

# NAF EMPLOYMENT APPLICATION FORM

## MARINE CORPS COMMUNITY SERVICES (MCCS) KANEOHE BAY

United States Marine Corps  
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 808-254-4888

### PRIVACY ACT INFORMATION

This form requests certain information pursuant to the Authority of 5 U.S. Code, Section 301, and Executive Order 9397 of 22 November 1943. Submission of the information required by this form is voluntary. This information is needed to help determine how well an applicants' education and work skills qualify them for a job they are applying for, or any other job with MR/Marine Corps Community Services (MCCS) activities. If an applicant fails to furnish information requested on this form sufficient to make a determination as to your suitability for employment, this application form will not be processed. Information is also needed on matters such as citizenship, military service, relatives employed by MR/MCCS activities, felony convictions and other related personal information to see whether applicants are affected by laws and regulations pertinent in deciding whom this federal employer may employ. Applicants will be required to provide a Social Security Number (SSN) in order to identify them for personnel record keeping purposes because other people may have the same name and birth date. The SSN may also be used to make requests for information about applicants from employers, schools, banks and others/references, but only as allowed by law. The information we collect by using a SSN will be used for employment purposes and for studies and statistics that will not identify the applicant. Information provided on the application may also be given to federal, state, and other local agencies for checking on law violations or for other lawful purposes. Applications are subject to verification/background check, to include pre-employment screening. If this reveals unfavorable information, the application may be disqualified or if relevant to an employee, may result in termination. IT IS OUR POLICY TO PROVIDE EQUAL EMPLOYMENT TO ALL QUALIFIED PERSONS WITHOUT REGARD TO RACE, AGE, COLOR, SEX, SEXUAL ORIENTATION, RELIGION, NATIONAL ORIGIN, DISABILITY, VETERANS STATUS OR MARITAL STATUS.

Employment Desired									
Job Applying For:									
Announcement Number:					Date Available to Start:				
Work Scheduled Desired		Full Time		Part Time		Flexible		Salary Desired: \$	
Availability:	SUN	MON	TUES	WED	THU	FRI	SAT	Hours of Availability:	AM -- PM

Personal Information										
Name:					Phone Number:					
Address:					Email:					
U.S. Citizen		YES		NO		Social Security Number:				
Age:	17 or younger		18 -20		21 or older		If NO, are you authorized to work in the U.S.?		YES NO N/A	
Civilian			Military (Active Duty)			Military (Family Member)			Retired Military Retired Family Member	
How did you learn of this position?					If Other, please explain:					

Education			
	Name & Location (City & State)	Course of Study	Completed
High School			YES NO
College			YES NO
Graduate/Business			YES NO
Other Education or Training			YES NO
List any certifications or licenses you hold that may qualify you for employment.			
List any job-related professional or technical organizations to which you belong.			

Military Service <i>If previous military service (discharge or retirement), please attach a copy of DD-214</i>				
Branch of Service	Date Entered Service	Date of Discharge or Retirement	Final Rank	Honorable Discharge YES NO

Skills (not all may be necessary for the position that you seek)				
Typing Speed:	Ten-Key	Yes	No	Other
Foreign Language(s) Spoken:				
Driver's License No.	State:	Type:	Exp. Date:	

### Other Personal Information

**NOTE:** A conviction does not necessarily mean you cannot be employed. The circumstances of the occurrence(s) and how long ago it (they) occurred are important. Give all facts so that a decision can be made. When answering the following questions, you may omit (1) traffic fines, (2) any offense committed before your 18th birthday which was finally adjudicated in a juvenile court or under a youth offender law, (3) any conviction set aside under the Federal Youth Correction Act or similar authority.

Have you ever been convicted, forfeited collateral, or are you now under charges for any felony or any firearms or explosives offenses against the law? (A felony is defined as any offense punishable by imprisonment for a term exceeding one year, but does not include any offense classified under the laws of a States as a misdemeanor which is punishable by a term or imprisonment of two years or less.) ... Yes No

During the past seven years, have you been convicted, imprisoned, on probation or parole or forfeited collateral, or are you now under charges for any offense against the law not included in the previous question. ... Yes No

While in the military service, were you ever convicted by a General Court-Martial? ... Yes No N/A

If your answer to any of the above questions is "Yes", give details on a separate sheet for each offense: (1) date; (2) charge; (3) place; (4) court; and (5) action taken.

**Employment Experience (start with present or last job and explain any and all gaps in employment)**

Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Brief Description of Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Final Salary: \$ \_\_\_\_\_  
 Supervisor's Name/Title: \_\_\_\_\_ May We Contact? Yes No  
 If NO, Please Explain: \_\_\_\_\_

Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Brief Description of Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Final Salary: \$ \_\_\_\_\_  
 Supervisor's Name/Title: \_\_\_\_\_ May We Contact? Yes No  
 If NO, Please Explain: \_\_\_\_\_

Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Brief Description of Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Final Salary: \$ \_\_\_\_\_  
 Supervisor's Name/Title: \_\_\_\_\_ May We Contact? Yes No  
 If NO, Please Explain: \_\_\_\_\_

**Previous MCCS Nonappropriated Fund (NAF) & Appropriated Fund (APF) Employment**

Have you ever been employed by this or any other Department of Defense NAF Instrumentalities, APF, or other MCCS activities?			YES	NO
Dates of Employment	Name of Activity and Installation	Job Title		

**References (list two professional references, please do not include relatives)**

Name	Email/Phone	Occupation	Years Known

**Authority for Release of Information**

I have completed this application with the knowledge and understanding that any or all items contained herein may be subject to investigation prescribed by law or regulation, and I consent to the release of information concerning my capacity and fitness by employers, educational institutions, law enforcement agencies and other individuals and agencies to duly accredited investigators, Human Resources Staffing Specialists, and other authorized employees of the Federal Government for that purpose. A false answer to any question in this application may be grounds for not employing you, or for dismissing you after you begin work. All the information you give will be considered in reviewing your application.

<p><b>Certification</b>                  I certify that all of the statements made by me are true, complete and correct to the best of my knowledge and belief, and are made in good faith</p>	<p><b>Signature (Sign in Ink)</b></p>	<p><b>Date</b></p>
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