United States Department of the Interior
NATIONAL PARK SERVICE

Wrangell St. Elias National Park and Preserve
PO Box 439
Mile 106.8 Richardson Highway
Copper Center, AK 99573

RECRUITMENT BULLETIN: **WRST-16-006**
ISSUE DATE: **January 14, 2016**
CLOSING DATE: **January 29, 2016**

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

Wrangell St. Elias National Park and Preserve is accepting applications for **full-time, temporary, Park Ranger (I) positions**. More than one position may be filled from this bulletin.

POSITION	**DUTY LOCATION**
Park Ranger (I), GS-0025-05	Kennecott, AK
$16.95 per hour plus COLA	

BENEFITS: Paid Holidays, annual and sick leave. **FEHB Coverage**: Temporary, seasonal, and intermittent employees on appointments expected to last at least 90 days, and expected to work a schedule of 130 hours or more a calendar month, will be eligible to enroll in a Federal Employee Health Benefit (FEHB) health plan upon notification from their employing office. Eligible employees will be responsible for the employee share of the premium while on the official agency roles, which will be deducted from bi-weekly earnings.

APPOINTMENT INFORMATION: Temporary, full-time, approximately the end of April into Sept.
The appointment may be extended for an additional period (not to exceed 1039 hours total employment). Persons selected may be eligible for rehire in future years. Schedule may involve weekend work or performance of duties before or after "normal" working hours. Government housing may be available. Must be at least 18 years of age.

DUTIES: Develops interpretive programs, conducts basic research of topics using records, documents, books, files and interviews with people who have personal knowledge. Presents onsite programs to a wide variety of audiences. Programs may include guided walks, demonstrations, evening PowerPoint presentations, campfire programs, cruise ship commentary, and children's programs. Conducts offsite programs to community groups, curriculum-based programs to school children and other programs to various interest groups on park-related themes. Develops interpretive props and other material needed for offsite programs. Staffs Information Desk at visitor center serving as initial contact for all visitors entering the building. Greets visitors and provides information on a variety of subjects including local and regional attractions. Conducts Wilderness trip planning sessions with an emphasis on safety. Conducts sales of cooperating association publications, issues federal subsistence permits, and replenishes stock of free publications when necessary. Answers the telephone and provides area information or takes messages. Operates and maintains a variety of audiovisual equipment. Services AV systems at visitor centers and off-site. Operates audiovisual programs at park visitor centers and off-site. May take photos and perform other photographic tasks. Performs roving interpretation throughout the park and surrounding area at varied points of visitor interest.

ELIGIBILITY TO APPLY: Any U.S. citizen who has acquired special knowledge or expertise regarding the natural or cultural resources of Wrangell-St. Elias National Park and Preserve, by reason of having either lived or worked in or near the park. This level of knowledge would be acquired by having lived or worked in or near the park for at least 12 months, to include all four seasons. 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 climactic conditions and associated impacts on the resources.

Areas considered "near" Wrangell-St. Elias National Park and Preserve are Chisana, Chistochina, Chitina, Copper Center, Dot Lake, Gakona, Gakona Junction, Glennallen, Gulkana, Healy Lake, Kenny Lake, Long Lake, Lower & Upper Tonsina, McCarthy, Mendeltna, Mentasta Lake, Nabesna, Nelchina, Northway/Northway Village, Northway Junction, Slana, Tanacross, Tazlina, Tetlin, Tok, Tonsina and Yakutat.

QUALIFICATION REQUIREMENTS: Qualifications will be determined by evaluating experience and education as described in the application package, particularly in the Knowledge, Skills, and Abilities listed below. All qualification requirements must be met by the closing date of this job posting.

KNOWLEDGE, SKILLS, AND ABILITIES:
The answers to the following questions will help us to evaluate your qualifications to perform the duties of this position. Please note that only qualified applicants will be considered. It is important to provide detailed information about your experience. Describe experience (paid or unpaid), education, training, awards and self-development that show your level of experience related to each KSA.

KSA 1. Ability to communicate orally to diverse groups and in a variety of settings.

KSA 2. Ability to communicate in Writing.

KSA 3. Ability to research, develop, and present a variety of formal, structured, and impromptu thematic interpretative programs such as talks, guided walks and off-site programs to diverse audiences.

KSA 4. Ability to communicate effectively and provide excellent customer services (Interpersonal skills).

KSA 5. Skill in daily operation of a busy visitor center/Information desk, sales outlet, bookstore, or similar facility to include providing frontline information and support services.

KSA 6. Skill in operating computers, various computer programs, and office equipment.

CONDITIONS OF EMPLOYMENT:

- A background investigation must be completed and approved prior to employment.
- Federal employees are required to utilize Direct Deposit (Electronic Funds Transfer/EFT), for their Federal Salary checks**.**
- Valid State driver's license
- Wearing the NPS uniform is required.

HOW TO APPLY:

PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY! If your application package is incomplete or illegible, you will not be considered for this position.

Your application package 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 close of business on the closing date.

A complete application package must include:

1. Resume that provides detailed information about your work experience. Also include the dates worked (for example, June, 1 2009 through August, 15 2010), work schedule (for example, 40 hours per week); the position title; and employer name for each period of employment.
2. Completed Local Hire Eligibility Questionnaire *
3. Veterans Preference documents, if claiming Veterans Preference (see below for documents)
4. *Optional:* Although not required, you are encouraged to submit the attached "Demographic Information on Applicants" (OMB No. 3046-0046)* 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.

** Attached to this announcement, or can be obtained from the park office.*

Mail or deliver the following required forms to Park Headquarters, Wrangell-St. Elias National Park and Preserve, Mile 106.8 Richardson Highway, Box 439, Copper Center, Alaska 99573. Assistance and forms may be obtained from the park office or by calling 907-822-5234.

Do not submit original documents, or extra materials such as letters of recommendation, photographs, or award certificates.

We do not accept faxed or electronic application packages, 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.

VETERAN'S PREFERENCE (for qualifying veterans): To receive Veteran's Preference, your application package must include a copy of the DD-214, Military Discharge, that shows the type of discharge from service (usually the Member 4 copy), or Report of Separation from Active duty if separation was prior to July 1, 1979. If claiming 10-point veteran's preference, you must also provide a completed SF15 (www.opm.gov/forms) and verification documents listed on the SF15. If you are separated and do not have a DD214 yet you may use an official statement of service from your command that you have completed active service and are being discharged under honorable conditions, or provide other official documentation (e.g., documentation of receipt of a campaign badge or expeditionary medal) that proves your military service was performed under honorable conditions. You will not receive veteran's preference if you do not provide this documentation.

If you do not know whether you have preference, this link can assist you. (www.dol.gov/elaws/vets/vetpref/mservice.htm)

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.

DEMOGRAPHIC INFORMATION ON APPLICANTS OMB No.: 3046-0046

Expiration Date: 02/28/2017

Vacancy Announcement No.: **WRST-16-006**	
Position Title: **Park Ranger (I) GS-0025-05**	

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.

ALASKA LOCAL HIRE APPLICANT ELIGIBILITY QUESTIONNAIRE

Park Ranger GS-0025-05
WRST-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 Wrangell St. Elias National Park and Preserve?
   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 Wrangell St. Elias National Park and Preserve? (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 Wrangell St. Elias National Park and Preserve, 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 Wrangell St. Elias National Park and Preserve (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