

## 2017 APPLICATION

United States Department of the Interior  
Bureau of Indian Affairs  
Water Resources Technician Training Program  
Native American Water Corps  
Spring / Summer  
for  
*American Indians and Alaska Natives*

### Overview

#### Water Resources Technician:

The Tentative Date for the Bureau of Indian Affairs' (BIA), Water Resources Technician Training Program, Native American Water Corps is July 10, 2017 through August 4, 2017 four weeks at the University of Arizona, Tucson, Arizona. The Bureau of Indian Affairs pays academic tuition, fees, and costs to cover dining facility and housing on campus for those individuals nominated to attend the Water Resources Technician Training (WRTT) Program.

**Students successfully completing the training program** will receive a four month employment voucher for full-time temporary employment, either with a: Tribal Government; Federal or State Government agency; non-profit or private sector organizations in an entry-level water resources position to aid in development of higher education and/or career development.

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**Salary:** Four Month Employment Voucher  
**Promotion Potential:** Not Applicable (N/A)

**Deadline for Applications is:** April 6, 2017  
**Duty Location:** Tucson, Arizona.

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#### To be eligible for the WRTT program you must be:

- Member of her/his federally-recognized Indian Tribe, Band, Village in accordance with BIA Form 4432.
- Must be at least 18 to 34 years of age.

### **Training Summary:**

Our WRTT program is an intensive four-week period of instruction that meets six days per week with practical hands-on training in the monitoring of water quality and quantity. The coursework exposes students to a broad array of subjects ranging from basic surface and ground water hydrology; dam operations, maintenance, safety and hydro-power; flood control structures; analysis of hydrologic data; groundwater movement and modeling; basic hydraulics; drinking water and waste water treatment plant operations; irrigation; surface and groundwater pollution; management and cleanup of hazardous waste and emergency response; wetland protection; basic fish and wildlife biology and fish hatchery operations among others. Students spend a portion of their time acquiring hands-on experience in the field collecting physical data and sampling water in natural settings. Upon successful completion of the Water Resources Technician Training Program, you will have obtained the fundamental knowledge of practical hydrology and natural resource skills. If you are interested in becoming a Water Resources Technician, this is an excellent opportunity to work with and learn from skilled professionals!

### **About the Student Trainee Position:**

The Bureau of Indian Affairs WRTT program is designed to provide technical knowledge for students to gain opportunities to explore career goals in the water based sciences.

### **Training Program Objectives:**

The WRTT program will specifically, provide you:

- Relevant Technical work experience in water based sciences.
- Provide a real-life context for an understanding of the broader issues associated with water resources management.
- Basic Hydrology.
- Basic water management related to watersheds, rangelands, irrigation systems, and dams.

**Candidates must submit the following required documents to be considered for the training program:**

1. Endorsement letter from her/his federally-recognized tribal government,
2. **Provide a copy** of Certification of Membership in a federally-recognized tribe, signed by a Tribal Government official. (**Do not send an original certificate**);
3. Resume must be typed (**see attachment A**);
4. WRTT Applicant Contact Information Sheet (**see attachment B**);
5. WRTT Program Statement of Professional Interest (**see attachment C**);
6. High School Diploma or GED;
7. Transcript(s);
8. Two Letters of Recommendation addressed to the: [**2017 WRTT Selection Committee**];
9. Complete the OF-612, The Optional Application for Federal Employment (**see attachment D**). This Form is being used for general information only, and is **NOT an offer, intent, or consideration for Federal employment**.
10. BIA Form – 4432 Verification of Indian Preference for Employment in the Bureau of Indian Affairs and the Indian Health Service (**see attachment E**).
11. Suitable for WRTT employment, determined by a background investigation.

**BIA Voucher Restrictions:**

Applicants that are current government employees (Federal, State, or Tribal), if selected will not be eligible to receive the four month employment voucher from the BIA, because of their active employment status.

**Student Residence Policy:**

All selected students will be residing in the dormitory. Commuting to and from the training center is not authorized. No room and board is authorized at the training center for family members, friends, or pets.

