

Morale, Welfare and Recreation EMPLOYMENT APPLICATION PACKET



Please be sure that all fields are completed unless otherwise specified.

SUBMITTING YOUR APPLICATION

The following documents must be submitted with your application to be considered for the position for which you are applying. Your application will be considered incomplete and will not be referred to selecting officials if the following documents do not accompany your application packet. Please refer to the appropriate section for your category.



All applicants:

CFAO MWR application
U.S. Search form 2-2 (attached)
Questionnaire (attached)
Resume / OF 612 (optional)
Race and National Origin Identification (attached)
Pre-Appointment Certification Statement for selective service registration (Male at least 18 years old, but are not yet 26 years old) (attached)
Copy of Sponsors orders and / or Family Entry Approval / Letter of employment
Copy of Passport and ID Card (Visa stamp or Sofa stamp)
Statement in reference to the qualification standards or KSA's listed in the Vacancy Announcement
Last Personal Action / Last Performance Appraisal (only current/previous Federal employees)
Copy of DD Form 214 (For retired and prior Military)
Active Duty personnel seeking flexible or part time positions will need authorization letter from their Command
If claiming 5pt Veterans preference - DD214 If claiming 10pt Veterans preference - DD214, SF15, Letter from Veterans Affairs (Dated within the last year)

**COMMANDER FLEET ACTIVITIES, OKINAWA
MWR/CBQ DEPARTMENTS
APPLICATION FOR NONAPPROPRIATED FUND EMPLOYMENT
(AN EQUAL EMPLOYMENT EMPLOYER)**

PRIVACY ACT OF 1974

Title 5, United States Code, Section 1302, 3302, 3304, and Executive Order 9397 authorize solicitation of your Social Security Number (SSN) and personal information. All information furnished will be used to determine whether or not you are qualified for employment. Furnishing information is voluntary; however, failure to provide this information may prevent you from being considered for employment. The information you furnish may also be given to other Federal, State and Local Agencies for checking on law violations or for other purposes.

* General Information	Date: _____
Position applied for: _____	Grade: _____
Vacancy announcement Number: _____	
Full Name: _____	SSN: _____
(First Name) (Last Name)	
Address: _____	
Telephone: _____	E-mail: _____
Date of Birth: _____	Place of Birth: _____
US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "No" are you a permanent resident alien in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Stateside Drivers License # _____	
State Issued: _____ Exp. Date _____	

*** Education: If qualified base on education, applicant must provide official transcript.**

	Name	Year Grad	Degree	Years Completed	Course of Study
High School					
College					
Graduate school					

*** Special - Please list study courses or special classes you have attended, including any special accomplishment, Honors, Awards and recognitions you have received:** _____

*** Military Service**
 Have you ever served on active duty in military service? _____
 Branch of Service: _____
 Date entered service: _____ Date of Discharge/Retirement: _____
 Are you retired military? _____ Were you discharges under honorable conditions? _____
If previous Military service (Discharge or Retirement) please attach copy of form DD214

 Have you ever been bonded? Yes No Have you ever been denied bond? Yes No

**CFAO MWR/CBQ NONAPPROPRIATED FUND (NAF)
APPLICANT QUESTIONNAIRE**

AUTHORITY: Title 5, Code of Federal Regulations, Section 5.2 and 5.3, Title 5 USC, Sections 1303, 1404, and 3301. Submission of information by this form is voluntary. This information is needed in order to process your application for employment. If you fail to furnish this information requested on this form, your application will not be processed.

NAME: _____	SSN: _____
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**To be completed by all applicants
(Place an "X" in the appropriate block on the left)**

<p>_____ <i>I am dependent of a DOD Military Member of U.S. Citizen Government Employee. (Please attach copy of your Sponsor's Order.)</i></p> <p>Passport #: _____ Expiration Date: _____ Sponsor's Name: _____ Organization: _____ Sponsor's Duty Phone: _____ DEROS: _____ Relationship to Sponsor: _____ Are you currently employed in NAF or APF position (including AAFES)? ___ Yes ___ No Are you requesting Military Spouse Preference? ___ Yes ___ No Are you command sponsor? ___ Yes ___ NO Are you currently residing with your sponsor? ___ Yes ___ No</p>

<p>_____ <i>I am Military Member Seeking employment in off-duty status.</i></p> <p>Duty Address: _____ DEROS: _____</p>
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<p>_____ <i>I have SOFA Status through another organization.</i></p> <p>Current Organization: _____ Current Duty Phone #: _____ Passport #: _____ Exp. Date _____</p>

<p>_____ <i>I currently DO NOT have Sofa Status.</i></p> <p>Passport#: _____ Exp. Date: _____ Date of original arrival on Okinawa: _____ Local Residence Address: _____ Do you have a Visa? ___ Yes ___ No If Yes, Type of Visa: _____ Exp. Date _____ Do you have a local work permit? ___ Yes ___ No If Yes, Date issued: _____ Do you have a driver's license issued by the local government? _____</p>

