

**APPLICATION FOR NONAPPROPRIATED FUND EMPLOYMENT
FOR MWR SASEBO JAPAN**

(Before completing this application, please read the Privacy Act Statement on page 4)

TYPE OR PRINT IN INK - ANSWER EVERY QUESTION CLEARLY AND COMPLETELY.

1. POSITION APPLYING FOR	2. ANNOUNCEMENT NUMBER	3. SALARY
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4. LOCATIONS IN WHICH YOU WILL ACCEPT EMPLOYMENT <input type="checkbox"/> MAIN BASE ONLY <input type="checkbox"/> HARIO VILLAGE ONLY <input type="checkbox"/> MAIN BASE OR HARIO VILLAGE	5. WILLING TO WORK (MARK ALL THAT APPLY) <input type="checkbox"/> FULL-TIME REGULAR (Includes Benefits) <input type="checkbox"/> FLEXIBLE (0-40 Hours as needed, No Benefits) <input type="checkbox"/> DAYS <input type="checkbox"/> EVENINGS <input type="checkbox"/> WEEKENDS
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6. NAME (LAST, FIRST, MIDDLE, MAIDEN)

7. ADDRESS (PO BOX, CITY, STATE, 9 DIGIT ZIP CODE)

8. EMAIL ADDRESS	

9A. HOME PHONE			9B. ALTERNATE PHONE			10. WHAT IS THE LOWEST PAY YOU WILL ACCEPT? \$ _____ PER _____		
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11. ARE YOU 18 YEARS OF AGE OR OVER? <input type="checkbox"/> YES <input type="checkbox"/> NO, if not, date of birth:	12. DATE AVAILABLE TO START WORK
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<p>13. U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "no" write the name of country of which you are a citizen) _____</p> <p>Registered Alien <input type="checkbox"/> YES <input type="checkbox"/> NO ALIEN REGISTRATION NO. _____</p>	<p>14A. Are you under the Status of Forces Agreement (SOFA)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14B. Are you applying for Military Spouse Preference? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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15. HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE UNITED STATES MILITARY SERVICES? (If "yes", complete items below and attach a copy of last DD form 214) ☐ **YES** ☐ **NO**

A. IF PRESENTLY IN THE MILITARY SERVICE, INDICATE RANK, ASSIGNED ORGANIZATION, AND ESTIMATED DATE OF RETIREMENT, SEPARATION, OR ROTATION.

B. IF NOT PRESENTLY IN THE MILITARY, WERE YOU DISCHARGED UNDER HONORABLE CONDITIONS? (If "no" give details under Item 22). ☐ **YES** ☐ **NO**

Branch of Service	Date Discharged	Rank at Separation	Type of Discharge	Military Reserve Status

BUSINESS OR WORK HISTORY	
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(List most recent employment first. Attach additional work history pages as needed)

If currently employed, may inquiry be made to your present employer regarding your character, qualifications and record of employment? ☐ YES ☐ NO

Name of Company/ Government Agency	Kind of Business	Phone Number

Street Address	City	State	Zip Code
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Name and Title of Immediate Supervisor	Dates Employed From: To:	Salary at Leaving
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Job Title	Reason for Leaving
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Description of Duties	

**CONTINUATION SHEET
BUSINESS OR WORK HISTORY**

Name of Company/ Government Agency	Kind of Business	Phone Number	
Street Address	City	State	Zip Code
Name and Title of Immediate Supervisor	Dates Employed From: To:	Salary at Leaving	
Job Title	Reason for Leaving		
Description of Duties			
Name of Company/ Government Agency	Kind of Business	Phone Number	
Street Address	City	State	Zip Code
Name and Title of Immediate Supervisor	Dates Employed From: To:	Salary at Leaving	
Job Title	Reason for Leaving		
Description of Duties			
Name of Company/ Government Agency	Kind of Business	Phone Number	
Street Address	City	State	Zip Code
Name and Title of Immediate Supervisor	Dates Employed From: To:	Salary at Leaving	
Job Title	Reason for Leaving		
Description of Duties			
Name of Company/ Government Agency	Kind of Business	Phone Number	
Street Address	City	State	Zip Code
Name and Title of Immediate Supervisor	Dates Employed From: To:	Salary at Leaving	
Job Title	Reason for Leaving		
Description of Duties			

