

GENERAL INFORMATION

1 What kind of job are you applying for? Give title and announcement no. (if any)

Health Physicist, #89-RI-050

2 Social Security Number

3 Sex

☒ Male ☐ Female

4 Birthplace (City and State or Country)

Philadelphia, Pa.

6 Name (Last, First, Middle)

Dwyer, James Paul

Mailing address (include apartment number, if any)

City

7 Other names ever used (e.g., maiden name, nickname, etc.)

not applicable

8 Home Phone

Area Code

9 Work Phone

Area Code

Number

Extension

not applicable

10 Were you ever employed as a civilian by the Federal Government? If "NO", go to Item 11. If "YES", mark each type of job you held with an "X".

☒ Temporary ☐ Career-Conditional ☐ Career ☐ Excepted

What is your highest grade, classification series and job title?

GS-4, Citrus Blackfly Specialist,

U.S. Dept. of Agriculture, Miami, FL

Dates at highest grade: FROM 1/30/77 to 7/30/77

AVAILABILITY

11 When can you start work? (Month and Year)

9/89

12 What is the lowest pay you will accept? (You will not be considered for jobs which pay less than you indicate.)

Pay \$ negotiable OR Grade

13 In what geographic area(s) are you willing to work?

midAtlantic area

14 Are you willing to work:

YES NO

- A. 40 hours per week (full-time)?
B. 25-32 hours per week (part-time)?
C. 17-24 hours per week (part-time)?
D. 16 or fewer hours per week (part-time)?
E. An intermittent job (on-call/seasonal)?
F. Weekends, shifts, or rotating shifts?

15 Are you willing to take a temporary job lasting:

- A. 5 to 12 months (sometimes longer)?
B. 1 to 4 months?
C. Less than 1 month?

16 Are you willing to travel away from home for:

- A. 1 to 5 nights each month?
B. 6 to 10 nights each month?
C. 11 or more nights each month?

MILITARY SERVICE AND VETERAN PREFERENCE

17 Have you served in the United States Military Service? If you only active duty was training in the Reserves or National Guard, answer "NO". If "NO", go to Item 22.

18 Did you or will you retire at or above the rank of major or lieutenant commander?

FOR USE OF EXAMINING OFFICE ONLY

Date entered register

Form reviewed:

Form approved:

Option	Grade	Earned Rating	Veteran Preference	Augmented Rating
			<input type="checkbox"/> No Preference Claimed	
			<input type="checkbox"/> 5 Points (Tentative)	
			<input type="checkbox"/> 10 Pts. (30% Or More Comp. Dis.)	
			<input type="checkbox"/> 10 Pts. (Less Than 30% Comp. Dis.)	
			<input type="checkbox"/> Other 10 Points	

Initials and Date

☐ Disallowed ☐ Being Investigated

FOR USE OF APPOINTING OFFICE ONLY

Preference has been verified through proof that the separation was under honorable conditions, and other proof as required.

☐ 5-Point ☐ 10-Point--30% or More Compensable Disability ☐ 10-Point--Less Than 30% Compensable Disability ☐ 10-Point--Other

Signature and Title

Agency

Date

MILITARY SERVICE AND VETERAN PREFERENCE (Cont.)

19 Were you discharged from the military service under honorable conditions? (If your discharge was changed to "honorable" or "general" by a Discharge Review Board, answer "YES". If you received a clemency discharge, answer "NO". If "NO", provide below the date and type of discharge you received.)

YES NO

Discharge Date
(Month, Day, Year)

Type of Discharge

20 List the dates (Month, Day, Year), and branch for all active duty military service.

From To Branch of Service

21 If all your active military duty was after October 14, 1976, list the full names and dates of all campaign badges or expeditionary medals you received or were entitled to receive.

22 Read the instructions that came with this form before completing this item. When you have determined your eligibility for veteran preference from the instructions, place an "X" in the box next to your veteran preference claim.

☒ NO PREFERENCE

5-POINT PREFERENCE -- You must show proof when you are hired.

10-POINT PREFERENCE -- If you claim 10-point preference, place an "X" in the box below next to the basis for your claim. To receive 10-point preference you must also complete a Standard Form 15, Application for 10-Point Veteran Preference, which is available from any Federal Job Information Center. ATTACH THE COMPLETED SF 15 AND REQUESTED PROOF TO THIS APPLICATION.

