## NONAPPROPRIATED FUND FEDERAL EMPLOYMENT APPLICATION

BEFORE COMPLETING	THIS APPLICATION MUST BE COMPLETED IF G THIS FORM, READ THE PRIVACY ACT STATE		ON PAGE (4)				
(1) Position applying for:	Announcement #:		Applicant Info	rmation!			
(2) Position applying for:	<ul> <li>Applicants may apply for up to four (4) positions at any one time.</li> </ul>						
(3) Position applying for:	Once an applicant has accepted a position with our agency, they must wait a minimum of 60 days before accepting a different position within the agency						
(4) Position applying for:	Announcement #:	unless they s	submit written p rrent supervisor	ermission			
E-mail Address:	Are you 18 years of age or over?	Re	eferral Source	9			
	Yes No, give your date of birth:	☐ Walk-in					
Name (Last, First, MI)	110, give your date or sinti.	Relative/Friend:(Name)					
,		(Name)  Other:					
			(Name	<u></u>			
Mailing Address (Include Apartment Nu	ımber, if any)	I am available to work: (Please mark ( <b>x</b> ) all that apply)					
City, State, and ZIP Code		<ul><li>☐ Weekends</li><li>☐ Days only</li></ul>	begi	available to n work on:			
Home Phone Alternate P	none (Check) → ☐ Cell ☐ Other:	Evenings of					
( )	☐ Work	☐ All shifts a\ ☐ 35-40	/allable ——	(Date)			
Other names used (maiden, previous r	narried, etc)	20-34 20 or less					
Have you EVER been employed in any	APF (Civil Service) or NAF (MWR, VQ, NEX)		will accept:				
position?  Yes, indicate ALL APF and NAF er	☐ Flexible Category* ☐ Any ☐ Full-time only **						
□ No		*Flexible emplo	•				
<ul><li>U.S. Citizen</li><li>Registered Alien → Registration N</li></ul>	leave/benefits/holiday pay and may be temporary or seasonal. Hours of work vary from 0-40 hours per week on an as-needed						
Place of Birth:	, State OR Country)	basis.					
(City	**Selecting Full-time <i>only</i> will prohibit you from most available positions						
SELECTIVE SERVICE		you moin most	Selective Ser				
	oer 31, 1959 and at least 18 years of age, you umber. To locate, obtain or register for your S						
MILITARY SERVICE							
Have you <b>EVER</b> served in the United S	· — — · · ·	e ALL items below					
<ul> <li>ALL prior military discharged within the past 10 years, must attach a copy of <u>page 4 of the DD214</u> showing the reason for discharge and re-entry codes. This information may be used at a later date to determine creditable service.</li> <li>Your DD214 now online at: <a href="http://vetrecs.archives.gov/">http://vetrecs.archives.gov/</a></li> </ul>							
• If you are <u>CURRENTLY ACTIVE DUTY</u> , provide all information under work experience section, including current rank, duty station, and work phone and attach a copy of your approved <u>SPECIAL REQUEST AUTHORIZATION</u> (NAVPERS 1336/3) form containing the command POC and phone number. Military off-duty, may only work 0–34 hours per week.							
	attach a copy of your approved Terminal Leave doo	Branch of	Highest	Type of			
Da	tes of Service	Service	Rank Held	Discharge			
Active Duty/Retired From:	To:						
_	To:						

Nam	ne:									
	RK EXPER									
							years. Include all periods of unemployment— ESSARY TO DOCUMENT ALL EMPLOYMENT!			
1 Name and address of your MOST current/recent employer:						Position Title (if APF or NAF, give pay plan and grade):				
					Num	Number of employees supervised:				
Name of immediate supervisor:						Phone Number of immediate supervisor: ( )				
	Dates of Er	mployment	Sal	ary	Average		Reason for leaving:			
Fror	m (Mo/Yr)	To (Mo/Yr)	From	То	Worked pe	er week				
     	<b>Yes</b> <b>No</b> (please e			r CHARACTER,	QUALIFICA <sup>-</sup>	ΓIONS ar	nd RECORD OF EMPLOYMENT?			
Suiii	illiarize you	ir duties and resp	onsibilities.							
2	Name and	address of your N	MOST previous e	mployer:	Posit	ion Title	(if APF or NAF, give pay plan and grade):			
					Numi	Number of employees supervised:				
Nam	e of immedi	ate supervisor:			Phon	e Numbe	er of immediate supervisor:			
	Datas of E	mployment	Cal	O.W. 6	Average	) Haura	December leavings			
Fror	Dates of Er n (Mo/Yr)	To (Mo/Yr)	Sal From	То	Average Worked pe		Reason for leaving:			
		` /								
<u></u>	<b>Yes</b> <b>No</b> (please e	explain):		r CHARACTER,	QUALIFICA <sup>-</sup>	ΓIONS ar	nd RECORD OF EMPLOYMENT?			
Sum	marize you	r duties and resp	oonsibilities:							
		-								