**Work Conditions:**

Training usually occurs in a classroom, seminars, or workshops setting during pre-established work hours. The academic training environment includes exposure to reasonable risks and minor discomforts, such as those involving everyday hazards or distresses, which require normal safety precautions typical of offices or meeting and training rooms; or may involve occasional exposure to a laboratory that involves risks and hazards that require safety precautions. Outdoor working/training conditions involving moderate discomforts such as exposure to rain, cold/ extremely hot weather, and streams and rivers that may require special safety precautions and gear, such as life jackets, safety boots, waders, and reflective rainwear; travel in safety approved small water craft and off-road vehicles; irritating chemicals; noxious fumes; flammable liquids; hostile wildlife; poisonous insects, plants, and or snakes.

### **Physical Demands:**

Work may require the: interpersonal abilities sufficient to interact with professors water resources technician team members, instructors under physically and mentally demanding environmental conditions; ability to read fine print and fine details; able to remain calm and even-tempered in the face of challenges, demands, and deadlines; converse on the telephone and in person and be clearly understood; auditory ability sufficient to detect noises in electronic equipment; For example, both verbal and nonverbal signals from field team members at great distances and often with various background noises and both low- and high-pitched animal sounds; operate a computer keyboard and other electronic equipment necessary for this training position; manipulate small parts and components; long periods of standing; walking or riding over rough terrain; recurring bending, crouching, stooping, stretch, reaching, or similar activities and climb flights of stairs for prolonged periods of time and/or numerous times each day. Work may also include frequent lifting of moderately heavy items, such as equipment and samples that weigh less than 23 kilograms or approximately 50 pounds.

### **Mental Requirements:**

The students are required to complete all classroom and homework assignments in a professional manner. Daily attendance and active classroom participation is also, required to graduate occasional travel by conventional means motor vehicle.

### **How To Apply:**

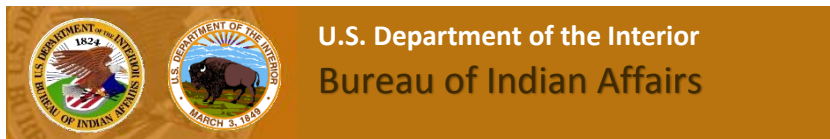
Applications are now being accepted. **DEADLINE FOR APPLICATIONS is April 6, 2017.**

### **Mail Applications To:**

Mr. Archie Barnes, BIA, Branch of Water Resources, Mail Stop-4637, 1849 C St., NW, Washington, DC 20240.

### **Fax Applications To:**

If you are faxing in your application package ensure that the fax cover page has your name and contact telephone number. BIA Fax: (202) 219-1065 Attention: **[2017 BIA WRTT Program]**



### **Other Information:**

It is your responsibility to verify that information mailed or faxed (i.e., documents) is complete, accurate, and submitted by the closing date. Faxed documents must be completely transmitted by 11:59 p.m. Eastern Standard Time on the closing date **April 6, 2017**. Failure to submit any of the required documents or incomplete application package by the closing date of this announcement will result in your removal from consideration for this position. If you are having difficulty applying or have questions regarding the status of your application, eligibility or qualifications determination contact: Archie Barnes at e-mail address: **BIA.Watertraining@BIA.Gov** or (202) 208-2999, or Toni Village-Center at (202) 219-3956.

### **WHAT TO EXPECT NEXT:**

Once the application process is complete, a review of your application will be made to ensure you meet the water resources technician program requirements. To determine if you are qualified for this training, we will review of your documents.

### **Application Timeline:**

- Application Deadline (including all supporting documents): April 6, 2017
- Selectees notified of selection by WRTT Program Manager via e-mail: May.
- Non-selects notified by e-mail by WRTT Program Manager: May.
- Training starts: July 10, 2017

### **Veterans' Preference Documentation:**

If you are claiming veterans' preference, you must submit a **copy** of your Certificate of Release or Discharge From Active Duty, DD-214 (Member 4 copy), or other official documentation from a branch of the Armed Forces or the Department of Veterans Affairs showing dates of service and type of discharge.

### **Reasonable Accommodation Policy Statement:**

The Bureau of Indian Affairs will provide reasonable accommodation to applicants with disabilities where appropriate. Applicants requiring reasonable accommodation for any part of the application and selection process should contact Representatives at the above address. Determinations on requests for reasonable accommodation will be made on a case by case basis.