☐
☐
☐
☐

Non-compensably disabled or Purple Heart recipient.

Compensably disabled, less than 30 percent.

Spouse, widow(er), or mother of a deceased or disabled veteran.

Compensably disabled, 30 percent or more.

B/7

23 May we ask your present employer about your character, qualifications, and work record? A "NO" will not affect our review of your qualifications. If you answer "NO" and we 1 to contact your present employer before we can off- u a job, we will contact you first. . . . YES NO
X

24 READ WORK EXPERIENCE IN THE INSTRUCTIONS BEFORE YOU BEGIN.

- Describe your current or most recent job in Block A and work backwards, describing each job you held during the past 10 years. If you were unemployed for longer than 3 months within the past 10 years, list the dates and your address(es) in an experience block.
- You may sum up in one block work that you did more than 10 years ago. But if that work is related to the type of job you are applying for, describe each related job in a separate block.
- INCLUDE VOLUNTEER WORK (non-paid work)-If the work (or a part of the work) is like the job you are applying for, complete all parts of the experience block just as you would for a paying job. You may receive credit for work experience with religious, community, welfare, service, and other organizations.

- INCLUDE MILITARY SERVICE--You should complete all parts of the experience block just as you would for a non-military job, including all supervisory experience. Describe each major change of duties or responsibilities in a separate experience block.
- IF YOU NEED MORE SPACE TO DESCRIBE A JOB--Use sheets of paper the same size as this page (be sure to include all information we ask for in A and B below). On each sheet show your name, Social Security Number, and the announcement number or job title.
- IF YOU NEED MORE EXPERIENCE BLOCKS, use the SF 171-A or a sheet of paper.
- IF YOU NEED TO UPDATE (ADD MORE RECENT JOBS), use the SF 172 or a sheet of paper as described above.

A Name and address of employer's organization (include ZIP Code, if known) Mount Sinai Medical Center 4300 Alton Road Miami Beach, Florida 33140	Dates employed (give month, day and year) From: 1/1/81 To: 7/29/89	Average number of hours per week 55	Number of employees you supervise 7
	Salary or earnings Starting \$ 28,000 per annum Ending \$ 45,200 per annum	Your reason for wanting to leave	
	If Federal employment (civilian or military), list series, grade or rank, and, if promoted in this job, the date of your last promotion not applicable		

Your immediate supervisor
Name _____ Area Code _____ Telephone No. _____ Exact title of your job
Cyclotron Operations Mgr/
Chief Operator

Description of work: Describe your specific duties, responsibilities and accomplishments in this job, including the job title(s) of any employees you supervise. If you describe more than one type of work (for example, carpentry and painting, or personnel and budget), write the approximate percentage of time you spent doing each.

Directed the operation, maintenance, and engineering of the particle accelerator, associated systems, and facilities in the manufacture of radioactive materials for clinical/research Nuclear Medicine and the commercial radiopharmaceutical industry. Coordinated material production with Radiochemistry and Quality Control Groups. Directed research, development, operation and maintenance of isotope production systems. Supervised Medical Center engineers and Contractors in the operation and maintenance of the Facility physical plant. Maintained all operation, maintenance, and isotope production logs, SOP's, manuals, etc., standing review by FDA and state Radiological Health groups. Responsible for Facility compliance with operational and environmental safety regulations. I was a member of the Cyclotron Radiation Safety Committee and I was on the Facility's operating license (709-1). Additional duties included personnel training and evaluation, purchasing, inventory control, budgeting, and Facility public relations (25% of time in total). Assumed the duties of the Facility Director in his absence. Personnel supervised included (please see attached sheet item #24-A)

B Name and address of employer's organization (include ZIP Code, if known) Mount Sinai Medical Center 4300 Alton Road Miami Beach, Florida 33140	Dates employed (give month, day and year) From: 3/21/78 To: 1/1/81	Average number of hours per week 40	Number of employees you supervised 1
	Salary or earnings Starting \$ 10,500 per annum Ending \$ 22,000 per annum	Your reason for leaving	
	If Federal employment (civilian or military), list series, grade or rank, and, if promoted in this job, the date of your last promotion not applicable		

Your immediate supervisor
Name _____ Area Code _____ Telephone No. _____ Exact title of your job
Cyclotron Operator/
Targetry Specialist

Description of work: Describe your specific duties, responsibilities and accomplishments in this job, including the job title(s) of any employees you supervised. If you describe more than one type of work (for example, carpentry and painting, or personnel and budget), write the approximate percentage of time you spent doing each.