PROFESSIONAL REFERENCES						
Please list at least three (3) people not related to you and other than supervisors you provided in your work history, who can furnish information regarding your qualifications and character in regards to the position or positions applied for.						
FULL NAME	YEARS KNOWN	DAYTIME PHONE # EMAIL ADDRESS	OCCUPATION			
EDUCATION AND TRAINING						
High School Graduate or GED Equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, circle the highest grade you completed. 7 8 9 10 11 12						
	Name and Address of School Attended (City and State)	Dates Attended		No. of Years Attended	Year Graduated	Type of Degree Received
		From (MM, YYYY)	To (MM, YYYY)			
High School						
College						
Graduate School						
Chief Undergraduate College Subjects					Credit Hours	
Graduate College Subjects					Credit Hours	
Other Position Related Training (Vocational/ Technical, etc.,)						
Other Skills and Qualifications (Professional Societies, Volunteer Experience, etc...)						
EDUCATION AND TRAINING						
Computer Software/ Programs Used	Licenses & Certificates			Equipment/ Machinery Operated		
	(CDL, CPR, Water Safety, etc.,)					
	Exp Date: _____					
	Exp Date: _____					
	Exp Date: _____					
Other Special Qualifications (i.e., Other Machinery/ Equipment, Foreign Language you speak, etc.,)				Approximate Number of Words per minute		
				Typing:		
				Shorthand:		

ATTENTION: READ THE FOLLOWING CAREFULLY BEFORE COMPLETING THIS PAGE AND SIGNING		
<p>A false answer to any question in this application may be ground for not employing you or for dismissing you after you begin work. All statements are subject to investigation, including a check of your fingerprints, police records, and former employers. All the information you give will be considered in reviewing your statement and is subject to investigation.</p>		
ANSWER ITEMS 19 THROUGH 21 BY PLACING AN "X" IN THE APPROPRIATE COLUMN	YES	NO
16. Within the last five years have you been fired from any job for any reason? (If answer to this question is "yes", give details in Item 22. Show the name and address of employer, appropriate date, and the reasons in each case).	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you ever been denied bond? (If yes, give details in Item 22).	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you ever been convicted of any offense against the law or forfeited collateral or are you now under charges for any offense against the law as a civilian or during military services? (You may omit: (1) traffic violations for which you paid a fine, and (2) any offense committed before your 21st birthday which was finally adjudicated in juvenile court or under a youth offender law). If your answer to either question is "yes", give details in Item 22. Show for each offense. (1) DATE (2) CHARGES (3) PLACE (4) COURT (5) ACTION TAKEN	<input type="checkbox"/>	<input type="checkbox"/>
19. Are any of your relatives (by blood or marriage):		
a. Employed by a nonappropriated fund activity?	<input type="checkbox"/>	<input type="checkbox"/>
b. Employed by the federal government?	<input type="checkbox"/>	<input type="checkbox"/>
c. Members of the military assigned?	<input type="checkbox"/>	<input type="checkbox"/>
(If "yes", list names, relationship, position, and organization in Item 22).		
20. Do you receive or have you applied for retirement pay, pension, or other compensation based on military service, federal civilian service, or nonappropriated fund service? (If "yes", give details in Item 22).	<input type="checkbox"/>	<input type="checkbox"/>
21. "Have you ever been arrested for or charged with a crime involving a child, a sex crime, a substance abuse felony, or a violent crime?" If yes, provide the date, explanation of the violation, and disposition of the charge, place, of occurrence, and name and address of the police department or court involved in Item 22.	<input type="checkbox"/>	<input type="checkbox"/>
22. REMARKS (If more space is needed, use full sheets of paper approximately the same size as this page.)		
DATA REQUIRED BY THE PRIVACY ACT OF 1974		
<p>The information required of you on this form is authorized by Title 5, United States code 301 and Title 42, United States Code 410.</p> <p>We need the information you put on the form to see how well your education and work skills fit you for a job and for personnel actions after employment, such as promotion, transfer, and pay and leave entitlements. We also need information on matters such as citizenship and military service to see whether you are affected by law we must following deciding who may be employed. We cannot determine your qualifications, which is the first step toward getting the job, if you do not answer these questions.</p> <p>We must have your social security number (SSN) to keep your records straight because other people may have the same name and birth date. The SSN has been used to keep records since 1948, when executive order 9397 asked agencies to do so. We may also use your SSN to make requirements for information about you from employers, schools, banks, and others who know you, but only where allowed by law. The information we collect by using your SSN will be used for employment purposes, and also for studies and statistics that will not identify you. Information we have about you may also be given to federal, state, and locate agencies for checking on law violations or other lawful purposes.</p>		
I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith.		
DATE	SIGNATURE OF APPLICANT	