**2017 WRTT Program Applicant Contact Information Sheet**

**Attachment-B**

Your Full Name *(PRINT or TYPE)*

1<sup>st</sup> E-mail Address *(PRINT or TYPE)*

2<sup>nd</sup> E-mail Address *(PRINT or TYPE)*

Preferable time & day during the week to contact you

( )  
Home Phone      Work Phone

( )      ( )  
Cell Phone      Other Phone

Address

Address

City, ST, ZIP Code

City, ST, ZIP Code

**Alternative Individuals for Contacting You**

Full Name Primary Contact

Full Name Secondary Contact

Home Phone      Work Phone

Home Phone      Work Phone

Address

Address

City, ST, ZIP Code

City, ST, ZIP Code

E-mail Address *(PRINT or TYPE)*

E-mail Address *(PRINT or TYPE)*







# OPTIONAL APPLICATION FOR FEDERAL EMPLOYMENT - OF 612

You may apply for most jobs with a resume, this form, or other written format. If your resume or application does not provide all the information requested on this form and in the job vacancy announcement, you may lose consideration for a job.

1 Job title in announcement		2 Grade(s) applying for	3 Announcement number
4 Last name	First and middle names		5 Social Security Number
6 Mailing address			7 Phone numbers (include area code) Daytime ( ) Evening ( )
City	State	ZIP Code	

**WORK EXPERIENCE**

8 Describe your paid and nonpaid work experience related to the job for which you are applying. Do **not** attach job descriptions.

1) Job title (if Federal, include series and grade)

From (MM/YY)	To (MM/YY)	Salary	per	Hours per week
		\$		
Employer's name and address				Supervisor's name and phone number ( )
Describe your duties and accomplishments				

2) Job title (if Federal, include series and grade)

From (MM/YY)	To (MM/YY)	Salary	per	Hours per week
		\$		
Employer's name and address				Supervisor's name and phone number ( )
Describe your duties and accomplishments				

**Attachment-D**

**GENERAL INFORMATION**

Optional Form 612 (September 1994) (EG)  
U.S. Office of Personnel Management

You may apply for most Federal jobs with a resume, the attached *Optional Application for Federal Employment* or other written format. If your resume or application does not provide all the information requested on this form and in the job vacancy announcement, you may lose consideration for a job. Type or print clearly in dark ink. Help speed the selection process by keeping your application brief and sending only the requested information. If essential to attach additional pages, include your name and Social Security Number on each page.

- For information on Federal employment, including job lists, alternative formats for persons with disabilities, and veterans' preference, call the U.S. Office of Personnel Management at 912-757-3000, TDD 912-744-2299, by computer modem 912-757-3100, or via the Internet at <http://www.usajobs.opm.gov>.
- If you served on active duty in the United States Military and were separated under honorable conditions, you may be eligible for veterans' preference. To receive preference if your service began after October 15, 1976, you must have a Campaign Badge, Expeditionary Medal, or a service-connected disability. Veterans' preference is not a factor for Senior Executive Service jobs or when competition is limited to status candidates (current or former career or career-conditional Federal employees). Most Federal jobs require United States citizenship and also that males over age 18 born after December 31, 1959, have registered with the Selective Service System or have an exemption.
- The law prohibits public officials from appointing, promoting, or recommending their relatives.
- Federal annuitants (military and civilian) may have their salaries or annuities reduced. All employees must pay any valid delinquent debts or the agency may garnish their salary.
- Send your application to the office announcing the vacancy. If you have questions, contact that office.
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**THE FEDERAL GOVERNMENT IS AN EQUAL OPPORTUNITY EMPLOYER**



**PRIVACY ACT AND PUBLIC BURDEN STATEMENTS**

■ The Office of Personnel Management and other Federal agencies rate applicants for Federal jobs under the authority of sections 1104, 1302, 3301, 3304, 3320, 3361, 3393, and 3394 of title 5 of the United States Code. We need the information requested in this form and in the associated vacancy announcements to evaluate your qualifications. Other laws require us to ask about citizenship, military service, etc.

■ We request your Social Security Number (SSN) under the authority of Executive Order 9397 in order to keep your records straight; other people may have the same name. As allowed by law or Presidential directive, we use your SSN to seek information about you from employers, schools, banks, and others who know you. Your SSN may also be used in studies and computer matching with other Government files, for example, files on unpaid student loans.

