

NONAPPROPRIATED FUND FEDERAL EMPLOYMENT APPLICATION

**THIS APPLICATION MUST BE COMPLETED IN INK.
BEFORE COMPLETING THIS FORM, READ THE PRIVACY ACT STATEMENT LOCATED ON PAGE (4)**

<p>(1) Position applying for: _____ Announcement #: _____</p> <p>Some positions have age requirements, are you 18 years of age or over? <input type="checkbox"/> Yes <input type="checkbox"/> No, give your date of birth: _____</p> <p>E-mail Address _____</p> <p>Name (Last, First, MI) _____</p> <p>Mailing Address _____ Apt. # _____</p> <p>City, State, and ZIP Code _____</p> <p>Home Phone () () Alternate Phone (Check) → <input type="checkbox"/> Cell <input type="checkbox"/> Other: _____ <input type="checkbox"/> Work _____</p> <p>Other names used (maiden, previous married, etc) _____</p> <p>Have you <u>EVER</u> been employed in any APF (Civil Service) or NAF (MWR, VQ, NEX) position? <input type="checkbox"/> Yes, indicate ALL APF and NAF employment under work history <input type="checkbox"/> No</p> <p><input type="checkbox"/> U.S. Citizen</p> <p><input type="checkbox"/> Registered Alien → Registration No: _____</p> <p>Place of Birth: _____</p>	<p style="text-align: center;">Spousal Preference</p> <p>• If you wish to use your Spousal Preference, you will need to attach the Spousal Preference Form and a copy of your PCS orders with your application.</p> <hr/> <p style="text-align: center;">Referral Source</p> <p><input type="checkbox"/> Walk-in</p> <p><input type="checkbox"/> Relative/Friend: _____ (Name)</p> <p><input type="checkbox"/> Other: _____ (Name)</p> <hr/> <p style="text-align: center;">I am available to work: (Please mark (x) all that apply)</p> <p><input type="checkbox"/> Weekends only I am available to begin work on:</p> <p><input type="checkbox"/> Days only</p> <p><input type="checkbox"/> Evenings only</p> <p><input type="checkbox"/> All shifts available _____ (Date)</p> <p><input type="checkbox"/> 35-40</p> <p><input type="checkbox"/> 20-34</p> <p><input type="checkbox"/> 20 or less</p> <p style="text-align: center;">I will accept:</p> <p><input type="checkbox"/> Flexible Category* <input type="checkbox"/> Any</p> <p><input type="checkbox"/> Full-time only **</p> <p><small>*Flexible employment has no leave/benefits/holiday pay and may be temporary or seasonal. Hours of work vary from 0-40 hours per week on an as-needed basis.</small></p> <p>**Selecting Full-time only will prohibit you from most available positions</p>
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SELECTIVE SERVICE	Selective Service Number
<p>If you are a male born after December 31, 1959 and at least 18 years of age, you must provide your selective service registration number. To locate, obtain or register for your SS number, visit: www.sss.gov</p>	<p>_____</p>

MILITARY SERVICE

Have you **EVER** served in the United States Military? **No** **Yes**, complete ALL items below.

- ALL prior military discharged within the past 10 years, must attach a copy of page 4 of the DD214 showing the reason for discharge and re-entry codes. This information may be used at a later date to determine creditable service. Your DD214 now online at: <http://vetrecs.archives.gov/>**
- If you are **CURRENTLY ACTIVE DUTY**, provide all information under work experience section, including current rank, duty station, and work phone and attach a copy of your approved **SPECIAL REQUEST AUTHORIZATION (NAVPERS 1336/3) form** containing the command POC and phone number. Military off-duty, may only work 0-34 hours per week.
- If you are on **TERMINAL LEAVE**, attach a copy of your approved Terminal Leave document.

Dates of Service	Branch of Service	Highest Rank Held	Type of Discharge
<input type="checkbox"/> Active Duty/Retired From: _____ To: _____			
<input type="checkbox"/> Reserves From: _____ To: _____			

WORK EXPERIENCE

Directions: Begin with your most **CURRENT** position and work backward **at least 5 years**. Include all periods of unemployment—**USE ADDITIONAL SHEETS OR ATTACH A RESUME IF NECESSARY TO DOCUMENT ALL EMPLOYMENT!**

1	Name and address of your MOST current/recent employer:			Position Title (if APF or NAF, give pay plan and grade):	
				Number of employees supervised:	
Name of immediate supervisor:			Phone Number of immediate supervisor: ()		
Dates of Employment		Salary		Average Hours Worked per week	Reason for leaving:
From (Mo/Yr)	To (Mo/Yr)	From	To		

May we contact the above employer regarding your CHARACTER, QUALIFICATIONS and RECORD OF EMPLOYMENT?

- Yes**
 No (please explain):

Summarize your duties and responsibilities:

2	Name and address of your MOST previous employer:			Position Title (if APF or NAF, give pay plan and grade):	
				Number of employees supervised:	
Name of immediate supervisor:			Phone Number of immediate supervisor: ()		
Dates of Employment		Salary		Average Hours Worked per week	Reason for leaving:
From (Mo/Yr)	To (Mo/Yr)	From	To		

May we contact the above employer regarding your CHARACTER, QUALIFICATIONS and RECORD OF EMPLOYMENT?

- Yes**
 No (please explain):

Summarize your duties and responsibilities:

3	Name and address of your MOST current/recent employer:			Position Title (if APF or NAF, give pay plan and grade):	
				Number of employees supervised:	
Name of immediate supervisor:			Phone Number of immediate supervisor: ()		
Dates of Employment		Salary		Average Hours Worked per week	Reason for leaving:
From (Mo/Yr)	To (Mo/Yr)	From	To		

May we contact the above employer regarding your CHARACTER, QUALIFICATIONS and RECORD OF EMPLOYMENT?

