## 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) **Title of Position Important Applicant Information!** PLEASE PRINT/WRITE CLEARLY Announcement #: Are you 18 years of age or over? Where did you hear about this job? Yes ☐ Walk-in □ No Relative/Friend: \_\_\_\_\_\_(Name) Name (Last, First, MI) ☐ Web (Name) Mailing Address (Include Apartment Number, if any) I am available to work: (Please mark (x) all that apply) City, State, and ZIP Code ■ Weekdays Home Phone Alternate Phone (Check) → Other: ☐ Cell Weekend ☐ Work ☐ AM Shift Additional Contact Information: PM Shift Have you **EVER been employed** in any APF (Civil Service) or NAF (MWR, NGIS, Indicate your preferred working environment. NEXCOM) position? (Please mark (x) all that apply) Yes, indicate ALL APF and NAF employment under work history ☐ No Office/Clerical ☐ Classroom Please indicate household sponsor's status: Sports & Fitness DOD Civilian ☐ Active Duty Retiree Contractor Rank/Rate:\_\_\_\_\_ Command: \_\_\_\_ Name:\_\_\_\_ COMMITMENTS Do you currently have any summer commitments? (Sports/Band Camps, Vacations, Summer ☐ Yes ☐ No Schooling) (Please describe and provide dates below) From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_

Name:									
IN THIS SECTION TELL US ANY WORK EXPERIENCES OR VOLUNTEER EXPERIENCES YOU HAVE									
Name and address of your current workplace or volunteer location)				Position Title					
Name of immediate supervisor or person you reported to					Phone Number of immediate supervisor:				
Dates of Employment		mployment	Salary			erage Hours	Reason for leaving:		
Froi	m (Mo/Yr)	To (Mo/Yr)	From	То	Wo	rked per week			
	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 previous workplace or volunteer location Position Title									
Name of immediate supervisor or person reported to					Phone Number of immediate supervisor:				
Dates of Employment		mplovment	Salary		A۱	erage Hours	Reason for leaving:		
Froi	m (Mo/Yr)	To (Mo/Yr)	From	То		rked per week			
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 <u>ALL</u> employment and volunteer work (paid or unpaid) please use an additional sheet of paper and include the same information requested above.

TAN TIK (SACKOCIAVIELE) SAIN 2014
Name:
REFERENCES
Please list at least three people <b>NOT RELATED</b> to you, who are <b>NOT listed as your supervisor</b> on pg 2, who regarding your qualifications and character in regards, to the position(s) applied for

Please list at least three people <b>NOT RELATED</b> to you, who are <b>NOT listed as your supervisor</b> on pg 2, who can furnish information regarding your qualifications and character in regards to the position(s) applied for.								
		SINESS OR HOME ADDRESS		TELEPHONE			OCCUPATION	
				(	)			
				(	)			
				(	)			
EDUCATION	Name	of School Attended		City and State		D	Date Graduated (Mo/Yr)	
☐ High School								
☐ Middle School								
In this section list any extracurrie activities at school or in the commentat you are (or have been) involved ACTIVITES	nunity ed with.		ate(s)	ACTIVITIES		•	Date(s)	
Example: School Choir		JUNE 2012- JUNE						
OTHER POSITION RELATED TRA	INING (A	ttach addi	itional sheet if	more	space is needed)	May be r	equired to submit a	
copy of the completion certification.						ATE COMPLETED		
COURSE TITLE		NAME		- OI SCHOOL		DATE COMPLETED		
ADDITIONAL SKILLS AND QUALI	FICATION	IS						

`	,							
Computer	☐ Spreadsheet software							
	☐ Word Processing software							
	☐ Database software							
	Presentation software							
License	Driver's Expires:	CDL Class:	Expires:					
Certificates	☐ CPR:	Heavy Equipment Operation	Other:					
Please	Expires		Certificate Expires					
submit copies of	First Aid:	Expires	Other:					
your	Expires		Certificate Expires					
certifications	Lifeguard							
with your application	Expires							
and/or	WSI:							
resume Other skills	Lawn care equipment, hand tools, office	Name/Type of tool/equipment, e	to :					
Other Skills	att							
	RED 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, <b>I CERTIFY</b> 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.								