Addendum to Declaration for Federal Employment (OF 306) Indian Health Service

Child Care & Indian Child Care Worker Positions

Item	15a. Agency Specific Questions				
Nam	e:				
	(Please print)				
Job 7	Fitle in Announcement:	Announcement Number:			
positio		7, requires that employment applications for Federal child care ver been arrested for or charged with a crime involving a child			
Departi	ment of Health and Human Services that involve regular of that persons hired for these positions have not been found	v 101-630, contains a related requirement for positions in the contact with or control over Indian children. The agency must d guilty of or pleaded nolo contendere or guilty to certain			
	sure compliance with the above laws, the following comment:	questions are added to the Declaration for Federal			
1)	Have you ever been arrested for or charged with a	a crime involving a child? YESNO			
	[If AYES@, provide the date, explanation of the occurrence, and the name and address of the poli	violation, disposition of the arrest or charge, place of ce department or court involved.]			
2)	Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any felonious or misdemeanor offense under Federal, State, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; or crimes against persons; or offenses committed against children? <i>YESNO</i>				
	[If AYES@, provide the date, explanation of the occurrence, and the name address of the police d	violation, disposition of the arrest or charge, place of epartment or court involved.]			
up to S	\$2,000 or 5 years imprisonment, or both; and (2) I hacted. I understand my right to obtain a copy of any of Service and my right to challenge the accuracy and	criminal history report made available to the Indian			
Applio	cant=s Signature (sign in ink)	 Date			

Public Burden Statement: In accordance with Paperwork Reduction Act (5 CFR 1320.8 (b)(3), a Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Respondents must be informed (on the reporting instrument, in instructions, or in a cover letter) the reasons for which the information will be collected; the way the information will be used to further the proper performance of the functions of the agency; whether responses to the collection of the information are voluntary, required to obtain a benefit (citing authority), or mandatory (citing authority); and the nature and extent of confidentiality to be provided, if any (citing authority). Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary data, and completing and reviewing the collection information. Send comments regarding the burden estimate or any other aspect of this collection of information to the IHS PRA Information Collection Clearance Staff, 12300 Twinbrook Parkway, Suite 450, Rockville, MD 20852. *Please do not send completed data collection instruments to this address.*

FORM APPROVED: O.M.B. NO. 0917-0028 Expires 02/28/2012