

**HUMAN RESOURCES OFFICE OKINAWA  
2010 SUMMER HIRE EMPLOYMENT PROGRAM  
APPLICATION FORM**

**PRIVACY ACT STATEMENT:** The information requested of you on this form is authorized by Title 5, U.S. Code. We need the information to ascertain your eligibility for employment under the Summer Youth Employment Program.

NAME: \_\_\_\_\_ (Last First Middle) SSN: \_\_\_\_\_

<b>CITIZENSHIP</b>  US _____ Other _____  If other, specify: _____	<b>DATE OF BIRTH</b>  _____ (Month-Day-Year)  Place of Birth _____ (City/State)	<b>SEX</b>  _____ Male  _____ Female	<b>IDENTIFY WHAT SESSION YOU ARE AVAILABLE FOR. IN ORDER OF PREFERENCE</b>
			_____ 21 Jun – 16 Jul  _____ 19 Jul – 13 Aug

6. Mailing Address (FPO AP address)/Phone  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Home Phone Number \_\_\_\_\_

7. Sponsor's Information  
 Name \_\_\_\_\_  
 Rank/Grade \_\_\_\_\_  
 Organization \_\_\_\_\_  
 Duty Phone \_\_\_\_\_  
 PRD \_\_\_\_\_

8. Location You Wish To Be Considered For In Order of Preference Identify at Least One Site:  
 \_\_\_\_\_ Lester \_\_\_\_\_ Kadena \_\_\_\_\_ Futenma \_\_\_\_\_ Camp Butler

9. Work Schedule You Wish to be Considered for in order of Preference  
 \_\_\_\_\_ Full Time  
 \_\_\_\_\_ Part Time

10. Special Qualifications and Skills (List any skills you possess or equipment you can operate)  
 Typing \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, Words Per Minute (WPM) \_\_\_\_\_  
 Operate Computer \_\_\_\_\_ Yes \_\_\_\_\_ No  
 List Type of Equipment \_\_\_\_\_  
 Other Skills \_\_\_\_\_  
 Languages Other than English \_\_\_\_\_

11. Were you formerly or are you presently employed in a civilian capacity with the US Government (includes previous Summer Hire experience, Non-Appropriated Fund instrumentalities (NEX/MWR))?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, complete the following:  
 Beginning and ending dates of last Government Employment: From \_\_\_\_\_ To \_\_\_\_\_  
 Your last job title/series/grade \_\_\_\_\_

**(Attach a copy of your last-SF-50, Notification of Personnel Action, or equivalent personnel action notification)**

12. List all Family Members employed by the US Government (Civilian and Military) and place of employment for each. No Summer Hire may work in any activity which is within the Family Member's Chain of Command.

NAME	RELATIONSHIP	ORGANIZATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. WORK EXPERIENCE (Start with current or last position and work back)

Name/Place of Employment	Period of Employment	Brief Description of Job
A.		
B.		
C.		
D.		
E.		

14. PREFERENCE OF WORK LOCATION:

CFAO \_\_\_\_\_ USNH \_\_\_\_\_ FRCWP \_\_\_\_\_ NAVFAC-FE \_\_\_\_\_

**APPLICANT'S CERTIFICATION AND SIGNATURE**

I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and ability and are made in good faith.

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

\_\_\_\_\_  
Date

**SPONSOR'S AUTHORIZATION**

I hereby authorize my son/daughter to participate in this year's Summer Hire Employment program. I also authorize Emergency medical care to be administered while my son/daughter is participating in the program. It is my Understanding that this applies only to those situations which are job related.

\_\_\_\_\_  
Sponsor's Signature

\_\_\_\_\_  
Date

=====  
\*\*\*\*\*FOR HUMAN RESOURCES OFFICE USE ONLY\*\*\*\*\*  
=====

**VERIFICATIONS:**

PASSPORT NO. \_\_\_\_\_ Eff. Date \_\_\_\_\_ ISSUING AUTHORITY \_\_\_\_\_ Exp:

SOFA Eff: \_\_\_\_\_ SOFA Exp: \_\_\_\_\_

U.S. CITIZEN \_\_ YES \_\_ NO SOCIAL SECURITY NO. \_\_ YES \_\_ NO: \_\_ Need Pseudo SSN  
BIRTH DATE \_\_ YES \_\_ NO

**THE ABOVE INFORMATION WAS VERIFIED AND THE APPLICATION WAS RECEIVED BY:**

\_\_\_\_\_  
HRO REPRESENTATIVE

\_\_\_\_\_  
DATE

# PARENTAL CONSENT CERTIFICATE

TO BE COMPLETED BY PARENT OF APPLICANT:

I certify that I desire my son/daughter, \_\_\_\_\_,  
To be employed during the 2010 Summer Hire Employment Program and that I have no objection if the work  
Includes the following duties or encompasses the following areas. (Check all appropriate blocks):

\_\_\_\_\_ Office work (includes typing, filing, operating copying machines, word processors/computers, etc.)

\_\_\_\_\_ Inside maintenance work (may require the use of cleaning solvents)

\_\_\_\_\_ Outside maintenance work (may require dirty work such as trash collection)

\_\_\_\_\_ Grass cutting (manual)

\_\_\_\_\_ Grass cutting with power mower (Must be 18)

\_\_\_\_\_ Moderate lifting (15-50 lbs.)

\_\_\_\_\_ Painting

\_\_\_\_\_ Driving (Must be 18)

\_\_\_\_\_ Kitchen or food service

\_\_\_\_\_ Warehouse work (Must be 16)

\_\_\_\_\_ Other (Specify) \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

MAILING ADDRESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RESIDENT ADDRESS  
(STREET/OFF BASE  
ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HOME PHONE  
DUTY PHONE

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_