■ If you do not give us your SSN or any other information requested, we cannot process your application, which is the first step in getting a job. Also, incomplete addresses and ZIP Codes will slow processing.

■ We may give information from your records to: training facilities, organizations deciding claims for retirement, insurance, unemployment or health benefits; officials in litigation or administrative proceedings where the Government is a party; law enforcement agencies concerning violations of law or regulation; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representing employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearances, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public and private organizations including news media that grant or publicize employee recognition

and awards; and the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives, the Federal Acquisition Institute, and congressional offices in connection with their official functions.

■ We may also give information from your records to: prospective nonfederal employers concerning tenure of employment, civil service status, length of service, and date and nature of action for separation as shown on personnel action forms of specifically identified individuals; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and nonfederal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from self-and-family to self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement or job for the Federal Government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employee about fitness-for-duty or agency-filed disability retirement procedures.

■ We estimate the public reporting burden for this collection will vary from 20 to 240 minutes with an average of 40 minutes per response, including time for reviewing instructions, searching existing data sources, gathering data, and completing and reviewing the information. You may send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to U.S. Office of Personnel Management, Reports and Forms Management Officer, Washington, DC 20415-0001.

■ Send your application to the agency announcing the vacancy.

9 May we contact your current supervisor?

YES [ ] NO [ ] ▶ If we need to contact your current supervisor before making an offer, we will contact you first.

**EDUCATION**

10 Mark highest level completed. Some HS [ ] HS/GED [ ] Associate [ ] Bachelor [ ] Master [ ] Doctoral [ ]

11 Last high school (HS) or GED school. Give the school's name, city, State, ZIP Code (if known), and year diploma or GED received.

12 Colleges and universities attended. Do not attach a copy of your transcript unless requested.

Name	Total Credits Earned		Major(s)	Degree - (if any)	Year Received
	Semester	Quarter			
1) City State ZIP Code					
2)					
3)					

**OTHER QUALIFICATIONS**

13 Job-related training courses (give title and year). Job-related skills (other languages, computer software/hardware, tools, machinery, typing speed, etc. Job-related certificates and licenses (current only). Job-related honors, awards, and special accomplishments (publications, memberships in professional/honor societies, leadership activities, public speaking, and performance awards.) Give dates, but do not send documents unless requested.

Attachment-D

**GENERAL**

14 Are you a U.S. citizen? YES [ ] NO [ ] ▶ Give the country of your citizenship. \_\_\_\_\_

15 Do you claim veterans' preference? NO [ ] YES [ ] ▶ Mark your claim of 5 or 10 points below.  
 5 points [ ] ▶ Attach your DD 214 or other proof. 10 points [ ] ▶ Attach an Application for 10-Point Veterans' Preference (SF 15) and proof required.

16 Were you ever a Federal civilian employee? NO [ ] YES [ ] ▶ For highest civilian grade give:  
 Series \_\_\_\_\_ Grade \_\_\_\_\_ From (MM/YY) \_\_\_\_\_ To (MM/YY) \_\_\_\_\_

17 Are you eligible for reinstatement based on career or career-conditional Federal status? NO [ ] YES [ ] ▶ If requested, attach SF 50 proof.

**APPLICANT CERTIFICATION**

18 I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete and made in good faith. I understand that false or fraudulent information on or attached to this application may be grounds for not hiring me or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated.

SIGNATURE

DATE SIGNED



**VERIFICATION OF INDIAN PREFERENCE FOR EMPLOYMENT  
IN THE BUREAU OF INDIAN AFFAIRS AND THE INDIAN HEALTH SERVICE**

Complete one of the categories as stated in the Instructions and submit this form with your application for Federal employment.

**CATEGORY A - MEMBERS OF FEDERALLY-RECOGNIZED INDIAN TRIBES, BANDS OR COMMUNITIES**

This is to certify that the person named below is a member of the tribe shown:

Full Name \_\_\_\_\_ Enrollment No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Tribal Affiliation \_\_\_\_\_

I certify that the above information was taken from the official membership records of the \_\_\_\_\_ Tribe (or records maintained for the Tribe by the BIA) and acknowledge that falsification and misrepresentation of this information is punishable under Federal Law, 18 U.S.C. 1001.

