THIS APPLICATION MUST BE COMPLETED IN BLUE OR BLACK INK. BEFORE COMPLETING FINS FORM, READ THE PRIVACY ACT STATEMENT LOCATED ON PAGE (4) Provide Completing Form, READ THE PRIVACY ACT STATEMENT LOCATED ON PAGE (4) Important Applicant for NASK (ings Bay, Georgia, Muscaman Methods) Name: Last, First, Middle Applicant for NASK (ings Bay, Georgia, Muscaman Methods) E-mail Address: Before Completion of the mission of the missin the missin of the mission of the mission of the mi	NON-APPROPRIAT	ED FUND FEDE	RAL EMPL	OYMENT		ATION			
Position applying for: Announcement # NAF20					D ON PAGE (4)			
Name: Last, First, Middle Preference to be eligible to work on the installation. E-mail Address: Referral Source Date of Birth: Matconvert Relative/Friend: Are you 18 years of age or over? Other: (Name) Mailing Address Apt. # I am available to work: Mailing Address Apt. # I am available to work: (Please mark (x) all that apply) Weekends only Lam available to Days only Home Phone Alternate Phone (Check) → □ Cell Other: I am available () () U.S. State, and ZIP Code Dates of lam available I am available to Days only Degition? () () U.S. State, and ZIP Code Dates of lam available (Date) () () () () () I am available (Date) () () () () () (Date) (Date) () () () () () (Date) (Date) () () () () () () () () () () () () ()		Position applying for: Announcement #:			Important Applicant Information!				
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Date of Birth:	E-mail Address:	E-mail Address:							
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Mailing Address Apt. # I am available to work: (Please mark (x) all that apply) City, State, and ZIP Code Days only I am available to begin work on: Home Phone Alternate Phone (Check) → Cell Other: Alt shifts available I am available to begin work on: Home Phone Alternate Phone (Check) → Cell Other: I am available I am available Other names used (maiden, previous married, etc) I and y available I am available I am available Other names used (maiden, previous married, etc) I avail accept: 20-34 20-34 I will accept: position? I will accept: Position? Ves, indicate ALL APF and NAF employment under work history I will accept: I available basis. No U.S. Citizen: Yes No Place of Birth: I available basis. **Sleeting Full-time only ** *flexible employment has no leave/benefits/holiday pay and may be temporary or seasonal. Hours of work variable basis. SELECTIVE SERVICE Selective Service Number Yes, complete ALL items below. If No, Registration No: Selective Service registration number. To locate, obtain or register for your SS number, visit. www.sss.gov MILITARY SERVICE Have you EVER served in the United States Milit	Are you 18 years of age or over?	Relative/Friend:							
Home Phone Atternate Phone (Check) → Cell Other: Days only Atternate Phone (Check) → Evenings only (_) (_) Work Diversity Atternate Phone (Check) → Evenings only Atternate Phone (Date) Date			Apt. #	l an	n available to wo	ork:			
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Other names used (maiden, previous married, etc) □ 35-40 □ 20-34 Other names used (maiden, previous married, etc) □ 20-34 □ 20-34 position? □ 20-34 □ 20-34 Pres, indicate ALL APF and NAF employment under work history □ Flexible Category* □ Any □ Yes, indicate ALL APF and NAF employment under work history □ Fluither only ** **Iexible category* □ Any □ V.S. Citizen: □ Yes No Place of Birth: □ *flexible employment has no □ LS. Citizen: □ Yes No Place of Birth: □ *flexible employment has no □ LS. Citizen: □ Yes No Place of Birth: □ *flexible employment has no □ LS. Citizen: □ Yes No Place of Birth: □ *flexible employment has no □ LS. Citizen: □ Yes No Place of Birth: □ *flexible employment has no □ LS. Citizen: □ Yes No Place of Birth: □ *flexible employment has no □ LS. Citizen: □ Yes No Place of Birth: □ *flexible employment has no □ Settective Service Settective Service Sete	Home Phone Alternate Pl		⊡Other:	All shifts a		(Data)			
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Active Duty/Retired From: To: To:	 ALL prior military discharged windischarge and re-entry codes. The Your DD214 now online at: 								

Nam	ne:								
WO	RK EXPEF								
			rections: Begin v				work backwards. FALL EMPLOYMENT!		
1 Name and address of MOST recent employer:				Position Title (if APF or NAF, give pay plan and grade):					
						Number of employees supervised:			
Name of immediate supervisor:					Phone Number of immediate supervisor:				
				verage Hours	Reason for leaving:				
Fror	n (Mo/Yr)	To (Mo/Yr)	From	То	VVo	rked per week			
	we contact Yes No (please		er regarding your	CHARACTER	R, QUAL	IFICATIONS ar	NT RECORD OF EMPLOYMENT?		
		r duties and res	oonsibilities belo	W	OR	Che	ck Here to SEE RESUME		
2	Name and	address of previo	us employer:			Position Title ((if APF or NAF, give pay plan and grade):		
2									
	Number of employees supervised:								
Nam	e of immed	iate supervisor:				Phone Numbe	er of immediate supervisor:		
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		mployment	Sala	-		verage Hours rked per week	Reason for leaving:		
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	we contact Yes	the above employ	er regarding your	CHARACTER	, qual	IFICATIONS ar	nd RECORD OF EMPLOYMENT?		
	No (please								
Sum	marize you	r duties and res	oonsibilities belo	W	OR	Che	ck Here to SEE RESUME		

If ADDITIONAL space is needed to list <u>ALL</u> employment, please use an additional sheet of paper and include the same information as requested above.

REFERENCES											
	ast three people NOT R qualifications and chara						isor on p	g 2, who can furni	sh information		
	ILL NAME		BUSINESS OR HOME ADDRESS			TELEP	HONE	000	OCCUPATION		
					()					
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EDUCATION		Name of High School Attende		nool Attended	City and State			Date Gra	Date Graduated (Mo/Yr)		
High Schoo	ol graduate/GED $ ightarrow$										
1	Name of	State	Major C	Course of Stu	dy Credit Degree R			ee Received	Date		
College/Ur	niversity Attended		(i.e. Elen	nentary Education Physiology, etc	on, Hours (i.e. AA/AS			A/AS, BA/BS, A/MS, etc.)	Received		
			Exercise	e Physiology, etc	(.ز		1017	-////0, etc.)			
		_									
OTHER POSITION RELATED TRAINING (i.e. CDA, MSA, Child Development Modules, etc.)											
OTTLERTOS	COURSE TITLE										
	COOKSE IIILE			NAME OF SCHOOL				DATE CC	DATE COMPLETED		
ADDITIONAL SKILLS AND QUALIFICATIONS			Name of Sof	twor							
Computer	SKILLS AND QUAL			Name of Sol	twar	e					
Computer	Word Processing software used:										
	Database softwar										
	Presentation soft										
License	Driver's			DL #:			Evni	ration Date:			
LICENSE											
			<u>, </u>	·							
	Other (Teacher, N Include expiration		.)	Explanation:	Explanation:						
	applicable										
Certificates	□ _{CPR:}			Lifeguard:				Other:	/		
	Expiratio	on Date				piration Date		Certificate	/ Expiration Date		
	First Aid:			└─ wsi:			└_	Other:			
Other skills	Expiration Heavy equipment, law		uipment.	Name/Type of		biration Date /equipment,	etc.:	Certificate	e / Expiration Date		
	hand tools, office equi			71		,					

Name:

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 & 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. <u>Your application may not be considered if it is incomplete</u>. 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.