

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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Where did you hear about this job? <input type="checkbox"/> Walk-in <input type="checkbox"/> Relative/Friend: _____ (Name) <input type="checkbox"/> Web _____ (Name)
Name (Last, First, MI)		
Mailing Address (Include Apartment Number, if any)		I am available to work: (Please mark (x) all that apply)
City, State, and ZIP Code		
Home Phone ()	Alternate Phone (Check) → <input type="checkbox"/> Cell <input type="checkbox"/> Other: <input type="checkbox"/> Work _____	<input type="checkbox"/> Weekdays <input type="checkbox"/> Weekend <input type="checkbox"/> AM Shift <input type="checkbox"/> PM Shift
Email Address:		
Have you <u>EVER been employed</u> in any APF (Civil Service) or NAF (MWR, NGIS, NEXCOM) position? <input type="checkbox"/> Yes , indicate <u>ALL</u> APF and NAF employment under work history <input type="checkbox"/> No		Indicate your preferred working environment. (Please mark (x) all that apply) <input type="checkbox"/> Office/Clerical <input type="checkbox"/> Classroom <input type="checkbox"/> Sports & Fitness
Please indicate household sponsor's status: <input type="checkbox"/> Active Duty <input type="checkbox"/> Retiree <input type="checkbox"/> DOD Civilian <input type="checkbox"/> Contractor Name: _____ Rank/Rate: _____ Command: _____		
COMMITMENTS		
Do you currently have any summer commitments? (Sports/Band Camps, Vacations, Summer Schooling)		<input type="checkbox"/> Yes <input type="checkbox"/> No
(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

1	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		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 previous workplace or volunteer location			Position Title	
	Name of immediate supervisor or person reported to			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 and volunteer work (paid or unpaid) 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 regards to the position(s) applied for.

FULL NAME	BUSINESS OR HOME ADDRESS	TELEPHONE	OCCUPATION
		()	
		()	
		()	
EDUCATION	Name of School Attended	City and State	Date Graduated (Mo/Yr)
<input type="checkbox"/> High School			
<input type="checkbox"/> Middle School			

In this section list any extracurricular activities at school or in the community that you are (or have been) involved with.

ACTIVITIES**Date(s)****ACTIVITIES****Date(s)**

Example: School Choir

JUNE 2012- JUNE 2013

OTHER POSITION RELATED TRAINING (Attach additional sheet if more space is needed) May be required to submit a copy of the completion certification.

COURSE TITLE	NAME OF SCHOOL	DATE COMPLETED

ADDITIONAL SKILLS AND QUALIFICATIONS

Computer	<input type="checkbox"/> Spreadsheet software		
	<input type="checkbox"/> Word Processing software		
	<input type="checkbox"/> Database software		
	<input type="checkbox"/> Presentation software		
License	<input type="checkbox"/> Driver's Expires:	<input type="checkbox"/> CDL Class:	Expires:
Certificates Please submit copies of your certifications with your application and/or resume	<input type="checkbox"/> CPR: _____ Expires	Heavy Equipment Operation _____ Expires	<input type="checkbox"/> Other: _____ Certificate Expires
	<input type="checkbox"/> First Aid: _____ Expires		<input type="checkbox"/> Other: _____ Certificate Expires
	<input type="checkbox"/> Lifeguard _____ Expires		
	<input type="checkbox"/> WSI: _____ Expires		
Other skills	Lawn care equipment, hand tools, office equipment, etc.	Name/Type of tool/equipment, etc.:	

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.