

UNITED STATES DEPARTMENT OF AGRICULTURE

Farm Service Agency
Honolulu County Office

VACANCY ANNOUNCEMENT

ANNOUNCEMENT NUMBER: HI-24-005

OPENING DATE: Tuesday, April 16, 2024

CLOSING DATE: Applications must be received by close of business
(4:00 pm Hawaii Standard Time) Tuesday, April 30, 2024

POSITION TITLE: Program Technician, Temporary, Full-time or Part-time CO-1101-3/4/5/6/7, not to exceed September 30, 2024. (This position may be extended past September 30, 2024 should funds become available.)

SALARY: CO-3 is \$32,853; CO-4 is \$36,878 annually; CO-5 is \$41,260 annually; CO-6 is \$45,994 annually; CO-7 is \$51,110 annually plus 8.90% Cost of Living Allowance (COLA)

GRADE: CO-3 through CO-7 depending upon qualifications of the applicant. This is a non-civil service position with the local FSA County Office.

LOCATION: Honolulu County FSA Office
3375 Koapaka Street, Suite B-211
Honolulu, HI 96819
(808) 861-8538, extension 2

AREA OF CONSIDERATION: Open to all U.S. Citizens and Nationals in the State of Hawaii

DESCRIPTION OF DUTIES:

Performs administrative tasks (i.e., answering the phone, filing, mailing, computer data entry, processing payments) related to FSA Farm Programs as required. Uses a high degree of judgment and initiative in planning and carrying out assigned tasks and resolving problems encountered. Valid driver's license to operate 4-wheel drive vehicles.

GENERAL QUALIFICATIONS:

All candidates must be U.S. Citizens/US. National, high school graduates or equivalent, and be at least 18 years of age or 17 years of age for high school graduates.

Selected applicant will be required to pass a background investigation and fingerprint check.

The following are minimum requirements for the possible grade levels of this position:

CO-3 - Six (6) months of general experience relating to office work or equal background in the operations of a farm or ranch or one (1) year of qualifying education above high school.

CO-4 - One (1) year of general experience relating to office work or equal background in the operations of a farm or ranch or two (2) years of qualifying education above high school.

CO-5 - One (1) year of specialized experience directly related to the functions of the position to be filled or equivalent office experience in a related activity at the next lower grade level or four (4) years of qualifying education above high school.

CO-6 - One (1) year of specialized experience directly related to the functions of the position to be filled at the next lower grade level.

CO-7 - One (1) year of specialized experience directly related to the functions of the position to be filled at the next lower grade level.

To qualify based on education, submit copy of transcript or list of courses with credit hours, major(s), and grade-point average or class ranking. Application materials will not be returned. You can receive credit for education received outside the United States if you provide evidence that it is comparable to an accredited educational institution in the United States when you apply.

HOW TO APPLY:

Interested candidates who meet the basic eligibility requirements may file for consideration by sending the following **MANDATORY** information to the address below:

- **Application.** FSA-675 (Application for FSA County Employment), resume, or any other written format. You must include your Social Security Number (SSN), your country of Citizenship, education, and work experience.

Form FSA-675 (Application for FSA County Employment) may be obtained from any FSA County Office, or from the Hawaii State & Pacific Basin FSA Office located in the Prince Kuhio Federal Building.

- **KSA.** Supplemental KSA (knowledge, skills and abilities) statements for each of the following listed below:
 1. Ability to plan and work independently with minimal oversight.
 2. Skill in using computers.

3. Ability to work as part of a team to achieve agency goals.
4. Ability to identify and resolve problems.

There are no special forms for these KSA statements. They may be submitted on plain paper with your name and the announcement number at the top. You should include specific tasks performed, the dates you performed them, and where you were working at the time. KSA statements may not be more than 2 single-spaced pages per KSA. **Candidates who do not submit the supplemental statements will not be considered.**

- **Transcript.** Copy of transcript or list of courses with credit hours, major(s), and grade-point average or class ranking. Materials will not be returned.

Employment applications may be mailed through the U.S. Postal Service or any commercial or private carrier (i.e., Federal Express, United Parcel Service, etc.). The use of U.S. Government envelopes and Government postage is prohibited. Applications received in such envelopes will not be considered. Employment applications may also be submitted by email to jason.shitanishi@usda.gov or by Facsimile (FAX) to 855-356-9490. Arrival of the application prior to the closing date of the announcement is the responsibility of the applicant. Please submit your application to the following address:

Honolulu County FSA Office
3375 Koapaka Street, Suite B-211
Honolulu, HI 96819
(808) 861-8538, extension 2

BASIS OF RATING:

All applicants will be considered on the basis of their education, experience, supervisory appraisal (when available), training, awards, knowledge, skills, and abilities (KSAs).

