

**NEX HUMAN RESOURCES OFFICE  
ACCEPTS APPLICATIONS  
MON - FRI  
8:00 AM TO 5:00 PM  
NEX ADMINISTRATIVE BUILDING 3316**

**APPLICATIONS MAY ALSO BE DEPOSITED AT  
THE NEX GREETERS DESK AT THE MAIN STORE**

**IF YOU HAVE ANY QUESTIONS  
CONTACT US AT  
243-4418 OR 243-5150**

## NAVY EXCHANGE EMPLOYMENT APPLICATION

### PRIVACY ACT NOTICE

**Authority:** 5 USC 301, E.O. 9397, and Departmental Regulations. **Purpose(s):** To collect information needed to determine qualifications, suitability and availability of applicants for employment. Your completed application may be used to examine, rate and/or assess your qualifications, and restrictions based on citizenship, members of family already employed, residence requirements and to contact you concerning availability for an interview.

All or part of your completed NES127 employment application may be disclosed to:

- Appropriate federal, state, or local law enforcement agencies charged with the responsibility of investigating a violation or potential violation of the law.
- Your college or university placement office.

**Disclosure:** Voluntary, however, failure to disclose requested information may result in your not receiving full consideration for a position in which this information is needed.

Name		Position Applied For		Announcement Number	Date
Social Security Number		Street Address		City	
County	State	Zip Code	Home Phone ( )	Business Phone ( )	Salary Desired
Date Available To Start Work:			Interested in: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Flex <input type="checkbox"/> 1st Shift <input type="checkbox"/> 2nd Shift <input type="checkbox"/> 3rd Shift		
U.S. Citizen	Military Dep.	If: <input type="checkbox"/> Naturalized Citizen <input type="checkbox"/> Registered Alien please indicate where and when:			
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Place	No.	Date	
Relative(s) employed with, and/or have business dealings with the Navy Exchange System. (Name(s) and Position(s)). <input type="checkbox"/> No <input type="checkbox"/> Yes: Explain					
Have you ever been convicted of any crime (other than minor traffic violations)? <input type="checkbox"/> No <input type="checkbox"/> Yes: Explain					

**(List most recent employment first) BUSINESS OR WORK HISTORY (Work history supplement available upon request)**

NAME OF COMPANY		KIND OF BUSINESS		TELEPHONE NUMBER	
STREET ADDRESS		CITY	STATE	ZIP CODE	
NAME AND TITLE OF IMMEDIATE SUPERVISOR			DATE EMPLOYED	STARTING SALARY	
YOUR TITLE AND DESCRIPTION OF DUTIES			DATE LEFT	SALARY AT LEAVING	
			REASON FOR LEAVING		
NAME OF COMPANY		KIND OF BUSINESS		TELEPHONE NUMBER	
STREET ADDRESS		CITY	STATE	ZIP CODE	
NAME AND TITLE OF IMMEDIATE SUPERVISOR			DATE EMPLOYED	STARTING SALARY	
YOUR TITLE AND DESCRIPTION OF DUTIES			DATE LEFT	SALARY AT LEAVING	
			REASON FOR LEAVING		
NAME OF COMPANY		KIND OF BUSINESS		TELEPHONE NUMBER	
STREET ADDRESS		CITY	STATE	ZIP CODE	
NAME AND TITLE OF IMMEDIATE SUPERVISOR			DATE EMPLOYED	STARTING SALARY	
YOUR TITLE AND DESCRIPTION OF DUTIES			DATE LEFT	SALARY AT LEAVING	
			REASON FOR LEAVING		

**EDUCATION**

TYPE OF SCHOOL	NAME OF SCHOOL, CITY AND STATE	MAJOR FIELD	YEAR GRADUATED	DEGREE	YEARS ATTENDED	CREDIT HOURS
HIGH SCHOOL						
COLLEGE						
GRADUATE SCHOOL						
OTHER						

List extracurricular activities you participated in:

**MILITARY**

BRANCH OF SERVICE	DATE DISCHARGED	RANK AT SEPARATION	TYPE OF DISCHARGE	RETIRED?
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Describe briefly major duties and responsibilities.

Have you ever received benefits under the Voluntary Separation Incentive (VSI) or Special Separation Benefit (SSB)?  Yes  No

*Effective 1 Oct 1994, former military members hired by DOD Activities as civilians within 180 days of their separation under either VSI or SSB programs are now required to forfeit all incentives received.*

Have you ever worked for the Federal Government as a Civil Service employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	A government employee who has received a Voluntary Separation Incentive payment and who accepts employment with the Government of the United States within 5 years after the date of the separation on which the payment is based, shall be required to repay the entire amount of the incentive payment to the agency that paid the incentive payment.
If your answer is Yes, give name and address of Agency/Command.	
Dates of employment: From: / / To: / /	
Have you ever received Separation Incentive Pay (SIP)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, give date received. / /	

Have you ever worked in the Navy Exchange Program?  Yes  No ( If yes, give full details: Where? When? From - To: Job Title, Salary, etc.)

Have you ever worked for another NAF (i.e. MWR, AAFES, Marine Corps exchange, etc.)  Yes  No (If yes, provide full details)

**REQUIRED CERTIFICATION**

*I certify that, to the best of my knowledge and belief, my statements and information on this employment application are true, correct, complete, and made in good faith. I consent to the release of information about my ability and fitness for Navy Exchange System employment by employers, schools, law enforcement agencies and other individuals and organizations, to investigators, and other authorized employees of the Navy Exchange System. I agree to supply additional information as required, and to submit to any physical examinations that may be required.*

*I understand that a false statement made by me or false information submitted by me, may be grounds for not hiring me or for firing me after I have started work. I agree to observe all rules and regulations of the Navy Exchange System.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

Job No.	Job Title	Billet Number		Grade/Series	Location		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Flex <input type="checkbox"/> Other		Military Code:	Hourly Rate	Salary	Commission	Piece Rate	Date Started
Payroll #:	Payroll Dept. Code #:	Taxes: Fed _____ St _____ Local _____			Spouse preference: Y N		
Date of Birth:	Ethnic Code:	Handicap Code:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>				
Selecting Official:							
(Print Name and Title)				(Signature)			