

4. DISCRIBE ANY SPECIAL JOB ACCOMODATIONS/MEDICAL LIMITATIONS THAT ARE REQUIRED:

5. INDICATE YOUR AVAILABILITY FOR:

TEMPORARY EMPLOYMENT (Choose one)

- Y - Any
- A - 60 days or longer
- B - 120 days or longer
- C - 180 days or longer
- D - 1 year or longer
- N - Not available

PART-TIME (Choose one)

- Y - Available for part-time employment
- A - Current part-time employee; part-time offer valid if hours equal or exceed current hour hours
- N - Not available for part-time employment

INTERMITTENT (Choose one)

- Y - Available for intermittent employment
- N - Not available for intermittent employment

SEASONAL (Choose one)

- Y - Available for seasonal employment
- N - Not available for seasonal employment

SUPERVISORY (Choose one)

- Y - Available for supervisory positions or currently occupying a supervisory position
- N - Not available for supervisory positions

RESERVE TECHNICIAN (Choose one)

- Y - Tentatively available for and willing to actively participate in the Reserves or National Guard
- N - Not available/eligible

ROTATING SHIFTS (Choose one)

- Y - Available for rotating shifts
- N - Not available for rotating shifts

6. EDUCATION:

EDUCATION LEVEL (Choose one)

- 1 - Not a high school graduate
- 2 - High school graduate or equivalent
- 3 - Some college, no degree
- 4 - Junior college graduate, 2 years
- 5 - College graduate

DEGREE (complete if you answered 4 or 5 on the previous question)

- A - Associate Degree
- B - Bachelor's
- M - Master's
- D - Doctorate

MAJOR (complete if you answered 4 or 5 for EDUCATION LEVEL)

7. JOB EXPERIENCE (You may register for up to five different job experiences, except Program "G" who can register only for the position they held when they were separated from service):

EXPERIENCE 1: FROM DATE (YYMM) _____ TO DATE (YYMM) _____

PAY PLAN/SERIES/GRADE (SF-50, Blocks 16, 17, 18) _____/_____/_____

JOB TITLE: _____

EXPERIENCE 2: FROM DATE (YYMM) _____ TO DATE (YYMM) _____

PAY PLAN/SERIES/GRADE (SF-50, Blocks 16, 17, 18) _____/_____/_____

JOB TITLE: _____

EXPERIENCE 3: FROM DATE (YYMM) _____ TO DATE (YYMM) _____

PAY PLAN/SERIES/GRADE (SF-50, Blocks 16, 17, 18) _____/_____/_____

JOB TITLE: _____

EXPERIENCE 4: FROM DATE (YYMM) _____ TO DATE (YYMM) _____

PAY PLAN/SERIES/GRADE (SF-50, Blocks 16, 17, 18) _____/_____/_____

JOB TITLE: _____

EXPERIENCE 5: FROM DATE (YYMM) _____ TO DATE (YYMM) _____

PAY PLAN/SERIES/GRADE (SF-50, Blocks 16, 17, 18) _____/_____/_____

JOB TITLE: _____

8. APPLICATION (Attach an updated OF-612 and/or resume to this worksheet you may also include college transcripts, DD 214s, or any other pertinent documents that may assist in your placement. Failure

to provide an updated application/resume may negatively impact your qualifications determination and subsequent placement offers.)

9. AREA OF REFERRAL (Indicate what area you wish to be considered for placement. Attached is a PPP Zone, Region & State Map to assist you. Basically, your area of referral will be from your current commute area through to all DoD installations to the maximum limit you choose below. You must be registered for all activities “within” your area of referral. Program “G” registrants are registered for the commute area of their last federal position only).

Choose one of the following as your area of referral:

ZONE (The maximum area of consideration for Registrants from the California National Guard is Zone 4. We cannot register for other zones.) _____ ZONE 4

REGION (If selected, you must include the San Francisco Region as a minimum.)

_____ San Francisco – States of CA, NV, AZ, & HI
_____ Denver – States of MT, ND, SD, WY, CO, & UT
_____ Seattle – States of WA, OR, ID, & AK

STATES (If selected, you must include California)

_____ Alaska, _____ Arizona, _____ California, _____ Colorado,
_____ Hawaii, _____ Idaho, _____ Montana, _____ Nevada,
_____ North Dakota, _____ Oregon, _____ South Dakota,
_____ Utah, _____ Washington, _____ Wyoming

ACTIVITIES (Indicate a mileage limit which you wish to receive consideration within, i.e. within 75 miles, within 100 miles, within 250 miles etc.) _____ (enter mileage limit here)

COMMUTING AREA ONLY _____

I request to be registered into the DoD Priority Placement Program. I certify that the above information is correct to the best of my knowledge. I understand that I may in writing change my selections at any time while enrolled in PPP. I have attached an updated OF-612 and/or resume for qualification determinations for job matches. I will also endeavor to keep the Human Resources Office informed of my location and pertinent phone numbers.

REGISTRANT SIGNATURE: _____ DATE: _____

PRIVACY ACT NOTICE: PL 100-202 and Section 6311 of Title 5 Code authorizes collection. The primary use of this information is for placement offers from the DoD Priority Placement Program (PPP). Additional disclosures of the information may be: To the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a state unemployment compensation office regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation on you for employment or security reasons; to the Office of Personnel Management or General Accounting Office when the information is required for evaluation of leave administration; and to the General Services Administration in connection with its responsibilities for records management.