Operated and maintained the accelerator, associated systems, and facilities under the direction of the Chief Operator. Constructed cyclotron internal and external beam targetry providing radioactive materials used in the manufacture of radiopharmaceuticals for clinical Nuclear Medicine, PET research, and the commercial R/P industry. Developed targetry methods and procedures, standing FDA and Florida State Radiological Health review. Supervised operator trainee.

Portion's EX. 6

JAMES P. DWYER

EX. 6

HEALTH PHYSICIST, #89-RI-050

Item #24-A, continued

Personnel supervised included: Cyclotron Physicist, Chief Electrical Engineer, Electrical Engineer / Operator, Mechanical Engineer / Operator, Machinist / Operator, Target Specialist / Operator, and Cyclotron Group Secretary (please note that staffing varied greatly over my tenure, this represents my staff during more than 60% of the time). Accomplishments include: the institution of operational and preventative maintenance procedures resulting in a decrease in unscheduled accelerator downtime from 2.5% (1972-1981) to 0.4% (1981-1988); the utilization of networking techniques in the design and implementation of a major maintenance procedure resulting in a 38% decrease in personnel radiation exposures and a 55% decrease in accelerator downtime; the development of a low volume fluorine-18 target reducing enriched material costs (650%) and maintenance downtime (440%); the development of a high specific activity oxygen-15 target utilizing existing facilities, eliminating a substantial capital expenditure; and the creation of software for analyzing operational data and tracking personnel radiation exposures.

Item #32, continued

Skilled in the use and calibration of controlled area HEPA filtration exhaust systems. Skilled in the use of general pharmaceutical laboratory equipment as well as instrumentation used in the detection and analysis of ionizing radiation (GeLi and NaI multichannel analyzers, liquid scintillation, and various GM devices). Coauthored eight publications dealing with targetry and Cyclotron Facility operations. Developed SOP's for operation and maintenance of accelerator systems, facility physical plant, and targetry. Experienced in shipping / receiving radioactive materials.

EDUCATION

- 25** Did you graduate from high school? If you have a GED high school equivalency or will graduate within the next nine months, answer "YES".
- 26** Write the name and location (city and state) of the last high school you attended where you obtained your GED high school equivalency.

YES ☒ NO ☐ If "YES", give month and year of or received GED equivalency: 1
If "NO", give the highest grade you completed: 1

Archbishop John Carroll, Radnor, Pa.

- 27** Have you ever attended college or graduate school? YES ☒ NO ☐ If "YES", continue with 28. If "NO", go to 31.

- 28** NAME AND LOCATION (city, state and ZIP Code) OF COLLEGE OR UNIVERSITY. If you expect to graduate within nine months, give the month and year you expect to receive your degree:

Name	City	State	ZIP Code	Month and Year Attended From	To	Number of Credit Hours Completed Semester	Quarter	Type of Degree (e.g. B.A., M.A.)	Month and Year of Degree
1) University of Miami	Coral Gables	FL	33145			132		B.S.	
2) University of Miami	Coral Gables	FL	33145			48		M.B.A.	
3)									

- 29** CHIEF UNDERGRADUATE SUBJECTS Show major on the first line
- | | |
|--------------|----|
| 1) Biology | 36 |
| 2) Chemistry | 24 |
| 3) Physics | 16 |
- 30** CHIEF GRADUATE SUBJECTS Show major on the first line
- | | |
|-----------------------|----|
| 1) Management Science | 15 |
| 2) Accounting | 6 |
| 3) Finance | 6 |

- 31** If you have completed any other courses or training related to the kind of jobs you are applying for (trade, vocational, Armed Forces, business) give information below.

