



**United States Department of the Interior  
NATIONAL PARK SERVICE**

Sitka National Historical Park  
103 Monastery Street  
Sitka, AK 99835

RECRUITMENT BULLETIN: **SITK-16-006**  
ISSUE DATE: **08/26/16**  
CLOSING DATE: **09/09/16**

**JOBS AVAILABLE THROUGH THE ALASKA LOCAL HIRE PROGRAM--PUBLIC  
LAW 96-487**

**Sitka National Historical Park** is accepting applications for a permanent, full time, Supervisory Park Ranger (Chief of Interpretation).

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**POSITION**

**Supervisory Park Ranger, Interpretation, GS-0025-11/12**

**DUTY LOCATION**

Sitka, AK

\$33.22-\$51.76 (includes Cost-Of-Living Allowance)

**BENEFITS:** Insurance, Retirement, Thrift Savings Plan (similar to a 401K) with matching Government contributions; paid holidays, annual and sick leave; performance-based longevity pay increases.

**APPOINTMENT INFORMATION:** Permanent full-time. Government housing is NOT available.

**DUTIES:** Supervises subordinates carrying out the park's interpretive programs; manages the day-to-day operations of the visitor center and other interpretive contact facilities; manage interpretive planning, annual budget and operational requirements; and establish and maintain effective working relationships with park staff, park stakeholders, other government organizations and local communities.

**WHO CAN APPLY:** Any U.S. citizen who, by reason of having either lived or worked in the Sitka area of consideration, has acquired special knowledge or expertise regarding the natural or cultural resources of the park. The areas considered within Sitka are: Baranof Island, which includes the communities of Sitka and Port Alexander, and small communities of a seasonal nature including Little Port Walter, Baranof Warm Springs, Biorka Island and Warm Springs Bay, Admiralty Island including Angoon, Chichagof Island including Hoonah, and the nearby City and Borough of Juneau. Applicants will not qualify for this position if they have only lived and worked in the areas considered on a temporary seasonal basis. Short seasonal residency is not qualifying as this would not provide the level of knowledge or expertise that is gained

through experiencing the range of climatic conditions and associated impacts on the resources.

### **QUALIFICATION REQUIREMENTS:**

There is no specific length of training or experience required; however, you must be able to demonstrate through the experience shown in your written resume and application package that you possess the skills/competencies to perform the duties described in this job posting. All qualifying experience, including volunteer experience, will be considered.

Please note that you will not be contacted for further information to determine whether you meet the qualification requirements; therefore it is critical for your resume to clearly show the duties and responsibilities for each position you list on your resume, as well as the starting and ending dates of employment (month/year), and the number of hours worked per week.

### **KNOWLEDGE, SKILLS, AND ABILITIES:**

Your written answers to the following KSAs will help us to evaluate your qualifications to perform the duties of this position. It is important to provide detailed information in your resume. Describe experience (paid or unpaid), education, training, awards and self-development that show your level of experience related to each KSA. Use a separate sheet of paper with corresponding numbers for your answers.

**Use a separate sheet of paper with corresponding numbers for answers.**

- 1. Ability to supervise a staff in carrying out the park's interpretive programs.**  
Describe and provide examples
- 2. Ability to develop and manage an interpretive program.**  
Describe and provide examples
- 3. Ability to design and present park interpretive programs.**  
Describe and provide examples
- 4. Establish and maintain effective and cooperative working relationships, including negotiation and conflict resolution, with park management and staff, park stakeholders, cooperators, other government organizations and local communities.**  
Describe and provide examples

### **CONDITIONS OF EMPLOYMENT:**

- Favorable suitability background investigation. Results of the investigation must be adjudicated **prior** to employment.
- Federal employees are required to utilize Direct Deposit (EFT), for their Federal Salary checks.
- Wearing of the NPS uniform is required.
- Driver's License required

**VETERAN'S PREFERENCE:** All applicants claiming Veterans Preference **MUST** submit a copy of their DD-214, Military Discharge". In addition, those claiming 10-point veterans preference **MUST** submit a copy of an SF-15, "Claim for 10 Points Veterans Preference", and the verifying documentation listed on the back of the SF-15 such as a copy of the latest Veterans Administration disability certification. To obtain further information about veteran's preference, refer to [www.opm.gov/veterans/html/vetguide](http://www.opm.gov/veterans/html/vetguide). You will not receive veterans preference if you do not provide this documentation.

