

### **Privacy Act Statement**

The information requested in this form will be used to evaluate your qualifications and appointment eligibility. This form is used exclusively for positions that are part of the local national hiring program. These positions are designated as pay plan BG on the vacancy announcement. Failure to furnish the requested information in the format provided may delay or prevent action on your application. Information is subject to confirmation of the information from official records.

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### **HOW TO SUBMIT YOUR RESUME/CV and REQUIRED DOCUMENTS**

Applicant should read the vacancy announcement for complete instructions and information required for the specific vacancy. Complete and print for submission the portions of the following document needed for your application and include any additional documents required by the vacancy announcement. Failure to follow vacancy announcement instructions will result in non-consideration.

**External applicants** (excluding non-U.S. citizen spouses) applying for jobs must send their resume/CV (application package) along with all required documents by **registered mail** through the **Kingdom of Bahrain's Postal Service** to:

Naval Support Activity Bahrain  
Human Resources Office  
P.O. Box 116  
Manama, Bahrain

Only one application package will be accepted per registered mail envelope. Application packages submitted/received from external applicants by other than Kingdom of Bahrain's Postal Service Registered Mail will not receive consideration.

**BG employees and Non-U.S. citizen spouses** may submit their application packages directly to HRO Bahrain. However, these packages must be complete at the time of submission. Failure to submit all required documents will result in the application not receiving further consideration.

**ANNOUNCEMENT NUMBER:**

**APPLICANT NAME:**

**APPLICANT ADDRESS:**

**HOME PHONE:**

**CELL PHONE:**

**EMAIL ADDRESS:**

**EMAIL ADDRESS:**

**EDUCATION:**

**DATE:**

(ENTER HIGHEST ATTAINED)

(MM/YYYY)

**PROFESSIONAL QUALIFICATIONS AND DATE ATTAINED:**

**Current Employer:**

**Supervisor:**

**Phone number:**

**Start Date:**

**End Date:**

**Position Title:**

**If federal, Pay Plan/Schedule, Occupational Series, and Grade or Pay Band:**

**May we contact you supervisor?**

**Duties:**

**Employment History:**

**Employer:**

**Supervisor:**

**Phone number:**

**Start Date:**

**End Date:**

**Position Title:**

**If federal, Pay Plan/Schedule, Occupational Series, and Grade or Pay Band:**

**May we contact you supervisor?**

**Duties:**

**Employment History continued:**

**Employer:**

**Supervisor:**

**Phone number:**

**Start Date:**

**End Date:**

**Position Title:**

**If federal, Pay Plan/Schedule, Occupational Series, and Grade or Pay Band:**

**May we contact you supervisor?**

**Duties:**

**Employment History continued:**

**Employer:**

**Supervisor:**

**Phone number:**

**Start Date:**

**End Date:**

**Position Title:**

**If federal, Pay Plan/Schedule, Occupational Series, and Grade or Pay Band:**

**May we contact you supervisor?**

**Duties:**

**FAMILY AFFILIATIONS**

If you have any relative currently employed by the U. S. Navy in Bahrain, you must provide the information indicated below. If needed, use an additional sheet and report each family member. Failure to disclose all family affiliation may result in termination of employment. Enter the relatives' name as reflected on the CPR Card, your relationship to the current employee (e.g. spouse, brother, cousin, uncle, etc.), the relatives' position title, and the department that relative works for such as MWR, Housing, etc.

**FULL NAME OF RELATIVE:**

**RELATIVE CPR NUMBER:**

**RELATIONSHIP:**

**JOB TITLE:**

**DEPARTMENT:**

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**RELATIVE CPR NUMBER:**

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**RELATIVE CPR NUMBER:**

**RELATIONSHIP:**

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**DEPARTMENT:**

<b>Applicant Certification</b>	
I certify that, to the best of my knowledge, all of the information contained in this document and attachments is true, correct, and complete. I understand that false or fraudulent information on or attached here may be grounds for not hiring me or firing me after I begin work.	
<b>SIGNATURE</b>	<b>DATE</b>

## PERSONAL DATA INFORMATION SHEET

This document is to be completed by ALL external applicants. This document is for external applicants only.

**DATE OF BIRTH:**

(MM/DD/YYYY)

**GENDER:**

**PLACE OF BIRTH:**

(City/Municipality, State/Country)

**BLOOD TYPE:**

**WEIGHT (lbs):**

**HEIGHT (inches)**

**FAMILY/MAIDEN NAME:**

**EYE COLOR:**

**HAIR COLOR:**

**FATHERS FULL NAME:**

**MOTHERS MAIDEN NAME:**

**PATERNAL GRANDFATHER NAME:**

**MATERNAL GRANDFATHER NAME:**

**MARITAL STATUS:**

**AGE:**

**RELIGION:**

**TELEPHONE NUMBER:**

**PRESENT ADDRESS:**