<p>*Section B -To be completed by ALL applicants</p>	
<p>Are you willing to accept a:</p>	
Full time position (35-40 hours/week)?	_____ Yes _____ No
Part time position (20-34 hours/week)?	_____ Yes _____ No
Flexible position (scheduled basis 0-40 hours/week)?	_____ Yes _____ No
Flexible Position (unscheduled basis 0-40 hours/week)?	_____ Yes _____ No
Signature of Applicant	Date

Experience: Begin with the current/most recent job/volunteer experience and work back. Account for periods of unemployment exceeding 3 months and list your address at the time on the last line of the experience blocks in order of occurrence. If applying with a resume or OF 612, please indicate "SEE ATTACHED."

<p>► May an inquiry be made of your present and previous employers regarding your character, qualifications and record of employment? Please circle one.</p> <p>-----</p>	YES	NO
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EMPLOYMENT HISTORY

Name of Employer:	Address:	Position Title (If Federal, include series and grade:	Name of Supervisor:
Work Phone Number	Hours worked per week: Type of Employment: (circle one) Full-Time/Part Time/Flexible	Salary or Hourly Wage:	Dates of Employment: From: To:

Reason for leaving this position:

What are your duties for this job?

Name of Employer:	Address:	Position Title (If Federal, include series and grade:	Name of Supervisor:
Work Phone Number	Hours worked per week: Type of Employment: (circle one) Full-Time/Part Time/Flexible	Salary or Hourly Wage:	Dates of Employment: From: To:

Reason for leaving this position:

What are your duties for this job?

Name of Employer:	Address:	Position Title (If Federal, include series and grade:	Name of Supervisor:
Work Phone Number	Hours worked per week: Type of Employment: (circle one) Full-Time/Part Time/Flexible	Salary or Hourly Wage:	Dates of Employment: From: To:
Reason for leaving this position:			
What are your duties for this job?			
Name of Employer:	Address:	Position Title (If Federal, include series and grade:	Name of Supervisor:
Work Phone Number	Hours worked per week: Type of Employment: (circle one) Full-Time/Part Time/Flexible	Salary or Hourly Wage:	Dates of Employment: From: To:
Reason for leaving this position:			
What are your duties for this job?			

Answer the following questions by placing an "X" in the proper column.
 NOTE: A conviction or firing does not necessarily mean you cannot be appointed to a position. The nature of the conviction or firing and when it occurred is important. Give all the facts so a decision can be made.

Please check in appropriate columns.	YES	NO
1. Within the last 5 years, have you been fired from a job for any reason?		
2. Within the last 5 years, have you quit a job after being notified that you would be fired? (If you answered yes to 1 or 2 give details in item 6, show name and address of employer, approximate dates and reasons).		
3. Have you ever been convicted, or are you now under any misdemeanor/felony charges?		
4. During the past 10 years, have you been arrested, imprisoned, on parole, or under charges for any offense not included in the above question?		
5. Have you ever been debarred from any military installations? a. If so for how long? _____		
b. Details: _____ _____ _____		
6. While in the military service, were you ever convicted by court martial? a. Details: _____ _____ _____		

***REFERENCES**

List 3 people who are not related to you and are not supervisors listed in the employment history section, who know your qualifications for the kind of job you are applying for.

Name	Address	Telephone	Relationship

*** SPECIAL NOTE**

A false answer to any question in this application may be grounds for not employing or dismissing you after you begin work.

Applicant Initials: _____

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*AUTHORITY FOR RELEASE OF INFORMATION		
I have completed the application with the knowledge and understanding any or all information contained herein may be subject to investigation. I consent to the release of information about me by employers, educational institutions, personnel offices and other persons in determining my suitability for employment.		
Applicant Initials:		
*BACKGROUND/CREDIT/LOCAL RECORDS CHECK CONSENT. Complete, date and sign US SEARCH FORM 2-2 and local background check form on the following pages.		
Applicant Initials:		
STATESIDE ADDRESS:		
I understand, that the servicing personnel office is required by BUPERS Instruction, to request a Local Records Check from the Provost Marshall's Office and a Defense Clearance Investigative Index from Naval Criminal Investigative Services Prior to consideration of employment. I also understand that failure to consent to such investigations will be grounds for disqualification. I understand that affixing my signature below is an indication of my consent to such investigation.		
*I certify all statements made by me are true and correct to the best of my knowledge.		
Signature of Applicant	Date	Personnel Representative

APPLICANT QUESTIONNAIRE

Name: _____ **Announcement Number:** _____

Mailing Address: _____

Home Phone: _____ **Duty Phone:** _____ **Email:** _____

Sponsor's Name and Duty Phone: _____

Are you a Military Spouse? Yes No

Are you a DoD Civilian Family Member? Yes No

Have you previously used your Military Spouse or Family Member Preference? Yes No

Are you currently employed? Yes No If yes, place of employment _____

If currently employed, are you Temporary Permanent ?