### **HOW TO APPLY:**

**PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY! Incomplete applications may result in non-referral of your application.** Assistance and forms may be obtained from the park office at the address above or by calling 907-747-0107. **The SF-15 may be obtained through the Internet at [www.opm.gov/forms](http://www.opm.gov/forms).**

**Your application must be postmarked or received in this office by the closing date of the announcement.** If your application package is postmarked on the closing date it must be received in this office no later than 7 calendar days after the closing date. Hand delivered applications must be received by 5 p.m., on the closing date, to Administrative Office, 103 Monastery Street, Sitka, AK 99835.

### **REQUIRED DOCUMENTS:**

- Resume that provides **detailed** information about your work experience. **For every job listed on the resume, a description of duties and achievements must be included.** Also include the dates worked (for example, June 2009 through August 2010), work schedule (for example, 40 hours per week); the position title; and employer name and contact information (phone or email) for each period of employment.
- Answers to the KSAs listed above
- Completed Eligibility Questionnaire (attached to the announcement or can be obtained from the park office)
- DD-214 if claiming points Veteran's Preference; if claiming 10 points Veteran's Preference, also include the SF-15 and verification documents described on the back of the SF-15.
- Although not required you are encouraged to submit the attached "Applicant Background Survey" (DI-1935) with your application. Please ensure that it is the last page of your application package, as it is removed from your application before it is forwarded to the selecting official.

It is the applicant's responsibility to provide documentation/proof of claimed status veterans preference, qualifications, and education. Applicants will not be solicited for further data if that provided is found to be inadequate, illegible, or incomplete.

Application materials will not be returned, therefore do not submit original documents that you may need in the future, or extra materials such as letters of recommendation, photographs, or award certificates.

We do not accept faxed or electronic resumes or applications, or applications mailed in postage paid government envelopes or through an internal government mail system.

If you make a false statement in any part of your application you may not be hired or you may be fired after you begin work; or you may be subject to fines, imprisonment or other disciplinary action.

**Reasonable Accommodations:** The agency provides reasonable accommodations to applicants with disabilities where appropriate. If you need a reasonable accommodation for any part of the application and hiring process, please notify the park office listed on this announcement. Determinations on requests for reasonable accommodations will be made on a case-by-case basis.

**Privacy Act Information** The application you submit for this position contains information subject to the privacy act of 1974 (PL-93-579, 4 USC 552a). We are required to provide you with information regarding our authority and purpose for collecting this data, the routine uses which will be made of it and the effects, if any, of non-disclosure. You are entitled to the same information as it pertains to disclosure of your social security number. Any questions you may have regarding the Privacy Act regulations and the rights it extends can be answered by contacting the park office.

**Equal Employment Opportunity** Appointments are made without regard to race, color, age, sex, sexual orientation, religion, political affiliation, national origin, marital status, non-disqualifying handicap condition or any non-merit factor.

**ALASKA LOCAL HIRE APPLICANT ELIGIBILITY QUESTIONNAIRE**

*Park Ranger, GS-0025-12*

*SITK 16-006*

*This eligibility questionnaire must be submitted with your application package. Please print your name and answer the following.*

Your Name: \_\_\_\_\_

**Eligibility Questions**

1. How long have you lived or worked in the vicinity of Sitka National Historical Park?
  - a. Less than 12 months
  - b. 12 months or more
  - c. I have not lived or worked in or near the park
  
2. What time of year have you lived or worked in or near Sitka National Historical Park? (check all that apply)
  - a. during all or part of December through February
  - b. during all or part of March through May
  - c. during all or part of June through August
  - d. during all or part of September through November
  - e. I live (or have lived) in or near the park on a year around basis.
  
