



# NAF EMPLOYMENT APPLICATION FORM

## MARINE CORPS COMMUNITY SERVICES (MCCS)

### United States Marine Corps

#### 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 the job they are applying for, or any other job with 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 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 must 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.

Employment Desired	
Job Applying For	Announcement Number
Work Schedule Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Flexible	Date Available to Start
Shift (if applicable) <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Other	Salary Desired

Personal Information (please print)	
Name	Social Security Number
Address	Phone Number
U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	If <i>NO</i> , are you a permanent resident alien in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No

Education				
School	Name & Location	Course of Study	No. of Years Completed	Degree or Diploma Received
High School				
College				
Graduate/Business				
Other Education or Training				
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				
Branch of Service	Date Entered Service	Date of Discharge or Retirement	Final Rank	Honorable Discharge
If previous military service (discharge or retirement), please attach a copy of DD-214				

**“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.”**

**Skills (not all may be necessary for the position that you seek)**

List all computer software and hardware you can use.

Typing Speed	Ten-Key <input type="checkbox"/> Yes <input type="checkbox"/> No	Other	
Foreign Language Spoken			
Driver's License #	State	Type	Exp. Date

**Employment Experience (start with present or last job)**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Job Title & Brief Description of Duty: \_\_\_\_\_

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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 Duty: \_\_\_\_\_

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From: \_\_\_\_\_ To: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_

Supervisor's Name/Title: \_\_\_\_\_ May We Contact?  Yes  No

If NO, Please Explain: \_\_\_\_\_

**Continuation Sheet for Summary of Employment Experience**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Job Title & Brief Description of Duty: \_\_\_\_\_

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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 Duty: \_\_\_\_\_

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From: \_\_\_\_\_ To: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_

Supervisor's Name/Title: \_\_\_\_\_ May We Contact?  Yes  No

If NO, Please Explain: \_\_\_\_\_

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**Previous 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      If yes, give dates and places.

Inclusive Dates of Employment	Name of Activity	Military Installation	Job Title	Category of Employment

**References (list three references, please do not list relatives as references)**

Name	Address/Phone	Occupation	Years Known

**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 involving speeding violations not charged or pleaded as reckless driving (2) any offense committed before your 18<sup>th</sup> birthday which was finally adjudicated in a juvenile court or under a youth offender law.

Have you ever been convicted of a felony offense or been convicted by General Courts martial in the military? (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 State 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?     Yes       No

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

**Attention: This Application Must Be Signed**

Read the following paragraph carefully before signing this application. 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.

**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.

<p align="center"><b>Certification</b></p> <p>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 align="center"><b>Signature (Sign in Ink)</b></p>	<p align="center"><b>Date</b></p>
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Revised 4/02

**EQUAL OPPORTUNITY EMPLOYER**