

FORT BELVOIR APPLICATION FOR NONAPPROPRIATED FUND EMPLOYMENT

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, USC 301, Title 42, USC 410, and Title 10, USC sections 121 and 3013

PRINCIPAL PURPOSE: To determine how well your education and work skills fit you for a job, and for personnel actions after employment, such as promotion, transfer, and pay and leave entitlements. We also need information on matters such as citizenship and military service to see whether you are affected by laws we must follow in deciding who may be employed.

ROUTINE USES: We must have your social security number (SSN) to keep your records straight because other people may have the same name and birth date. The SSN has been used to keep records since 1943, when Executive Order 9397 asked agencies to do so. We may also use your SSN to make requests for information about you from employers, schools, banks, and other who know you, but only where allowed by law. The information we collect by using your SSN will be used for employment purposes, and also for studies and statistics that will not identify you. We may give information from your records to appropriated federal agencies such as the Department of Labor and the Equal Employment Opportunity Commission, to resolve and/or adjudicate matters falling within their jurisdiction. Records may also be disclosed to labor organizations in response to requests for names of employees and identifying information. Information we have about you may also be given to federal, state, and local agencies for checking on law violations or other lawful purposes.

DISCLOSURE: Your responses to the collection of this information are voluntary, but we cannot determine your qualifications, which is the first step toward getting the job, if you do not answer these questions.

You may apply for Army Nonappropriated Fund (NAF) positions with a resume, this Application for NAF Employment or other written format. If your resume or application does not provide all the information requested on this form and in the job vacancy announcement, you may lose consideration for a job. If essential to attach additional pages, include your name and social security number on each page. If selected for a position, prior to your appointment, you will be required to certify the accuracy of all information in your application and complete the Supplemental Employment Application Form.

1. NAME (Last, First MI)	2a. SSN	3. JOB ANNOUNCEMENT NUMBER B- -	
4. ADDRESS	2b. DOB (YYYYMMDD)		
	5. WORK/ALTERNATE PHONE/CELL	6. HOME PHONE	
7. FAX TELEPHONE NUMBER	8. E-MAIL ADDRESS		
9. DO YOU CLAIM SPOUSE EMPLOYMENT PREFERENCE (SEP)? (Applicant must identify SEP and attach their sponsors Permanent Change of Station (PCS) orders.) <input type="checkbox"/> YES <input type="checkbox"/> NO	10. ARE YOU INVOLUNTARILY SEPARATED MILITARY (ISM) MEMBER (ISM must attach a copy of their DD Form 214)? <input type="checkbox"/> YES <input type="checkbox"/> NO		12. MILITARY RANK
	11. ARE YOU CURRENTLY IN THE MILITARY SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO		

13. WORK EXPERIENCE

1) Job title (if Federal, include series and grade)

From (MM/YY)	To (MM/YY)	Salary \$	per	Hours per week
Employer's name and address				Supervisor's name and phone number ()
Describe your duties and accomplishments				

IF CURRENTLY EMPLOYED, MAY WE CONTACT YOUR CURRENT SUPERVISOR REGARDING YOUR CHARACTER, QUALIFICATIONS AND RECORD OF EMPLOYMENT?
 YES NO

WORK EXPERIENCE (Continued)

2) Job title (if Federal, include series and grade)				
From (MM/YY)	To (MM/YY)	Salary \$	per	Hours per week
Employer's name and address			Supervisor's name and phone number ()	
Describe your duties and accomplishments				
3) Job title (if Federal, include series and grade)				
From (MM/YY)	To (MM/YY)	Salary \$	per	Hours per week
Employer's name and address			Supervisor's name and phone number ()	
Describe your duties and accomplishments				
4) Other Employment History (Add additional pages if necessary)				
From (MM/YY)	To (MM/YY)	Salary \$	per	Hours per week
Employer's name and address			Supervisor's name and phone number ()	
Describe your duties and accomplishments				

14. EDUCATION/TRAINING

15. LICENSES/CERTIFICATES

16. ADDITIONAL INFORMATION (Knowledge, Skills, Abilities and/or Special Attributes)

17. SIGNATURE	18. DATE (YYYYMMDD)
---------------	---------------------

SUPPLEMENTAL EMPLOYMENT APPLICATION FORM

For use of this form, see AR 215-3; the proponent agency is DCS, G1.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, USC 301, Title 42, USC 410, and Title 10, USC sections 121 and 3013.

PRINCIPAL PURPOSE: To determine how well your education and work skills fit you for a job, and for personnel actions after employment, such as promotion, transfer, and pay and leave entitlements. We also need information on matters such as citizenship and military service to see whether you are affected by laws we must follow in deciding who may be employed.