NAME AND LOCATION (city, state and ZIP Code) OF SCHOOL	MONTH AND YEAR ATTENDED From	To	CLASS-ROOM HOURS	SUBJECT(S)	TRAINING COMPLETED YES NO
School Name					
1) not applicable					
City	State	ZIP Code			
School Name					
2)					
City	State	ZIP Code			

*Attn: Dallas Graduate School of Business
P.O. Box 240006
Coral Gables 33124*

SPECIAL SKILLS/ACCOMPLISHMENTS AND AWARDS

- 32** Give the title and year of any honors, awards or fellowships you have received. List your special qualifications, skills or accomplishments that may help you get a job. Some examples are: skills with computers or other machines; most important publications (do not submit copies); public speaking and writing experience; membership in professional or scientific societies; patents or inventions; etc.

Dean's List as an undergraduate, attained a 3.67 GPA in Graduate School. Worked my way through undergraduate program as Resident Assistant in Campus dormitories, received award as most highly evaluated RA. Member of the Health Physics Society and the American Association for the Advancement of Science. Proficient in the use of personal computers and basic programming. Skilled in the use and calibration (see attached)

- 33** How many words per minute can you: TYPE? TAKE DICTATION? 45
Agencies may test your skills before hiring you.
- 34** List job-related licenses or certificates that you have, such as: registered nurse; lawyer; radio operator; driver's; pilot's; etc.
- | LICENSE OR CERTIFICATE | DATE OF LATEST LICENSE OR CERTIFICATE | STATE OR OTHER LICENSING AGENCY |
|------------------------|---------------------------------------|---------------------------------|
| 1) | | |
| 2) | | |

- 35** Do you speak or read a language other than English (include sign language)? Applicants for jobs that require a language other than English may be given an interview conducted solely in that language.
- | LANGUAGE(S) | CAN PREPARE AND GIVE LECTURES | | CAN SPEAK AND UNDERSTAND | | CAN TRANSLATE ARTICLES | | CAN READ ARTICLES FOR OWN USE | |
|-------------|-------------------------------|-----------------|--------------------------|----------|------------------------|--------------|-------------------------------|-----------------|
| | Fluently | With Difficulty | Fluently | Passably | Into English | From English | Easily | With Difficulty |
| 1) Spanish | | X | | X | X | | | X |
| 2) | | | | | | | | |

REFERENCES

- 36** List three people who are not related to you and are not supervisors you listed under 24 who know your qualifications and fitness for the kind of job for which you are applying. At least one should know you well on a personal basis.

FULL NAME OF REFERENCE	TELEPHONE NUMBER(S) (Include Area Code)	PRESENT BUSINESS OR HOME ADDRESS (Number, street and city)	STATE	ZIP CODE
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Standard Form 171-A- Continuation Sheet for SF 171

• Attach all SF 171-A's to your application at the top of page 3.

Form Approved
OMB No. 3206-0012

1. Name (Last, First, Middle Initial) Dwyer, James Paul	2. Social Security Number
3. Job Title or Announcement Number You Are Applying For Health Physicist, #89-RI-050	4. Date Completed August 20, 198

ADDITIONAL WORK EXPERIENCE BLOCKS

Name and address of employer's organization (include ZIP Code, if known) Medi-Physics, Inc. Miami Lakes Drive Miami, Florida	Dates employed (give month, day and year) From: 8/1/77 To: 3/20/78		Average number of hours per week 50	Number of employees you supervised 4
	Salary or earnings Starting \$ 3.78 per hour Ending \$ 4.00 per hour		Your reason for leaving	
	Your immediate supervisor Name not available		Area Code Telephone No. not available	
Exact title of your job Pharmaceutical Production Tech		If Federal employment (civilian or military) list series, grade or rank, and, if promoted in this job, the date of your last promotion not applicable		

Description of work: Describe your specific duties, responsibilities and accomplishments in this job, including the job title(s) of any employees you supervised. If you describe more than one type of work (for example, carpentry and painting, or personnel and budget), write the approximate percentage of time you spent doing each.

Constructed and utilized molybdenum-technetium generators in the daily manufacture of technetium-99m labeled sodium pertechnetate and sulfur colloid. Set up pharmacy for sterile filling of unidose and multidose vials. Maintained pharmacy equipment per facility SOP's. Completed Company cGMP program. Personnel supervised were Production Tech trainees.

