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)

YOU MUST COMPLETE ONE APPLICATION FOR EACH POSITION YOU ARE APPLYING FOR.

Position applying for: Announcement #:

Important Applicant Information!

- Once an applicant has accepted a position with our agency, they must wait a minimum of 60 days before accepting a different position within the agency unless they submit written permission from their current supervisor.

E-Mail Address:

Are you 18 years of age or over?
☐ **Yes**
☐ **No**, give your date of birth:

Name (Last, First, MI)

Referral Source
☐ Walk-in
☐ Relative/Friend: _____ (Name)
☐ Other: _____ (Name)

Mailing Address (Include Apartment Number, if any)

City, State, and ZIP Code

Home Phone ( )

Alternate Phone (Check) → ( ) ☐ Cell ☐ Work ☐ Other: _____

Other names used (maiden, previous married, etc)

Have you EVER been employed in any APF (Civil Service) or NAF (MWR, VQ, NEX) position?
☐ **Yes**, indicate **ALL** APF and NAF employment under work history
☐ **No**

☐ U.S. Citizen
☐ Registered Alien → Registration No: _____

Place of Birth: _____ (City, State OR Country)

I am available to work:
(Please mark (**x**) all that apply)
☐ Weekends only
☐ Days only
☐ Evenings only
☐ All shifts available
☐ 35-40
☐ 20-34
☐ 20 or less

I am available to begin work on: _____ (Date)

I will accept:
☐ Flexible Category* ☐ Any
☐ Full-time only **

*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.

****Selecting Full-time *only* will prohibit you from most available positions**

SELECTIVE SERVICE	Selective Service Number
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**	

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
☐ Active Duty/Retired	From: _____	To: _____			
☐ Reserves	From: _____	To: _____			

Name:

WORK EXPERIENCE

Directions: Begin with your most **CURRENT** position and work backward **at least 10 years.** Include all periods of unemployment—**USE ADDITIONAL SHEETS OR THE APPLICATION CONTINUATION FORM 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:

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.

Name:

REFERENCES

Please list at least three people **NOT RELATED** to you, who are **NOT listed as your supervisor** on pg 2, 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)
☐ High School graduate/GED →			

Name of College/University Attended	State	Major Course of Study (i.e., Business Technology; Exercise Physiology, etc.)	Credit Hours	Degree Received (i.e., BA-Business Mgmt, BS-Recreation, etc)	Date Received

OTHER POSITION RELATED TRAINING (Attach additional sheet if more space is needed)

COURSE TITLE	NAME OF SCHOOL	DATE COMPLETED

ADDITIONAL SKILLS AND QUALIFICATIONS

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

Name:

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

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:**	YES	NO

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(S) 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.** Social Security numbers are requested to enable us to accurately identify you, and to properly attribute you with your actual earnings for purposes such as retirement, insurance, etc. Your SSN may also be used to request information about you from employers, schools, banks, and others who know you, but it will only be used as allowed by law. 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:

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.