PAY, BENEFITS AND WORK SCHEDULE:

This is a **temporary** full-time or part-time, non-Federal appointment which will not exceed September 30, 2024. (This position may be extended past September 30, 2024 should funds become available.)

RELOCATION EXPENSES:

Relocation expenses are **not** authorized.

OTHER INFORMATION:

Identification of promotion potential in this position does not constitute a commitment or an obligation on the part of management to promote the employee selected at some future date. Promotion will depend upon administrative approval and the continuing need for an actual assignment and performance of higher level duties.

Before being hired, you will be required to sign and certify the accuracy of information in your application if you have not done this using an application form.

This Agency provides reasonable accommodations to applicants with disabilities. The decision on granting reasonable accommodation will be on a case-by-case basis.

The work may involve special physical requirements and/or exposure to inclement environmental conditions.

EQUAL EMPLOYMENT OPPORTUNITY:

USDA is an equal opportunity provider, employer, and lender.

Candidates will be considered without discrimination for any nonmerit reason such as race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status or membership or non-membership in any employee organization. This agency provides reasonable accommodations to applicants with disabilities. The decision on granting reasonable accommodation will be on a case-by-case basis.

FSA-675 (07-02-99)	U. S. DEPARTMENT OF AGRICULTURE Farm Service Agency	1. STATE	2. COUNTY
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APPLICATION FOR FSA COUNTY EMPLOYMENT

NOTE: *The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1980, as amended. The authority for requesting the following information is 7 CFR Part 7. The information will be used for recruitment, screening and selection of candidates for FSA County Office employment. Furnishing the requested information is voluntary; however, persons not furnishing it will not be considered for employment. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.*

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0016. The time required to complete this information collection is estimated to average 64 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

3. POSITION APPLIED FOR	4. LOWEST SALARY ACCEPTABLE \$	5. NO. DAYS NOTICE REQUIRED BEFORE REPORTING TO DUTY
6. NAME (First) (Middle) (Maiden) (Last)	7. SOCIAL SECURITY NUMBER	

8. ADDRESS (street, rural route, city, state, zip code)	9. U.S. CITIZEN? YES <input type="checkbox"/> NO <input type="checkbox"/>
10. TELEPHONE NUMBER (Include area code)	

11. PLACE OF BIRTH (town or city, state)

	YES	NO
12. Have you ever been convicted of, or forfeited collateral for any firearms or explosive violation ?		
13. Are you now under charges for any violation of law?		
14. During the last 10 years have you forfeited collateral, been convicted, been imprisoned, been on probation, or been on parole? Do not include violations reported in 13 or 14, above.		
15. Have you ever been convicted by a military court-martial ? If no military service, answer " NO ".		
16. Are you delinquent on any Federal debt? (Include delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government plus defaults on Federally guaranteed or insured loans such as student and home mortgage loans.)		

17. If "**YES**" in: 15 - Explain each violation. Give place of occurrence and name/address of police or court involved.
 16 - Explain the type, length and amount of the delinquency or default, and steps you are taking to correct errors or repay the debt. Give any identification number associated with the debt and the address of the Federal agency involved.

NOTE: If you need more space, use a sheet of paper, and include the item number.

ITEM NO.	DATE	EXPLANATION	MAILING ADDRESS		
			Name of Employer, Police, Court, or Federal Agency		
			City	State	ZIP Code
			Name of Employer, Police, Court, or Federal Agency		
			City	State	ZIP Code

18. Do any of your relatives work for the United States Government, the United States Armed Forces, or any County FSA Office? If "yes", include: father; mother; husband, wife; son; daughter; brother; sister; uncle; aunt; first cousin, nephew; niece; father-in-law; mother-in-law; son-in-law; daughter-in-law, brother-in-law, and sister-in-law.	YES	NO
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NAME	RELATIONSHIP	DEPARTMENT, AGENCY, OR BRANCH OF ARMED FORCES

19. During the last 10 years , were you fired from any job for any reason, did you quit after being told that you would be fired , or did you leave by mutual agreement because of specific problems?	YES	NO
20. Do you receive, or have you applied for retirement pay, pension or other based on military, Federal civilian, or District of Columbia Government service?		

21. Do you hold any office or serve in any position with a general or specialized farm or commodity organization.	YES	NO	If yes, give the names of the organization and the offices and positions held. You may be required to give up these positions if you are accepted for employment with FSA. <i>(Attach a separate sheet, if necessary.)</i>
22. During any past FSA service, have you ever been removed from office or are you at present disqualified for future FSA employment?			If yes, give details and attach a separate sheet.