Certification by Tribal Official:

And if required, verification by the BIA Official maintaining the official tribal rolls that the individual is listed on enrollment list maintained by the BIA at the request of the tribe.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature of BIA Official \_\_\_\_\_ Date \_\_\_\_\_  
Print Name & Title of Tribal Official \_\_\_\_\_ Name/Title \_\_\_\_\_ Agency \_\_\_\_\_

**CATEGORY B - DESCENDANTS OF MEMBERS OF FEDERALLY-RECOGNIZED INDIAN TRIBES, BANDS OR COMMUNITIES WHO WERE RESIDING ON ANY INDIAN RESERVATION ON JUNE 1, 1934**

I certify that the person named below has established to my satisfaction that he/she is a descendant of an enrolled member of the tribe named below and that he/she was living on an Indian reservation on June 1, 1934. The applicant's family history is outlined on the attached family history chart.

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Reservation of Residence on June 1, 1934 \_\_\_\_\_ Full Name of Ancestor & Tribal Affiliation \_\_\_\_\_

Title and source of records upon which this is based: \_\_\_\_\_  
BIA Official \_\_\_\_\_ Date \_\_\_\_\_  
Title \_\_\_\_\_ Agency \_\_\_\_\_

**CATEGORY C - PERSONS WHO POSSESS AT LEAST ONE-HALF DEGREE INDIAN BLOOD DERIVED FROM TRIBES INDIGENOUS TO THE UNITED STATES.**

I certify that I have reviewed the documentation to support the below listed individual's claim to possess at least one-half degree Indian blood. The applicant's family history is outlined on the attached family history chart and official records.

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Degree of Blood and Tribal Derivation \_\_\_\_\_

Title & Source of Records upon which this is based: \_\_\_\_\_  
BIA Official \_\_\_\_\_ Date \_\_\_\_\_  
 Official Records of Tribal Affiliation & Blood Degree  
 State or Academic Recognition of Indigenous Status  
Title \_\_\_\_\_ Agency \_\_\_\_\_

Attachment-E



**CATEGORY D - ALASKA NATIVE**

I certify that the person named below is a member of an Alaska Native Tribe; or, an individual whose name appears on the roll of Alaska Natives prior to July 31, 1981, and not subsequently disenrolled; or, an individual who was issued stock in a Native corporation pursuant to 43 U.S.C. 1606(g)(1)(B)(i).

Name	Date of Birth	Alaska Native Village/Corporation/Roll
Title and source of records upon which this is based:		
	BIA Official	Date
	Title	Agency

**INSTRUCTIONS FOR COMPLETING FORM BIA-4432**

1. It is the responsibility of the individual to establish evidence of entitlement to Indian preference. Applicants must submit as much background information as possible to verify eligibility for Indian preference. Falsification or misrepresentation of information is punishable under Federal Law, 18 U.S.C. 1001.

**CATEGORY A**

**MEMBERS OF FEDERALLY-RECOGNIZED INDIAN TRIBES, BANDS OR COMMUNITIES.** If you are a member of a Federally-recognized tribe, you must request that your tribe complete this category. One of the following procedures will apply and you will be advised by your tribe:

If your tribe has contracted or compacted the maintenance of tribal enrollment records under the Indian Self-Determination and Education Assistance Act, Pub. L. 93-638, as amended, 25 U.S.C. 450, a verification signed by an *authorized* Tribal Representative(s) is sufficient.

If your tribe does *not* maintain tribal enrollment records, the tribe must certify that you are a member and you must submit the form to the BIA official who maintains the official roll for the tribe.

**CATEGORY B AND C**

- **DESCENDANTS OF MEMBERS OF FEDERALLY RECOGNIZED INDIAN TRIBES, BANDS OR COMMUNITIES WHO WERE RESIDING ON ANY INDIAN RESERVATION ON JUNE 1, 1934**
- **PERSONS WHO POSSESS AT LEAST ONE-HALF DEGREE INDIAN BLOOD DERIVED FROM TRIBES INDIGENOUS TO THE UNITED STATES**

If you are claiming preference based on any of these categories, you should provide as much information as possible regarding your family history. This will be the only information which the BIA will have to certify your lineal descent.

If you are claiming preference based upon lineal descent from a member of a federally recognized tribe, band or community, you must also document that you were residing within the present boundaries of the reservation on June 1, 1934.