MWR Sasebo is an Equal Employment Opportunity Employer

QUESTIONNAIRE TO BE ATTACHED TO APPLICATION

SUPPLEMENTARY QUESTIONNAIRE

Name (Last, First, Middle)

1. Are you a U.S. Dependent? ☐ YES ☐ NO (If no, please go to question #4 or #5 - whichever is applicable)

If YES, please check one ☐ Spouse of Active Military ☐ Dependent family member of Active Duty Military

2. For Spouse of Active Duty Military Only. Are you applying for spouse preference? ☐ YES ☐ NO

Please read the following information if you are applying for spouse preference.

SECNAVINST 12310.71A and DOD 1404.12 provides the Department of Defense policy on military spouse employment preference for Non-appropriated fund positions. You are eligible for this program if you meet the following requirements:

You are married to an active-duty military member and

- 1) You were married before he/ she received orders to this geographic location from a different geographic location; and
- 2) The position you are applying for is within commuting distance of your spouse's duty station and
- 3) Your spouse's reporting date is within 30 days of your application or your spouse has a minimum of 6 months remaining on the current orders and
- 4) You have not received or declined ANY continuing Regular NAF or APF position in this area.

Have you been employed or declined a job offer for an appropriated or a NAF permanent position since you arrived in this area?

☐ YES ☐ NO

To applicants who are family members of Active Duty personnel, Stateside Hires (APF/ NAF) and Contractors, please attach a copy of your spouse's PCS orders or contract and return with your application to the NAF Human Resources Office.

3. Please complete if dependent of Active Duty Military Personnel (Spouse or family member).

Sponsor's Name:	Rank/ Rate:	Duty Station:	Duty Phone Number:
Date married to Sponsor:	Sponsor's PRD: (Planned Rotation Date)	Sponsor's EAOS (End of Active Obligated Service):	
Sponsor's Arrival Date:	Previous Duty Station:		

4. If a dependent of a civilian, is Sponsor an: ☐ APF Employee ☐ NAF Employee ☐ Contractor

Sponsor's Name:	Grade:	Command:
Sponsor's Arrival Date in Japan:	Sponsor's Rotation Date:	Sponsor's Work Phone #:

5. If answer to question #1 is no, are you seeking Command Sponsorship from MWR?

VISA (Tourist, etc.):	Passport Number:	Expiration Date:
Departure date from United States:	Expected departure date from Japan:	
Official Address in the United States:	Resident Address in local area (Japan):	

6. Have you ever worked for the Federal Government? ☐ YES ☐ NO

I understand that if I am hired under the Military Spouse Preference Program as a regular employee and later resigned while stationed at Sasebo, I cannot reapply for consideration under the Military Spouse Preference Program while still stationed at Commander Fleet Activities Sasebo (CFAS).

DATE	SIGNATURE OF APPLICANT
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DEPARTMENT OF DEFENSE

AUTHORITY FOR RELEASE OF INFORMATION AND RECORDS

In accordance with the Privacy Act of 1974, I have been provided with a copy of a statement advising me that certain information is required to assist the Department of Defense in making a security determination concerning me and that execution of this form is voluntary.

I hereby authorize by consent to the release of information and records bearing on my personal history, academic record, job performance and arrests and convictions, if any, to Special Agents of the Department of Defense. The information will be used for the purpose of determining my Armed Forces, or access to classified information.
(Stroke Clauses Not applicable).

This authorization is valid for one year after my signing. Upon request, a copy of this signed statement may be furnished to the school, present or former employer, present or former landlord, criminal justice agency or other person furnishing such information or record.

DATE (MONTH, DATE, YEAR)

NAME (LAST, FIRST, MI)

SIGNATURE