For Agency Use (skill codes, etc.)

Name and address of employer's organization (include ZIP Code, if known) U.S. Department of Agriculture Miami, Florida	Dates employed (give month, day and year) From: 1/30/77 To: 7/30/77		Average number of hours per week 40	Number of employees you supervised 2
	Salary or earnings Starting \$ 4.00 per hour Ending \$ 4.00 per hour		Your reason for leaving	
	Your immediate supervisor Name not available		Area Code Telephone No. not available	
Exact title of your job Citrus Blackfly Specialist		If Federal employment (civilian or military) list series, grade or rank, and, if promoted in this job, the date of your last promotion GS-4		

Description of work: Describe your specific duties, responsibilities and accomplishments in this job, including the job title(s) of any employees you supervised. If you describe more than one type of work (for example, carpentry and painting, or personnel and budget), write the approximate percentage of time you spent doing each.

Part of an emergency program designed to detect and eradicate the citrus blackfly. Supervised a crew of Blackfly Specialists going door to door inspecting vegetation for pest infestation and spraying all potential host vegetation.

Portions EX. 6

For Agency Use (skill codes, etc.)

37 Are you a citizen of the United States? (In most cases you must be a U.S. citizen to be hired. You will be required to submit proof of identity and citizenship at the time you are hired.) If "NO", give the country or countries you are a citizen of: YES NO

NOTE: It is important that you give complete and truthful answers to questions 38 through 44. If you answer "YES" to any of them, provide your explanation(s) in Item 45. Include convictions resulting from a plea of nolo contendere (no contest). Omit: 1) traffic fines of \$100.00 or less; 2) any violation of law committed before your 16th birthday; 3) any violation of law committed before your 18th birthday, if finally decided in juvenile court or under a Youth Offender law; 4) any conviction set aside under the Federal Youth Corrections Act or similar State law; 5) any conviction whose record was expunged under Federal or State law. We will consider the date, facts, and circumstances of each event you list. In most cases you can still be considered for Federal jobs. However, if you fail to tell the truth or fail to list all relevant events or circumstances, this may be grounds for not hiring you, for firing you after you begin work, or for criminal prosecution (18 USC 1001).

38 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

39 Have you ever been convicted of, or forfeited collateral for any felony violation? (Generally, a felony is defined as any violation of law punishable by imprisonment of longer than one year, except for violations called misdemeanors under State law which are punishable by imprisonment of two years or less.)

40 Have you ever been convicted of, or forfeited collateral for any firearms or explosives violation?

41 Are you now under charges for any violation of law?

42 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 39, 40, or 41, above.

43 Have you ever been convicted by a military court-martial? If no military service, answer "NO".

44 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.)

45 If "YES" in: 38 - Explain for each job the problem(s) and your reason(s) for leaving. Give the employer's name and address.

39 through 43 - Explain each violation. Give place of occurrence and name/address of police or court involved.

44 - 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 (Mo./Yr.)	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

46 Do you receive, or have you ever applied for retirement pay, pension, or other pay based on military, Federal civilian, or District of Columbia Government service? YES NO

47 Do any of your relatives work for the United States Government or the United States Armed Forces? 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; sister-in-law; stepfather; stepmother; stepson; stepdaughter; stepbrother; stepsister; half brother; and half sister. If "YES", provide details below. If you need more space, use a sheet of paper.

Name	Relationship	Department, Agency or Branch of Armed Forces

SIGNATURE CERTIFICATION AND RELEASE OF INFORMATION

YOU MUST SIGN THIS APPLICATION. Read the following carefully before you sign.

- A false statement on any part of your application may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by fine or imprisonment (U.S. Code, title 18, section 1001).
- If you are a male born after December 31, 1959 you must be registered with the Selective Service System or have a valid exemption in order to be eligible for Federal employment. You will be required to certify as to your status at the time of appointment.
- I understand that any information I give may be investigated as allowed by law or Presidential order.
- I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies and other individuals and organizations, to investigators, personnel staffing specialists, and other authorized employees of the Federal Government.
- I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.

48 SIGNATURE (Sign each application in dark ink)

49 DATE SIGNED (Month, day, year)
August 20, 1989

EXE