If you possess one-half degree Indian blood from a tribe indigenous to the United States, you must submit state or academic records that document this status, as well as official records that establish your degree of Indian blood, such as census records. You must also complete the attached FAMILY HISTORY.

**Attachment-E**



**Category D**

**ALASKA NATIVE OR DESCENDANT OF AN ALASKA NATIVE.** You may contact the Bureau of Indian Affairs office servicing your village or corporation for completion of this category.

**2. INSTRUCTIONS TO BIA OFFICIALS:**

This form has been designed for the verification that an applicant is entitled to Indian preference in employment. If category A membership is verified through records maintained for the Tribe by the BIA, a tribal representative must also sign the verification. If the applicant does not meet the tribal enrollment criteria, the form should not be completed. If the applicant cannot document at least one-half degree Indian blood derived from tribes indigenous to the United States, the form should not be completed. Upon verification by a BIA Regional Director, Superintendent or other designed responsible BIA official, the applicant will be entitled to preference in employment.

**3. INSTRUCTIONS TO PERSONNEL OFFICERS:**

Receipt of a properly verified FORM BIA 4432, together with an acceptable application, "Personal Qualifications Statement", entitles an applicant to preference in employment.

**4. PAPERWORK REDUCTION ACT NOTICE:**

The information collection is approved by the Office of Management and Budget under the Paperwork Reduction Act of 1995, 44 U.S.C. 3507(d), and assigned clearance number 1076-0160. This information is collected to verify that individuals are eligible for preference when appointments are made to vacancies in positions in the Bureau of Indian Affairs. It is estimated that it takes the applicant about 30 minutes to complete this form. 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. If you have any questions regarding the burden estimation, please contact: Information Collection Clearance Officer – Indian Affairs, 1849 C Street, NW, MS-3642, Washington, DC 20240.

**5. PRIVACY ACT STATEMENT:**

This information is collected as provided pursuant to the Privacy Act, 5 U.S.C. 552a, for individuals completing application forms for Federal employment with the Bureau of Indian Affairs (DOI) or the Indian Health Service (DHHS). We are authorized to collect information to verify Indian ancestry or Indian tribal membership by 25 U.S.C. 2, 4 Stat. 564 and 15 Stat. 228; 25 U.S.C. 9, 4 Stat. 738; 25 U.S.C. 43; 36 Stat. 272; 25 U.S.C. 44, 28 Stat. 313; 25 U.S.C. 46, 22 Stat. 88 and 23 Stat. 697; 25 U.S.C. § 348, 24 Stat. 398 and 31 Stat. 1085; 25 U.S.C. 472, 48 Stat. 986; 25 U.S.C. § 472a, 93 Stat. 1057 and 94 Stat. 695; 25 U.S.C. 479, 48 Stat. 988; and 5 U.S.C. 8336. The information collected will be used to determine eligibility for Indian preference and may be disclosed to the Department of the Interior Office of Personnel, the United States Office of Personnel Management, and the Indian Health Services Office of Personnel. The system of records notice is DOI-79, Interior Personnel Records, 64 FR 20010 (April 23, 1999).

**6. EFFECTS OF NON-DISCLOSURE:**

Disclosure of the information requested on this form (Form BIA 4432) is voluntary. However, consideration for Indian preference in employment under 25 CFR Part 5 requires proof that (a) you are a member of any recognized Indian tribe currently under Federal jurisdiction; (b) you are a descendant of a member residing within the present boundaries of any Indian reservation on June 1, 1934; (c) you are an Eskimo or another aboriginal person of Alaska as defined by the Alaska Native Claims Settlement Act (43 U.S.C. 1601 *et seq.*); or (d) you possess one-half or more Indian blood of tribes that are indigenous to the United States. Indian Reorganization Act of June 18, 1934, 25 U.S.C. 472.



## 2017 Water Resources Technician Training Program Native American Water Corps Application Announcement



### About the Student Trainee Position:

The Bureau of Indian Affairs' Water Resources Technician Training Program Native American Water Corps by design is an intensive four-week period of instruction that meets six days per week with practical hands-on training which, provides technical knowledge for selected trainees that are high school graduates, college under-graduates and possibly college graduates to gain opportunities to explore career goals in the water based sciences with their tribal government, as well as, possible federal, or state government agency, non- profit or private sector organizations water resources positions throughout the country.

