



FLEET & FAMILY READINESS NAVY REGION JAPAN

NAF EMPLOYMENT APPLICATION

Submit all NAF Employment Applications to the Commander Navy Region Japan Non-appropriated Funds (NAF) Human Resources Office (HRO), via email at MWR_Recruitment@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.					
If yes, <u>currently</u> :		Branch	Rank	Organization	Est. Retirement, Separation, or Rotation Date
If yes, <u>previously</u> :		Branch	Final Rank	Discharge Date	Discharge Type Reserve Status <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.					
If yes, <u>currently</u> :		Position Type <input type="checkbox"/> NAF Regular <input type="checkbox"/> NAF Flex <input type="checkbox"/> APF/GS		Location & Job Title	
If yes, <u>previously</u> :		Position Type(s) <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	

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

Declaration for Federal Employment*

Form Approved:
OMB No. 3206-0182

(*This form may also be used to assess fitness for federal contract employment)

Instructions

The information collected on this form is used to determine your acceptability for Federal and Federal contract employment and your enrollment status in the Government's Life Insurance program. You may be asked to complete this form at any time during the hiring process. Follow instructions that the agency provides. If you are selected, before you are appointed you will be asked to update your responses on this form and on other materials submitted during the application process and then to recertify that your answers are true.

All your answers must be truthful and complete. **A false statement on any part of this declaration or attached forms or sheets may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by a fine or imprisonment (U.S. Code, title 18, section 1001).**

Either type your responses on this form or print clearly in dark ink. If you need additional space, attach letter-size sheets (8.5" X 11"). Include your name, Social Security Number, and item number on each sheet. We recommend that you keep a photocopy of your completed form for your records.

Privacy Act Statement

The Office of Personnel Management is authorized to request this information under sections 1302, 3301, 3304, 3328, and 8716 of title 5, U. S. Code. Section 1104 of title 5 allows the Office of Personnel Management to delegate personnel management functions to other Federal agencies. If necessary, and usually in conjunction with another form or forms, this form may be used in conducting an investigation to determine your suitability or your ability to hold a security clearance, and it may be disclosed to authorized officials making similar, subsequent determinations.

Your Social Security Number (SSN) is needed to keep our records accurate, because other people may have the same name and birth date. Public Law 104-134 (April 26, 1996) asks Federal agencies to use this number to help identify individuals in agency records. Giving us your SSN or any other information is voluntary. However, if you do not give us your SSN or any other information requested, we cannot process your application. Incomplete addresses and ZIP Codes may also slow processing.

ROUTINE USES: Any disclosure of this record or information in this record is in accordance with routine uses found in System Notice OPM/GOVT-1, General Personnel Records. This system allows disclosure of information to: training facilities; organizations deciding claims for retirement, insurance, unemployment, or health benefits; officials in litigation or administrative proceedings where the Government is a party; law enforcement agencies concerning a violation of law or regulation; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representation of employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearance, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public and private organizations, including news media, which grant or publicize employee recognitions and awards; the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives and Records Administration, and Congressional offices in connection with their official functions; prospective non-Federal employers concerning tenure of employment, civil service status, length of service, and the date and nature of action for separation as shown on the SF 50 (or authorized exception) of a specifically identified individual; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and non-Federal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from a self-and-family to a self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement, or job for the Federal government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employees about fitness-for-duty or agency-filed disability retirement procedures.

Public Burden Statement

Public burden reporting for this collection of information is estimated to vary from 5 to 30 minutes with an average of 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to the U.S. Office of Personnel Management, Reports and Forms Manager (3206-0182), Washington, DC 20415-7900. The OMB number, 3206-0182, is valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

Declaration for Federal Employment*

Form Approved:
OMB No. 3206-0182

(*This form may also be used to assess fitness for federal contract employment)

GENERAL INFORMATION

1. **FULL NAME** (Provide your full name. If you have only initials in your name, provide them and indicate "Initial only". If you do not have a middle name, indicate "No Middle Name". If you are a "Jr.," "Sr.," etc. enter this under Suffix. First, Middle, Last, Suffix)

◆

2. **SOCIAL SECURITY NUMBER**

◆

3a. **PLACE OF BIRTH** (Include city and state or country)

◆

3b. **ARE YOU A U.S. CITIZEN?**

☐ YES ☐ NO (If "NO", provide country of citizenship) ◆

4. **DATE OF BIRTH** (MM / DD / YYYY)

◆

5. **OTHER NAMES EVER USED** (For example, maiden name, nickname, etc)

◆

◆

6. **PHONE NUMBERS** (Include area codes)

Day ◆

Night ◆

Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

7a. Are you a male born after December 31, 1959?

☐ YES

☐ NO (If "NO", proceed to 8.)

7b. Have you registered with the Selective Service System?

☐ YES (If "YES", proceed to 8.)

☐ NO (If "NO", proceed to 7c.)

7c. If "NO," describe your reason(s) in item 16.

Military Service

8. Have you ever served in the United States military?

☐ YES (If "YES", provide information below) ☐ NO

If you answered "YES," list the branch, dates, and type of discharge for all active duty.

If your only active duty was training in the Reserves or National Guard, answer "NO."

Branch	From (MM/DD/YYYY)	To (MM/DD/YYYY)	Type of Discharge

Background Information

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9, 10, and 11, your answers should include convictions resulting from a plea of *nolo contendere* (no contest), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law.

9. During the last 7 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved. ☐ YES ☐ NO

10. Have you been convicted by a military court-martial in the past 7 years? (If no military service, answer "NO.") If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved. ☐ YES ☐ NO

11. Are you currently under charges for any violation of law? If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved. ☐ YES ☐ NO

12. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency? If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address. ☐ YES ☐ NO

13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) If "YES," use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt. ☐ YES ☐ NO

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Additional Questions

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) If "YES," use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative works. ☐ YES ☐ NO
15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service? ☐ YES ☐ NO

Continuation Space / Agency Optional Questions

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position and your agency is authorized to ask them).

Certifications / Additional Questions

APPLICANT: If you are applying for a position and have not yet been selected, carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

APPOINTEE: If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. I **certify** that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I **understand** that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I **understand** that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I **consent** to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. I **understand** that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

- 17a. Applicant's Signature: _____ Date _____
(Sign in ink)
- 17b. Appointee's Signature: _____ Date _____
(Sign in ink)

Appointing Officer:

Enter Date of Appointment or Conversion
MM / DD / YYYY

18. **Appointee (Only respond if you have been employed by the Federal Government before):** Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

- 18a. When did you leave your last Federal job? _____
DATE: MM / DD / YYYY
- 18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance? ☐ YES ☐ NO ☐ DO NOT KNOW
- 18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled. ☐ YES ☐ NO ☐ DO NOT KNOW