

## COMMUNITY SUPPORT PROGRAMS NAF EMPLOYMENT APPLICATION

### PRIVACY ACT NOTICE

Authority: 5 United States Code, Section 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 and appropriate federal, state, or local law enforcement agencies charged with the responsibility of investigating a violation or potential violation of the law. **Disclosure is voluntary;** however, failure to disclose requested information may result in you not receiving full consideration for a position for 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 (Hourly)
Interested in: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Flexible Schedule				Email Address		
Military Dependant <input type="checkbox"/> No <input type="checkbox"/> Yes Relationship:		If Spouse, Do you claim spousal preference? YES NO (To claim spousal preference you must attach PCS orders & completed spouse preference request form)		I am: <input type="checkbox"/> A U.S. Citizen <input type="checkbox"/> A Lawful Permanent Resident (Alien #)		
Referral Source: <input type="checkbox"/> Walk In <input type="checkbox"/> Relative: Who? <input type="checkbox"/> Friend: Who? <input type="checkbox"/> Newspaper: Which? <input type="checkbox"/> Other:						

(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:		Date Left			Salary at Leaving	
Description of Duties:		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:		Date Left			Salary at Leaving	
Description of Duties:		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:		Date Left			Salary at Leaving	
Description of Duties:		Reason for Leaving				

### EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL, CITY AND STATE	MAJOR FIELD	YEAR GRADUATED	DEGREE OR DIPLOMA	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.)						

Have you ever been employed by the Department of Defense in a NAF or APF position? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Dates of Employment	Name of Activity	Military Installation	Job Title	Category of Employment
Have you ever received Separation Incentive Pay (SIP)? <input type="checkbox"/> No <input type="checkbox"/> Yes 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) <input type="checkbox"/> No <input type="checkbox"/> Yes Explain:	
Have you ever been <b>arrested</b> or <b>convicted</b> of any crime (other than minor traffic violations)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain:	
Do you claim Veteran's preference? <input type="checkbox"/> No <input type="checkbox"/> Yes ( <b>Must attach DD214</b> )	

### MILITARY SERVICE

BRANCH OF SERVICE	DATE DISCHARGED	RANK AT SEPARATION	TYPE OF DISCHARGE	MILITARY RESERVE STATUS
<b>Describe briefly major duties and responsibilities.</b>				
Date(s):				
Active Duty: <input type="checkbox"/> No <input type="checkbox"/> Yes	Current Rank:	Name of command:		

### 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**

**Sumit Application to: CSP Department, 737 Avenger Ave, NAS Lemoore, CA 93246-5001. Or you can Fax your application to (559) 998-4892. Applications submitted to any CSP facility or Program Manager other than the HRO Office will not be considered.**