If currently employed and we can contact your supervisor, please provide his/her name and phone number.

Availability:

How soon can you start work? _____

Typing/Shorthand Certification:

Complete if you are applying for, or want to be considered for a position that requires typing or shorthand

I can type _____ words per minute with _____ errors.

All statements made on this form are true and completed to the best of my knowledge. I understand a false statement may be grounds for not employing me or for dismissing me after I commence work.

Applicants Signature _____

Date _____

PRE-APPOINTMENT CERTIFICATION STATEMENT FOR SELECTIVE SERVICE REGISTRATION

APPLICANT'S STATEMENT OF SELECTIVE SERVICE REGISTRATION STATUS

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must be registered with the Selective Service System, unless you meet certain exemptions under Selective Service law. If you are required to register but knowingly and willfully fail to do so, you are ineligible for appointment by executive agencies of the Federal Government.

CERTIFICATION OF REGISTRATION STATUS

Check one:

- I certify I have registered with the Selective Service System.
- I certify I have been determined by the Selective Service System to be exempt from the registration provisions of Selective Service law.
- I certify I have not registered with the Selective Service System.
- I certify I have not reached my 18th birthday and understand I am required by law to register at that time.

NON-REGISTRANTS UNDER AGE 26

If you are under age 26 and have not registered as required, you should register promptly at a United States Post Office, or consular office if you are outside the United States.

NON-REGISTRANTS AGE 26 OR OVER

If you were born in 1960 or later, are 26 years of age or older, and were required to register but did not do so, you can no longer register under Selective Service law. Accordingly, you are not eligible for appointment to an executive agency unless you can prove to the Office of Personnel management (OPM) that your failure to register was neither knowing nor willful. You may request an OPM decision through the agency that was considering you for employment by returning this statement with your written request for an OPM determination together with any explanation and documentation you wish to furnish to prove that your failure to register was neither knowing nor willful.

PRIVACY ACT STATEMENT

Because information on your registration status is essential for determining whether you are in compliance with 5 U. S. C. 3328, failure to provide the information requested by this statement will prevent any further consideration of your application for appointment. This information is subject to verification with the Selective Service System and may be furnished to other Federal agencies for law enforcement or other authorized use in implementing this law.

FALSE STATEMENT NOTIFICATION

A false statement may be ground for not hiring you, or for firing you if you have already begun work. Also, you may be punished by fine or imprisonment. (Section 1001 of title 18, United States Code).

Legal signature of individual (please use ink)

Date signed of individual (please use ink)



Disclosure and Release Statement
Relating to Employment Screening

Information for Intelligent Business

This form provides a description of the applicant rights under the Fair Credit Reporting Act.

Please provide the applicant with a copy of this form.

Disclosure and Release Statement for Employment Screening Purposes

The applicant/employee must sign this form to authorize us to conduct a background check of him or her for employment with your company. Please have your applicant/employee sign this form, provide the applicant/employee with a copy, and place the original in the applicant/employee's employment file. Please note that US SEARCH may ask that you provide us with a signed copy of this document.

I, _____ (Applicant's Name),

hereby authorize,

_____ (the "Employer")

to procure a consumer credit report from US SEARCH.com, a company engaged in the business of collecting information for purposes of Employment Screening. I understand that it is necessary that I provide my date of birth for the completion of an Employment Screening report.

I hereby authorize all persons and entities, including but not limited to businesses, corporations, former employers, credit agencies, governmental agencies, law enforcement authorities, educational institutions, state insurance departments, private regulatory agencies, and all military services, to release all written and verbal information about me to US SEACH. I release and hold each harmless from all liability and responsibility for doing so.

This Disclosure and Release Statement, in the original or copy form, is valid now through the period of time the Employer considers my application for employment, or the duration of my employment with the Employer. I agree with the all of the provisions contained herewith and was furnished with a copy of this Disclosure and Release Statement.

Applicant: _____ Date of Birth: _____

Signed: _____ Date: _____

MEMORANDUM FOR THE RECORD

TO: Commander, Fleet Activities, Okinawa (CFAO), Morale, Welfare
And Recreation Department (MWR)

FROM: _____
Print Name (Applicant)

Subj: DISCLAIMER OR RECEIPT OF FEDERAL VOLUNTARY
SEPARATION INCENTIVE PAY (VSIP)

1. I hereby declare that I have not received VSIP upon my termination, separation or retirement from the Federal Service. A copy of my final (separation) Standard Form (SF-50) is attached to this memo to substantiate this declaration.
2. I understand that this declaration will be made a permanent record and placed in the Official Personnel Folder attached to my appointing document.

Signature & Date

