

NON-APPROPRIATED FUND FEDERAL EMPLOYMENT APPLICATION

**THIS APPLICATION MUST BE COMPLETED IN BLUE OR BLACK INK.
BEFORE COMPLETING THIS FORM, READ THE PRIVACY ACT STATEMENT LOCATED ON PAGE (4)**

Position applying for: _____		Announcement #: NAF--20 ____ -- ____	<p>Important Applicant Information!</p> <ul style="list-style-type: none"> • Applicants for NSB Kings Bay, Georgia, MUST be U.S. citizens or using Spousal Preference to be eligible to work on the installation. <p style="text-align: center;">Referral Source</p> <input type="checkbox"/> Walk-in <input type="checkbox"/> Relative/Friend: _____ (Name) <input type="checkbox"/> Other: _____ (Name)
Name: Last, First, Middle _____			
E-mail Address: _____			
Date of Birth: _____ <small>MM/DD/YYYY</small>			
Are you 18 years of age or over? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Mailing Address _____		Apt. # _____	<p>I am available to work: (Please mark (x) all that apply)</p> <input type="checkbox"/> Weekends only I am available to begin work on: <input type="checkbox"/> Days only <input type="checkbox"/> Evenings only <input type="checkbox"/> All shifts available _____ (Date) <input type="checkbox"/> 35-40 <input type="checkbox"/> 20-34 <input type="checkbox"/> 20 or less
City, State, and ZIP Code _____			
Home Phone () _____	Alternate Phone (Check) → <input type="checkbox"/> Cell <input type="checkbox"/> Other: _____		
Other names used (maiden, previous married, etc) _____			
Have you EVER been employed in any APF (Civil Service) or NAF (MWR, NGIS, NEX) position? <input type="checkbox"/> Yes, indicate ALL APF and NAF employment under work history <input type="checkbox"/> No			
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No Place of Birth: _____			
If No, Registered Alien → Registration No: _____			

SELECTIVE SERVICE	Selective Service Number
If you are a male born after December 31, 1959 and at least 18 years of age, you must provide your 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 Military? No Yes, complete ALL items below.

- **ALL** prior military discharged within the past 10 years, must attach a copy of **page 4 of the DD214** showing the reason for discharge and re-entry codes. This information may be used at a later date to determine creditable service. Your DD214 now online at: <http://vetrecs.archives.gov/>
- Claiming Veteran's Preference:** 5 points (DD-214) 10 points (SF-15)
- If you are **CURRENTLY ACTIVE DUTY**, provide all information under work experience section, including current rank, duty station, and work phone and attach a copy of your approved **SPECIAL REQUEST AUTHORIZATION (NAVPERS 1336/3) form** containing the command POC and phone number. Military off-duty, may only work 0–34 hours per week.
- If you are on **TERMINAL LEAVE**, attach a copy of your approved Terminal Leave document.

Dates of Service	Branch of Service	Highest Rank Held	Type of Discharge
<input type="checkbox"/> Active Duty/Retired From: _____ To: _____			
<input type="checkbox"/> Reserves From: _____ To: _____			

Name:

WORK EXPERIENCE

Directions: Begin with your most **RECENT** position and work backwards.
USE ADDITIONAL SHEETS IF NECESSARY TO DOCUMENT ALL 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: ()
Dates of Employment		Salary
From (Mo/Yr)	To (Mo/Yr)	From To
		Average Hours Worked per week
Reason for leaving:		

May we contact the above employer regarding your CHARACTER, QUALIFICATIONS and RECORD OF EMPLOYMENT?
 Yes
 No (please explain):

Summarize your duties and responsibilities below OR Check Here to SEE RESUME

2	Name and address of previous 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: ()
Dates of Employment		Salary
From (Mo/Yr)	To (Mo/Yr)	From To
		Average Hours Worked per week
Reason for leaving:		

May we contact the above employer regarding your CHARACTER, QUALIFICATIONS and RECORD OF EMPLOYMENT?
 Yes
 No (please explain):

Summarize your duties and responsibilities below OR Check Here to SEE RESUME

If ADDITIONAL space is needed to list ALL employment, please use an additional sheet of paper and include the same information as 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 High School Attended	City and State	Date Graduated (Mo/Yr)
<input type="checkbox"/> High School graduate/GED →			

Name of College/University Attended	State	Major Course of Study (i.e. Elementary Education, Exercise Physiology, etc.)	Credit Hours	Degree Received (i.e. AA/AS, BA/BS, MA/MS, etc.)	Date Received

OTHER POSITION RELATED TRAINING (i.e. CDA, MSA, Child Development Modules, etc.)

COURSE TITLE	NAME OF SCHOOL	DATE COMPLETED

ADDITIONAL SKILLS AND QUALIFICATIONS

	Name of Software
Computer	
<input type="checkbox"/> Spreadsheet software used:	
<input type="checkbox"/> Word Processing software used:	
<input type="checkbox"/> Database software used:	
<input type="checkbox"/> Presentation software used:	
License	
<input type="checkbox"/> Driver's	DL #: _____ Expiration Date: _____
<input type="checkbox"/> CDL	Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Expiration Date: _____
<input type="checkbox"/> Other (Teacher, Notary, etc.) Include expiration date if applicable	Explanation: _____
Certificates	
<input type="checkbox"/> CPR: _____ Expiration Date	<input type="checkbox"/> Lifeguard: _____ Expiration Date
<input type="checkbox"/> First Aid: _____ Expiration Date	<input type="checkbox"/> WSI: _____ Expiration Date
	<input type="checkbox"/> Other: _____ / _____ Certificate / Expiration Date
	<input type="checkbox"/> Other: _____ / _____ Certificate / Expiration Date
Other skills	
Heavy equipment, lawn care equipment, hand tools, office equipment, etc.	Name/Type of tool/equipment, etc.:

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. **Your application may not be considered if it is incomplete.** 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.