3. List your physical address(es) while living in the vicinity of Sitka National Historical Park, and approximately when you lived there (month & year, for example Oct 2001 to September 2005)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
4. Do you have knowledge, by virtue of living in this area, of one or more of the items listed below (circle all that apply)?
  - a. Community history such as: specific dates, important events, seasonal observations, customs, etc.
  - b. Geographic features and/or unique land markers such as: mountain or river locations, types of landscapes, or other
  - c. Wildlife (including identification of): mammals, birds, big game, fish, or other animals specific to the area.
  - d. General knowledge of safety precautions, weather conditions, recreation options, and important information knowledgeable to the local community.
  - e. Supplies and logistics needed for field camping including area-specific needs or that incorporate challenges or safety aspects specific to the area.
  - f. Other unique information not listed above that shows familiarity with the full range of typical conditions that affect the work to be accomplished. Describe here (use additional paper if needed):  
\_\_\_\_\_
  - g. I do not have knowledge or experience as listed above.
  
5. How did you obtain your knowledge of the Sitka National Historical Park (circle all that apply)?
  - a. Personal knowledge such as: fishing, hunting, camping, hiking, etc.
  - b. Professional: obtained through work (this work, and the date and year worked, must be cited in your resume)
  - c. Official training: high school class, college course
  - d. Other resource used to obtain knowledge that is not listed above (you may be asked to elaborate later).
  - e. I do not have the knowledge listed above.

**Applicant Certification:**

I certify that the statements made on this application are true, correct and complete to the best of my knowledge. I understand that the information I provide may be verified and that I will not be considered if it is found to be inaccurate.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

# DEMOGRAPHIC INFORMATION ON APPLICANTS

OMB No.: 3046-0046

Expiration Date: 02/28/2017

<b>Vacancy Announcement No.:</b> SITK-16-
<b>Position Title:</b>

## YOUR PRIVACY IS PROTECTED

This information is used to determine if our equal employment opportunity efforts are reaching all segments of the population, consistent with Federal equal employment opportunity laws. Responses to these questions are voluntary. Your responses will not be shown to the panel rating the applications, to the official selecting an applicant for a position, or to anyone else who can affect your application. This form will not be placed in your Personnel file nor will it be provided to your supervisors in your employing office should you be hired. The aggregate information collected through this form will be kept private to the extent permitted by law. See the Privacy Act Statement below for more information.

Completion of this form is voluntary. No individual personnel selections are made based on this information. There will be no impact on your application if you choose not to answer any of these questions.

Thank you for helping us to provide better service.

### 1. How did you learn about this position? (Check One):

- Agency Internet Site recruitment
- Private Employment Web Site
- Other Internet Site
- Job Fair
- Newspaper or magazine
- Agency or other Federal government on campus
- School or college counselor or other official
- Friend or relative working for this agency
- Private Employment Office
- Agency Human Resources Department (bulletin board or other announcement)
- Federal, State, or Local Job Information Center
- Other

### 2. Sex (Check One):

- Male
- Female

### 3. Ethnicity (Check One):

- Hispanic or Latino** - a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic or Latino**

#### 4. Race (Check all that apply):

- American Indian or Alaska Native** - a person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian** - a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, or Vietnam.
- Black or African American** - a person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** - a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands.
- White** - a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

#### 5. Disability/Serious Health Condition

The next questions address disability and serious health conditions. Your responses will ensure that our outreach and recruitment policies are reaching a wide range of individuals with physical or mental conditions. Consider your answers without the use of medication and aids (except eyeglasses) or the help of another person.

##### A. Do you have any of the following? Check all boxes that apply to you:

- Deaf or serious difficulty hearing**
- Blind or serious difficulty seeing even when wearing glasses**
- Missing an arm, leg, hand, or foot**
- Paralysis: Partial or complete paralysis (any cause)**
- Significant Disfigurement: for example, severe disfigurements caused by burns, wounds, accidents, or congenital disorders**
- Significant Mobility Impairment: for example, uses a wheelchair, scooter, walker or uses a leg brace to walk**
- Significant Psychiatric Disorder: for example, bipolar disorder, schizophrenia, PTSD, or major depression**
- Intellectual Disability (formerly described as mental retardation)**
- Developmental Disability: for example, cerebral palsy or autism spectrum disorder**
- Traumatic Brain Injury**
- Dwarfism**
- Epilepsy or other seizure disorder**
- Other disability or serious health condition: for example, diabetes, cancer, cardiovascular disease, anxiety disorder, or HIV infection; a learning disability, a speech impairment, or a hearing impairment**

If you did not select one of the options above, please indicate whether.

