

NAF EMPLOYMENT APPLICATION

PRIVACY ACT NOTICE

Authority: 5usc 301, E.O. 9397, and Department Regulations. Purpose(s): To collect information necessary to determine qualification, suitability and availability of applicants for employment. Your completed application may be used to examine, rate and/or assess your qualifications, and restrictions based on citizenship, members of family already employed, and residence requirements and to contact you concerning availability for an interview.

- All or part of your completed employment application may be disclosed to:
- Your college or university placement office.

Appropriate federal, state, or local law enforcement agencies charged with the responsibility of investigating a violation or potential violation of the law.

Disclosure: Voluntary, however, failure to disclose requested information may result in you not receiving full consideration for a position in which this information is needed.

Name		Position(s) Applying for		Today's Date	
Street Address		City		State	Zip Code
Date Available To Start Work:	Home Phone		Cell Phone/Alternate		Salary Desired (Hrly)
Interested in: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Flex <input type="checkbox"/> 1st Shift <input type="checkbox"/> 2nd Shift <input type="checkbox"/> 3rd Shift <input type="checkbox"/>					
U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Military Dependiant <input type="checkbox"/> Yes <input type="checkbox"/> No	If: <input type="checkbox"/> Naturalized Citizen Place	<input type="checkbox"/> Registered Alien No.	Please indicate where and when: Date	
Referral Source: <input type="checkbox"/> Walk In Relative: <input type="checkbox"/> Who? Friend: Who? <input type="checkbox"/> Newspaper: Which? <input type="checkbox"/> Other: <input type="checkbox"/>		Work Location: Ventura/Port Hueneme Point Mugu Port Hueneme San Nicolas Island			

(List most recent employment first)

BUSINESS OR WORK HISTORY

Name of Company		Kind of Business		Phone Number	
Street Address		City		State	Zip Code
Name and Title of Immediate Supervisor		Date Employed		Starting Salary	
Your Title and Description of Duties		Date Left		Salary at Leaving	
		Reason for Leaving			
Name of Company		Kind of Business		Phone Number	
Street Address		City		State	Zip Code
Name and Title of Immediate Supervisor		Date Employed		Starting Salary	
Your Title and Description of Duties		Date Left		Salary at Leaving	
		Reason for Leaving			
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Street Address		City		State	Zip Code
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Your Title and Description of Duties		Date Left		Salary at Leaving	
		Reason for Leaving			

(Work history supplement available upon your request)

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL, CITY AND STATE	MAJOR FIELD	YEAR GRADUATED	DEGREE	YEARS ATTENDED	CREDIT HOURS
HIGH SCHOOL						
COLLEGE						
GRADUATE SCHOOL						
OTHER						

List extracurricular activities you participated in: (HS/college/sports/clubs/outdoor activities, etc.)

Special Skills: (i.e. computer software, typing, licenses, certificates, etc.)

MILITARY SERVICE

BRANCH OF SERVICE	DATE DISCHARGED	RANK OF SEPARATION	TYPE OF DISCHARGE	MILITARY RESERVE STATUS

Describe briefly major duties and responsibilities.

Active Duty: Yes No Current Rank: _____ Date of enlistment or name of command: _____

Have you ever worked for the Federal Government as an appropriated fund employee?

Yes No

If yes, give name and address of Agency/Command.

Dates of employment: From: _____ To: _____

Have you ever received Separation Incentive Pay (SIP)? Yes No

If yes, give date received.

A government employee who has received a Voluntary Separation Incentive payment and who accepts employment with the Government of the United States within 5 years after the date of separation on which the payment is based, shall be required to repay the entire amount to the agency that paid the incentive payment.

Relative(s) employed with, and/or have business dealings here. (Name(s) and Location) No Yes Explain: _____

Have you ever been **arrested** or **convicted** of any crime (other than minor traffic violations)? No Yes Explain: _____

Do you claim spousal preference? Yes No PCS Date: _____ (You must attach spouse's PCS orders)

Have you ever worked as a NAF employee (i.e. MWR, NEX, AAFES, Marine Corps exchange, etc.) Yes No (If yes, provide details: Where? When?)

REQUIRED CERTIFICATE

I certify, to the best of my knowledge and belief, my statements and information on this employment application are true, correct, complete, and made in good faith. I consent to the release of information about my ability and fitness for NAF employment by employers, schools, law enforcement agencies and other individuals and organizations to investigators, and other authorized employees. I agree to supply additional information as required, and to submit to any physical examinations that may be required.

I understand that a false statement made by me or false information submitted by me, may be grounds for not hiring me or for immediate termination. I agree to observe all rules and regulations.

Applicant's Signature _____

Date _____

APPLICATIONS ARE RETAINED FOR 90 DAYS

EQUAL OPPORTUNITY EMPLOYER

DIRECT DEPOSIT MANDATORY UPON EMPLOYMENT

SUPPLEMENTAL WORK HISTORY SHEET

Name	Position(s) Applying for	Date
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(List most recent employment first)

BUSINESS OR WORK HISTORY

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Street Address	City	State	Zip Code
Name and Title of Immediate Supervisor	Date Employed	Starting Salary	
Your Title and Description of Duties	Date Left	Salary at Leaving	
	Reason for Leaving		
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Street Address	City	State	Zip Code
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