23. EDUCATION

A. Did you graduate from high school? <i>If you have a GED high school equivalency or will graduate within the next nine months, answer "YES".</i>	YES		If "YES", give month, and year graduated or received GED equivalency.	MONTH	YEAR
	NO		If "NO", give the highest grade you completed.	HIGHEST GRADE COMPLETED	

B. DESCRIBE ANY SPECIAL TRAINING YOU RECEIVED WHICH MAY BE HELPFUL TO YOU IN WORKING FOR THE COUNTY FSA OFFICE.

C. List All Other Schools Attended Above High School Level and Give the Following Information:

1. NAME AND LOCATION	2. DATES ATTENDED		3. COMPLETED		4. CHECK		5. DEGREES RECEIVED
	FROM	TO	SCHOOL YEARS	CREDIT HOURS <i>(Semester or Quarters)</i>	DAY	NIGHT	

D. Major field of study at highest level of college work:

1. CHIEF UNDERGRADUATE COLLEGE SUBJECTS STUDIED AND/OR DEGREE LEVEL	2. CREDIT HOURS EARNED		3. CHIEF GRADUATE COLLEGE SUBJECTS STUDIED	4. CREDIT HOURS EARNED	
	SEMESTER	QUARTER		SEMESTER	QUARTER

24. MILITARY SERVICE

A. BRANCH OF SERVICE	B. DATE OF ENTRY	C. DATE OF DISCHARGE	D. TYPE OF DISCHARGE
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25. REFERENCES (Give name, address and occupation of two persons not related to you who have knowledge of your qualifications and abilities)

A. NAME	ADDRESS	OCCUPATION
B. NAME	ADDRESS	OCCUPATION

26. FARM/AGRI-BUSINESS EXPERIENCE (Give dates, nature, type, and extent of your experience)

27. EXPERIENCE (Start with current or last position and work back)							
1	A. DATE OF EMPLOYMENT		B. SALARY				C. TITLE OF POSITION
	FROM (Mo., Yr..)	TO (Mo., Yr..)	STARTING \$	PER	FINAL \$	PER	
D. NAME AND ADDRESS OF EMPLOYER						E. NO. HOURS PER WEEK WORKED (If other than full time)	
						F. REASON FOR LEAVING	
G. DESCRIPTION OF WORK							
2	A. DATE OF EMPLOYMENT		B. SALARY				C. TITLE OF POSITION
	FROM (Mo., Yr..)	TO (Mo., Yr..)	STARTING \$	PER	FINAL \$	PER	
D. NAME AND ADDRESS OF EMPLOYER						E. NO. HOURS PER WEEK WORKED (If other than full time)	
						F. REASON FOR LEAVING	
G. DESCRIPTION OF WORK							
3	A. DATE OF EMPLOYMENT		B. SALARY				C. TITLE OF POSITION
	FROM (Mo., Yr..)	TO (Mo., Yr..)	STARTING \$	PER	FINAL \$	PER	
D. NAME AND ADDRESS OF EMPLOYER						E. NO. HOURS PER WEEK WORKED (If other than full time)	
						F. REASON FOR LEAVING	
G. DESCRIPTION OF WORK							

4	A. DATE OF EMPLOYMENT		B. SALARY				C. TITLE OF POSITION
	FROM (Mo., Yr..)	TO (Mo., Yr..)	STARTING \$	PER	FINAL \$	PER	
D. NAME AND ADDRESS OF EMPLOYER						E. NO. HOURS PER WEEK WORKED (If other than full time)	
						F. REASON FOR LEAVING	
G. DESCRIPTION OF WORK							

5	A. DATE OF EMPLOYMENT		B. SALARY				C. TITLE OF POSITION
	FROM (Mo., Yr..)	TO (Mo., Yr..)	STARTING \$	PER	FINAL \$	PER	
D. NAME AND ADDRESS OF EMPLOYER						E. NO. HOURS PER WEEK WORKED (If other than full time)	
						F. REASON FOR LEAVING	
G. DESCRIPTION OF WORK							

NOTE: It is important that all periods of County FSA employee service and Civil Service employment be reflected in this application. If you have service of this type which has not already been noted in this application, attach a separate sheet citing each period of such service.

28. CERTIFICATION

I certify that the statements made by me in this application are true, complete, and correct and made in good faith. A false statement on any part of your application may be grounds for not hiring you, or for firing you after you begin work.

SIGNATURE OF APPLICANT	DATE

29. APPROVALS

A. MEETS QUALIFICATION STANDARDS		B. APPROVED FOR EMPLOYMENT	
NAME		NAME	
TITLE	DATE	TITLE	DATE