- None of the conditions listed above apply to me.**
- I do not wish to answer questions regarding disability/health conditions.**

If you have indicated that you have one of the above conditions, you may be eligible to apply under Schedule A Hiring Authority. For more information, please see <http://www.opm.gov/policy-data-oversight/disability-employment/hiring/#url=Schedule-A-Hiring-Authority>.

If an applicant checks the box for “other disability or serious health condition,” the applicant will be taken to Section A.1.

**A. 1. Other Disability or Serious Health Condition (Optional)**

You indicated that you have a disability or a serious health condition. If you are willing, please select any of the conditions listed below that apply to you. As explained above, your responses will not be shown to the panel rating the applications, to the selecting official, or to anyone else who can affect your application. All responses will remain private to the extent permitted by law. See the Privacy Act Statement below for more information.

Please check all that apply:

- I do not wish to specify any condition.
- Alcoholism
- Cancer
- Cardiovascular or heart disease
- Crohn’s disease, irritable bowel syndrome, or other gastrointestinal impairment
- Depression, anxiety disorder, or other psychological disorder
- Diabetes or other metabolic disease
- Difficulty seeing even when wearing glasses
- Hearing impairment
- History of drug addiction (but not currently using illegal drugs)
- HIV Infection/AIDS or other immune disorder
- Kidney dysfunction: for example, requires dialysis
- Learning disabilities or ADHD
- Liver disease: for example, hepatitis or cirrhosis
- Lupus, fibromyalgia, rheumatoid arthritis, or other autoimmune disorder
- Morbid obesity
- Nervous system disorder: for example, migraine headaches, Parkinson’s disease, or multiple sclerosis
- Non-paralytic orthopedic impairments: for example, chronic pain, stiffness, weakness in bones or joints, or some loss of ability to use parts of the body
- Orthopedic impairments or osteo-arthritis
- Pulmonary or respiratory impairment: for example, asthma, chronic bronchitis, or TB
- Sickle cell anemia, hemophilia, or other blood disease
- Speech impairment
- Spinal abnormalities: for example, spina bifida or scoliosis
- Thyroid dysfunction or other endocrine disorder
- Other. Please identify the disability/health condition, if willing: \_\_\_\_\_

**PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENTS**

**Privacy Act Statement:** This Privacy Act Statement is provided pursuant to 5 U.S.C. 552a (commonly known as the Privacy Act of 1974). The authority for this form is 5 U.S.C. 7201, which provides that the Office of Personnel Management shall implement a minority recruitment program, by the Uniform Guidelines on Employee Selection Procedures, 29 C.F.R. Part 1607.4, which requires collection of demographic data to determine if a selection procedure has an unlawful disparate impact, and by Section 501 of the Rehabilitation Act of 1973, which requires federal agencies to prepare affirmative action plans for the hiring and advancement of people with disabilities. Data relating to an individual applicant are not provided to selecting officials. This form will be seen by Human Resource personnel

in the Office of Personnel Management (who are not involved in considering an applicant for a particular job) and by Equal Employment Opportunity Commission officials who will receive aggregate, non-identifiable data from the Office of Personnel Management derived from this form.

**Purpose and Routine Uses:** The aggregate, non-identifiable information summarizing all applicants for a position will be used by the Office of Personnel Management and by the Equal Employment Opportunity Commission to determine if the executive branch of the Federal Government is effectively recruiting and selecting individuals from all segments of the population. **Effects of Nondisclosure:** Providing this information is voluntary. No individual personnel selections are made based on this information. There will be no impact on your application if you choose not to answer any of these questions.

**Paperwork Reduction Act Statement:** The Paperwork Reduction Act of 1995 (44 U.S.C. 3501 et. seq.) requires us to inform you that this information is being collected for planning and assessing affirmative employment program initiatives. Response to this request is voluntary. An 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. The estimated burden of completing this form is five (5) minutes per response, including the time for reviewing instructions. Direct comments regarding the burden estimate or any other aspect of this form to [INSERT: Agency name and address] and to the Office of Management Budget, Office of Information and Regulatory Affairs, Washington, DC 20503.