



FLEET & FAMILY READINESS NAVY REGION JAPAN

NAF EMPLOYMENT APPLICATION

NAF Employment Applications may be submitted in person to the NAF Human Resources Office (HRO), Commander Fleet Activities Sasebo, Bldg. PW47, 2F, Rm. 210 above the Navy Legal Office, or via email to M-SA-MWRHROOffice@fe.navy.mil.

REQUIREMENTS WHEN SUBMITTING APPLICATION PACKET:

1. Type or print clearly in black or blue ink.
2. **ATTACHED FORMS:** A completed NAF Employment Application or resume is required for each position applied for. Ensure the announcement number is listed for the position you would like to be considered for.
3. **DECLARATION OF FEDERAL EMPLOYEMENT (OF 306):** This must be submitted with every application or resume.
4. **PREFERENCE FORMS:**
 - **PRIOR MILITARY / VETERANS PREFERENCE:** Prior military members are required to submit a copy of their DD214 (Member-4 copy).
 - **MILITARY SPOUSE AND FAMILY MEMBER PREFERENCES:** Military spouses and family members who are claiming preference must submit the sponsor's orders (the pages that list the PRD, losing command and gaining command, and the sponsor's name) and the dependent entry approval or the command sponsorship letter, or the sponsor's letter of employment (civilian).
5. **CURRENT NAF EMPLOYEES ON LWOP FROM FORMER BASE:** Attach a copy of your most recent SF-50 or Personnel Action Report (PAR).

NOTE: Submitted applications and resumes will be retained by Commander Navy Region Japan NAF HRO for 90 days. Management reserves the right to fill a vacancy by methods other than merit staffing procedures (i.e. non-competitive placements in lieu of or as exceptions to competitive procedures) or cancel a vacancy announcement at any time during the recruitment process.

THE DEPARTMENT OF THE NAVY IS AN EQUAL OPPORTUNITY EMPLOYER.

APPLICATION FOR NONAPPROPRIATED FUND EMPLOYMENT

NAVY REGION JAPAN



Before completing this application, please read the instructions carefully.
Answer every question clearly and completely. Please type or print in ink.

1. Position Title		2. Pay Band/Series/Grade		3. Announcement Number	
4. Desired Location <input type="checkbox"/> Atsugi <input type="checkbox"/> Diego Garcia <input type="checkbox"/> Ikego <input type="checkbox"/> Misawa <input type="checkbox"/> Okinawa <input type="checkbox"/> Sasebo <input type="checkbox"/> Yokosuka <input type="checkbox"/> Other:			5. Acceptable Hours (mark all that apply) <input type="checkbox"/> Regular Full Time (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		6. Date Available to Start Work
					7. How did you hear about us?
8. Name (Last, First Middle (Maiden))			9. E-mail Address		
10. Mailing Address			11. Phone		12. Alternate Phone
13. Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, provide date of birth: _____			14. Country of Citizenship		
			15. Alien Registration Number (if applicable)		
16. Have you ever served on active duty in the United States military? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, and my 10-Point Veterans' Preference letter is attached.					
<i>If yes, <u>currently</u>:</i>	<i>Branch</i>	<i>Rank</i>	<i>Organization</i>	<i>Est. Retirement, Separation, or Rotation Date</i>	
<i>If yes, <u>previously</u>:</i>	<i>Branch</i>	<i>Final Rank</i>	<i>Discharge Date</i>	<i>Discharge Type</i>	<i>Reserve Status</i> <input type="checkbox"/> Please submit form DD-214.
17. Have you ever worked for the United States federal government? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, and I am currently still working for the government.					
<i>If yes, <u>currently</u>:</i>	<i>Position Type</i> <input type="checkbox"/> NAF Regular <input type="checkbox"/> NAF Flex <input type="checkbox"/> APF/GS		<i>Location & Job Title</i>		
<i>If yes, <u>previously</u>:</i>	<i>Position Type(s)</i> <input type="checkbox"/> NAF Regular <input type="checkbox"/> NAF Flex <input type="checkbox"/> APF/GS		<input type="checkbox"/> Please include additional details on federal employment under the Work History section.		
WORK HISTORY Most recent employment. Please attach Work History Continuation or resume as needed.					
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 per hour	
Job Title					
Description of Duties				Reason for Leaving	



WORK HISTORY CONTINUATION

Please list most recent employment first. Attach additional continuation pages as needed.

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

Name:	Announcement Number:
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PROFESSIONAL REFERENCES

*Please list three (3) people **not related to you** who can furnish information regarding your employment and qualifications for the position for which you applied.*

Full Name	E-mail Address	Telephone Number	Occupation

EDUCATION

Mark highest level completed: High School/GED Associate's Bachelor's Master's Doctorate Degree

School Name & Address	Total Credit Hours Complete	Degree Received	Date Received (month/year)	Major Course of Study, Concentration, etc.

TRAINING

Course Title	Name of School or Source	Date Received (month/year)

ADDITIONAL SKILLS & QUALIFICATIONS

Computer	<input type="checkbox"/> Word Processing or Design: <input type="checkbox"/> Spreadsheet or Database: <input type="checkbox"/> Other:			
Licenses	<input type="checkbox"/> Driver's: <input type="checkbox"/> Commercial Driver's (CDL): <input type="checkbox"/> Other:	Class:	Expiration:	
		Class:	Expiration:	
		Class:	Expiration:	
Certificates	Type	Expiration	Type	Expiration
	<input type="checkbox"/> CPR:		<input type="checkbox"/> Lifeguard:	
	<input type="checkbox"/> First Aid:		<input type="checkbox"/> WSI:	
Other	Equipment, machinery, technology, language, etc.:			

APPLICANT CERTIFICATION & SIGNATURE

I certify that the information provided by me with this application is true, complete, and correct to the best of my knowledge and belief. I authorize the references listed above to disclose information concerning my previous employment and experience as it pertains to the position I am seeking.

Printed Name of Applicant	Signature of Applicant	Date

MILITARY SPOUSE EMPLOYMENT PREFERENCE REQUEST

SEVNAVINST 12310.7A and DODI 1404.12 provides the Department of the Defense policy on military spouse employment preference for non-appropriated fund positions. You are eligible for this program if you meet all of the following requirements:

1. You are married to an active-duty military member; and
2. You were married before he/ she received orders to this geographic location from a different geographic location; and
3. The position you are applying for is within commuting distance of your spouse's duty station; and
4. 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
5. You have not accepted OR declined any continuing Regular NAF or APF position in this area.

If you meet these requirements, complete the form below AND attach a copy of your spouse's PCS orders and return with your application to the MWR NAF Sasebo Human Resources Office.

APPLICANT'S NAME:
SPONSOR'S NAME:
DATE OF MARRIAGE:
SPONSOR'S PRD/ EAOS (PLANNED ROTATION DATE):
SPONSOR'S DUTY STATION:
SPONSOR'S ARRIVAL DATE:
RELOCATING FROM:
Have you ever worked for the Federal Government? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Non-appropriated Fund Position (MWR, NEX or other) <input type="checkbox"/> Civil Service Position (GS/ WG) Are you currently on Leave Without Pay? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, attach a copy of your Personnel Action Report (PAR) or SF-50.

By my signature, I CERTIFY that I have neither accepted OR declined any continuing Regular NAF or APF position in this area and that all statements made by one on this application are complete, true and accurate to the best of my knowledge and belief.

Signature of Applicant Date