### Benefits:

Students successfully completing the training program will receive a four month employment voucher for full-time temporary employment, either with a: Tribal Government; Federal or State Government Agency; Non- Profit or Private Sector Organizations in an entry-level water resources position to aid in development of higher education and/or career development.

### Eligibility Requirements You Must:

- Member of her/his Federally-recognized Indian Tribe, Band, Village or Community.
- Persons who possess at least one-half degree Indian blood derived from Tribes Indigenous to the United States.
- Descendants of Members of Federally-Recognized Indian Tribes, Bands or Communities who were Residing on any Indian Reservation on June 1, 1934, Student to have BIA Form 4432 prepared for application.
- Alaska Native, [Person is a member of an Alaska Native Tribe; an individual whose name appears on the roll of Alaska Native prior to July 31, 1981, and not subsequently dis-enrolled; or an individual who was issued stock in a Native corporation pursuant to 43 U.S.C. 1606 (g)(1)(B)(i)].
- Must be at least 18 to 34 years of age.



If you have questions or would like additional information e-mail: [BIA.Watertraining@BIA.Gov](mailto:BIA.Watertraining@BIA.Gov) or call (202) 208-2999.



<b>Checklist of Required Documents to Submit with Application</b>		Check each box for requirement to ensure that your WRTT application package is Complete
We strongly encourage applicants to review the program requirements carefully, prepare all of their application materials then verify that the application package is complete prior to submission!		✓
Document(s)	Description of Required Action	
Endorsement letter	Provided by your federally-recognized tribal government, preferably the Chairman, Governor, or Head of Nations.	
Certification of Tribal Membership	Provide a copy of Certification of Membership in a federally-recognized tribe, signed by a tribal Government official. (Do not send an original certificate).	
Resume	One or two pages resume that outlines your educational background, honors or recognitions, work experience, activities, special skills, etc. Please be sure to include any computer-related expertise or foreign language skills, as well as prior internships and community service activities.	
WRTT applicant contact Information	Completed WRTT applicant contact information sheet.	
Statement of Professional Interest	In approximately one page double spaced provide the below information in your Statement of Professional Interest. <ul style="list-style-type: none"> <li>• Career skills you're hoping to gain, and ways in which, the WRTT will contribute to your placement site.</li> <li>• Your desired placement locale and venue for example: Tribal Government; Federal or State Government agency; non-profit or private sector organization.</li> <li>• Reasons for wanting to join the WRTT program.</li> <li>• Plans for future higher education and/or career development.</li> <li>• Your interest in the water base science field.</li> <li>• How you will utilize the training after completion.</li> </ul>	
High School Diploma	Provide certified copy of High school diploma or GED certificate.	
Transcript(s)	<b>ONLY IF YOU ARE UNABLE TO PROVIDE A CERTIFIED COPY OF YOUR HIGH SCHOOL DIPLOMA OR GED CERTIFICATE. YOU MUST PROVIDE AN OFFICIAL TRANSCRIPT</b> Indicating successful completion of high school diploma or GED send the documents to: Mr. Archie Barnes, BIA, Branch of Water Resources, Mail Stop-4637, 1849 C St., NW, Washington, DC 20240 <b>YOUR OFFICIAL TRANSCRIPT MUST BE RECEIVED BY THE ANNOUNCEMENT CLOSING DATE April 6, 2017.</b>	
Two Letters of Recommendation	Two letters of recommendation are highly encouraged but not required. The letters may be from a tribal government official; high school teacher, faculty member or supervisor. Neither letter should come from a family member or friend. Address the letters to the: <b>[2017 WRTT Selection Committee]</b> .	
OF-612	Completed the OF-612, The Optional Application for Federal Employment (see attachment). This form is being used for general information only, and is <b>NOT an offer, intent, or consideration for Federal employment.</b>	
BIA Form – 4432	Verification of Indian Preference for Employment in the Bureau of Indian Affairs and the Indian Health Service <b>THIS NOT AN EMPLOYMENT OFFER, EXPRESSED INTENT, OR CONSIDERATION FOR FEDERAL EMPLOYMENT.</b> The BIA Form – 4432 is utilized to authenticate applicant meet the tribal requirements in accordance with BIA Form – 4432 to qualify for the BIA WRTT Program.	