertify that, to the be-	m after December 31, 1959 you maployment. You will be required information I give may be investige of information about my ability izations, to investigators, personnest of my knowledge and belief, al	TION. Read the following care grounds for not hiring you, or for fir 01). The state of the stat	l order. employers, schools, law enforcement ag	ion in order to be
48	SIGNATURE (Sign	each application in dark ink)	The Application of the Control of th	49 DATE SIGNED (Month, day, ye.	arr)

			Rating of Air Traf	fic Expe	rience					re of lidate	Bostocki (Meren)	Desi Manataqua est		
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2	65	ESE O	Appreciation				Tree manifestories							
3	25	0 15	Name of Candidate	esta-	Presen	Series,	Grade, and Lo	ocation	Social Security Number					
4	10	161 0	RICKY A. JAMES	and the state of t	ATCS	(T) (SS-2152-1	2 TIIS	523	523-35-8400				
5	6	abuqu 1881—6	Current Supervisor	The state of the s		n/Regio			Office Phone Number					
6	25	ret o	f Appreciation		TUCS	ON, AZ	Z., AWP		602	602-670-6254				
7	20		Selective Placement Fac	la-					-	7				
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	P.		Title, Grade and rmance Level	1D	Type	Level	Area/FAC Certification	(Mo/Day/ From	Yr) To	Cred. Time	1 CPE	2 DIV		
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(3)				GCN	CAB	II	5-28-89		91 2-20-	29		<u> </u>		
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CORRESPONDENCE COURSES

Introduction To Emergency Read Fundamentals Of Supervision Human Relations In Supervision		#14017 #14002 #14003	5/89 12/90 6/94
	END COURSE		
	FAA SCHOOLS		
ATCS OJTI			10/90
R.T.F.			12/92
	DIVERSITY		
fTI 68 2152 12 DET 19		10-3	
(505 00 2102 11)	RAINING (EMPLOYEE) RAINING (SUPERVISO		-3/89 11/94 4/93

RECOGNITION

Letter of Appreciation	10 Type Setting Promited Promi	7/08/89
Commendable Performance		10/10/90
Letter of Appreciation		3/07/91
Commendable Performance		8/13/91
Letter of Appreciation		4/11/92
Letter of Appreciation		4/14/92
Letter of Appreciation		2/22/93
Letter of Appreciation		3/29/93
Commendable Performance		10/16/93
Letter of Appreciation		11/12/93
Letter of Appreciation	and a second sec	11/18/93
On-The-Spot Award		12/04/93
Letter of Appreciation		1/10/94