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

Name:										
REFERENCE							-			
	ast three people <b>NOT R</b> qualifications and charac						<b>/isor</b> on po	g 2, who	o can furnis	sh information
FULL NAME BUSINESS OR HON						PHONE		OCC	CUPATION	
					(	)				
					(	)				
					(	)				
EDUCATION		Name of High School		nool Attended	City and State			Date Graduated (Mo/Yr)		
☐ High School graduate/GED →										
Name of College/University Attended		State	Major Course of Stu (i.e., Business Technolo Exercise Physiology, et			y; <b>Hours</b> (i.e., BA-Busi			ess Mgmt,	Date Received
OTHER POSI	TION REI ATED TRA	INING (A	Attach add	itional sheet if	mor	e snace is	needed)			
OTHER POSITION RELATED TRAINING (Attach add COURSE TITLE			NAME OF SCHOOL				[	DATE COMPLETED		
ADDITIONAL	SKILLS AND QUALI	FICATIO	NS							
Computer	Spreadsheet softw									
	☐ Word Processing									
☐ Database software used:		e used:								
	☐ Presentation softw	vare used:								
License	☐ Driver's			Expires:						
	CDL			Class:		Ex	cpires:			
	Other (Teacher, Notary, etc) Include expiration date if applicable			Explanation:						
Certificates	☐ CPR:			Lifeguard:				Other	r:	1
	Expires			WSI:	Ехр	ires		_ =	Certificate	/ Expires
	First Aid: Expires			VV31.	Ехр	ires		Other	r:	/ Expires
Other skills	•			Name/Type of tool/equipment, etc.:				<i>г</i> схрпеѕ		

Please fill form out completely and email finished application to nasccmwrjobs@gmail.com or fax to 361-961-2891 or mail to NAF HRO, 10651 BLDG H-100, NAS Corpus Christi TX 78419 or drop off in person at the HR office in BLDG H-100  $5^{th}$  floor

Name:

## ATTENTION: READ THE FOLLOWING CAREFULLY BEFORE COMPLETING THIS PAGE AND SIGNING

Failure to answer a question, or providing incomplete or false information on any question, is grounds for non-selection or termination for cause once employed. All statements are subject to investigation, including a check of your fingerprints, police records, and former employers. All information given will be considered in reviewing your application.

employers. All information given will be considered in reviewing your application.									
ANSWER THE FOLLOWING QUESTIONS (1-5) BY PLACING AN "X" IN THE APPROPRIATE COLUMN.									
1.									
2.									
3.	<ol> <li>Do you receive, or have you applied for retirement pay, pension, or other compensation based on military service, Federal (APF) civilian service, Nonappropriated fund (NAF) service or any other employment? If YES, explain:</li> </ol>								
4.	4. Do any of your relatives, by blood or by marriage, work for the U.S. Government (APF) Civil Service or Nonappropriated (NAF) Fund) or any branch of the military service (Navy, Air Force, MWR, VQ, etc)? If YES, provide the following information:								
	Name	Relation	onship		Organization/Place of \	Nork			
5.	For any offense against	the law, have you ever forfeite	d collateral, been co	nvicted, be	een fined, been imprisoned,	YES	NO		
	been on probation (with	or without judgment), been on	parole, pled guilty o	r nolo cont	tendere (no contest), been	0			
		al or are you now under charge e: 1) traffic fines under \$150; a							
		court or under a Youth Offend		ommitted <sub>i</sub>	onor to ago to that was				
	Charge/Offense City/State Court Action taken						te		
NOTE: CONVICTIONS ARE NOT A BASIS FOR NON-SELECTION!! ANY DATA PROVIDED WILL BE USED APPROPRIATELY AND ONLY AS RELEVANT TO THE POSITION(S) APPLIED FOR.									
DA		E PRIVACY ACT OF 1974	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
			Title 5, United States	Code 301 a	and Title 42, United States Code	e 410. This			
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									
sup	supplied, it may not be possible to determine your eligibility and qualifications. <b>Your application may not be considered if it is incomplete.</b>								
		equested to enable us to accurate							
		etc. Your SSN may also be use be used as allowed by law. Infor							
		tions of law, or for other lawful p		- , = = inay c	10 g o to oanor rodoral, ot				
APPLICANT CERTIFICATION									
		tion, with or without signatu		nent/cons	ent with the conditions liste	d within a	nd		
per	mission to check all infe	ormation provided by the ap	plicant.						

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.

By my signature, I CERTIFY that all statements made by me on this application are complete, true and accurate to the best of my

Date:

Signature of applicant (Electronic (e-mail) signature is accepted):