- Yes**
 No (please explain):

Summarize your duties and responsibilities:

If ADDITIONAL space is needed to list ALL employment, including periods of unemployment, please use an additional sheet of paper and include the same information requested above OR attach a resume.

REFERENCES

Please list at least three people **NOT RELATED** to you, who are **NOT listed as your supervisor** on pg 2/3, who can furnish information regarding your qualifications and character in regard to the position(s) applied for.

FULL NAME	BUSINESS OR HOME ADDRESS	TELEPHONE	OCCUPATION
		()	
		()	
		()	

EDUCATION	Name of High School Attended	City and State	Date Graduated (Mo/Yr)
<input type="checkbox"/> High School graduate/GED →			

Name of College/University Attended	State	Major Course of Study (i.e. Elementary Education, Exercise Physiology, etc.)	Credit Hours	Degree Received (i.e. AA/AS, BA/BS, MA/MS, etc.)	Date Received

OTHER POSITION RELATED TRAINING (i.e. CDA, MSA, Child Development Modules, etc.)

COURSE TITLE	NAME OF SCHOOL	DATE COMPLETED

ADDITIONAL SKILLS AND QUALIFICATIONS Name of Software

Computer	<input type="checkbox"/> Spreadsheet software used:		
	<input type="checkbox"/> Word Processing software used:		
	<input type="checkbox"/> Database software used:		
	<input type="checkbox"/> Presentation software used:		
License	<input type="checkbox"/> Driver's	Expires:	
	<input type="checkbox"/> CDL	Class: Expires:	
	<input type="checkbox"/> Other (Teacher, Notary, etc) Include expiration date if applicable	Explanation:	
Certificates	<input type="checkbox"/> CPR: _____ Expires	<input type="checkbox"/> Lifeguard: _____ Expires	<input type="checkbox"/> Other: _____ / _____ Certificate / Expires
	<input type="checkbox"/> First Aid: _____ Expires	<input type="checkbox"/> WSI: _____ Expires	<input type="checkbox"/> Other: _____ / _____ Certificate / Expires
Other skills	Heavy equipment, lawn care equipment, hand tools, office equipment, etc.	Name/Type of tool/equipment, etc.:	

ATTENTION: READ THE FOLLOWING CAREFULLY BEFORE COMPLETING THIS PAGE AND SIGNING

Failure to answer a question, or providing incomplete or false information on any question, is grounds for non-selection or termination for cause once employed. All statements are subject to investigation, including a check of your fingerprints, police records, and former employers. All information given will be considered in reviewing your application.

ANSWER THE FOLLOWING QUESTIONS (1-5) BY PLACING AN "X" IN THE APPROPRIATE COLUMN.

	YES	NO
1. Within the past ten (10) years, have you been: a) fired from any job; b) resigned from any job after being informed that you would be fired; or c) left by mutual agreement due to unresolved issues? If YES, explain:		
2. Are you delinquent on any Federal Debt? (Include Federal taxes, loans, overpayment of benefits or other debts to the US or City and State Government plus defaults on Federally guaranteed or insured loans such as student and home mortgage loans?) If YES, explain:		
3. Do you receive, or have you applied for retirement pay, pension, or other compensation based on military service, Federal (APF) civilian service, Nonappropriated fund (NAF) service or any other employment? If YES, explain:		
4. Do any of your relatives, by blood or by marriage, work for the U.S. Government (APF) Civil Service or Nonappropriated (NAF) Fund) or any branch of the military service (Navy, Air Force, MWR, VQ, etc)? If YES, provide the following information:		

Name	Relationship	Organization/Place of Work

	YES	NO
5. For any offense against the law, have you ever forfeited collateral, been convicted, been fined, been imprisoned, been on probation (with or without judgment), been on parole, pled guilty or nolo contendere (no contest), been convicted by court martial or are you now under charges for any offense against the law? (The ONLY EXCEPTIONS to this are: 1) traffic fines under \$150; and 2) any offense committed prior to age 18 that was adjudicated in a juvenile court or under a Youth Offender Law. If YES, provide the following information:		

Charge/Offense	City/State	Court	Action taken	Date

NOTE: CONVICTIONS ARE NOT A BASIS FOR NON-SELECTION!! ANY DATA PROVIDED WILL BE USED APPROPRIATELY AND ONLY AS RELEVANT TO THE POSITION APPLIED FOR.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

The information requested of you on this form is authorized by Title 5, United States Code 301 and Title 42, United States Code 410. This information requested is to ascertain how well your education and work skills qualify you for a job, and for personnel actions after employment, such as promotion, transfer, and pay and leave entitlements, if any. Information on matters such as citizenship and military service are requested to ascertain whether or not you are affected by laws that define who may and may not be employed. If all the information requested is not supplied, it may not be possible to determine your eligibility and qualifications. **Your application may not be considered if it is incomplete.** Information we have about you may also be given to other federal, state, and local agencies for checking on violations of law, or for other lawful purposes.

APPLICANT CERTIFICATION

Submission of this application, with or without signature, signifies agreement/consent with the conditions listed within and permission to check all information provided by the applicant.

Signature of applicant (Electronic (e-mail) signature is accepted):	Date:
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By my signature, I CERTIFY that all statements made by me on this application are complete, true and accurate to the best of my knowledge and belief. I understand that my signature signifies my permission for previous employers, agencies, references and other legitimate sources to provide information to be used to determine my qualifications and suitability for employment.

RETURN APPLICATIONS VIA:

MAIL: PERSONNEL OFFICE
1706 BAINBRIDGE AVE, BLDG 352
GULFPORT, MS 39501

E-MAIL: MICHELLE.LASTER@NAVY.MIL
FAX: (228) 871-2967