ROUTINE USES: We must have your social security number (SSN) to keep your records straight because other people may have the same name and birth date. The SSN has been used to keep records since 1943, when Executive Order 9397 asked agencies to do so. We may also use your SSN to make requests for information about you from employers, schools, banks, and other who know you, but only where allowed by law. The information we collect by using your SSN will be used for employment purposes, and also for studies and statistics that will not identify you. We may give information from your records to appropriated federal agencies such as the Department of Labor and the Equal Employment Opportunity Commission, to resolve and/or adjudicate matters falling within their jurisdiction. Records may also be disclosed to labor organizations in response to requests for names of employees and identifying information. Information we have about you may also be given to federal, state, and local agencies for checking on law violations or other lawful purposes.

DISCLOSURE: Your responses to the collection of this information are voluntary, but we cannot determine your qualifications, which is the first step toward getting the job, if you do not answer these questions.

All appointments are made subject to a satisfactory character investigation. Appointment made to positions where cash is handled may be subject to fidelity bonding requirements. All information you provide is subject to investigation, including a check of your fingerprints, police records, and former employers. Appointment to positions in Child or Youth Services requires completion of State criminal history background checks.

1. NAME	2a. SSN 2b. DOB (YYYYMMDD)	3. MAILING ADDRESS
4. E-MAIL ADDRESS	5. CURRENT ANNUAL SALARY	
6. ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	7. INDICATE YOUR EMPLOYMENT STATUS (<i>Military Spouse, Involuntarily Separated Military, Current or Former NAF and/or DOD APF, Veteran, Current APF, Other Candidate. SEP and ISM require proof of eligibility. Former military members must provide copy of DD Form 214.</i>)	
8. ARE YOU CURRENTLY IN THE MILITARY SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	9. MILITARY RANK	
10. POSITION APPLIED FOR AND ANNOUNCEMENT NUMBER		11. LOWEST ACCEPTABLE ANNUAL SALARY
12. IF PRESENTLY EMPLOYED, LIST JOB TITLE, SERIES, GRADE/PAY BAND LEVEL	13. AGENCY, INSTALLATION, ACTIVITY	
14. HIGHEST GRADE, LEVEL HELD	15. LENGTH OF TIME (<i>Years, Months</i>)	16. TYPE OF APPOINTMENT
17. DATE OF SEPARATION, IF APPLICABLE (YYYYMMDD)	18. REASON FOR SEPARATION	
19. IF CURRENTLY EMPLOYED, MAY INQUIRY BE MADE OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER, QUALIFICATIONS, AND RECORD OF EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		

20. REFERENCES (List two persons NOT RELATED to you who can furnish information on your qualifications and character. Do not repeat names of supervisors.)

FULL NAME	ADDRESS (Complete with ZIP Code)	PHONE	OCCUPATION

21. WITHIN THE LAST 5 YEARS, HAVE YOU BEEN FIRED FROM ANY JOB FOR ANY REASON, OR RESIGNED FROM A JOB AFTER BEING TOLD THAT YOU WOULD BE FIRED, OR DID YOU LEAVE ANY JOB BY MUTUAL AGREEMENT BECAUSE OF SPECIFIED PROBLEMS? If yes, give details, e.g. employer, address, approximate date, and reason in each case.

YES

NO

22. HAVE YOU EVER BEEN CONVICTED OF ANY OFFENSE AGAINST THE LAW OR FORFEITED COLLATERAL OR ARE YOU NOW UNDER CHARGES FOR ANY OFFENSE AGAINST THE LAW AS A CIVILIAN, OR DURING MILITARY SERVICE? You may omit: (1) Traffic Violations for which you paid a fine, and (2) Any offense committed before your 21st birthday which was finally adjudicated in a juvenile court or under a Youth Offender Law. If your answer to either question is "Yes," give details. Show for each offense: (1) Date, (2) Charge, (3) Place, (4) Court, (5) Action Taken.

YES

NO

23. ARE ANY OF YOUR RELATIVES

a. EMPLOYED BY A NONAPPROPRIATED FUND ACTIVITY?

YES

NO

b. EMPLOYED BY THE FEDERAL GOVERNMENT?

YES

NO

c. MEMBERS OF THE MILITARY ASSIGNED?

YES

NO

d. IF YES, LIST NAMES, RELATIONSHIP, POSITION, AND ORGANIZATION:

24. DO YOU RECEIVE OR HAVE YOU APPLIED FOR RETIREMENT PAY, PENSION, OR OTHER COMPENSATION BASED ON APPROPRIATED/NONAPPROPRIATED FUND SERVICE? DID YOU RECEIVE VOLUNTARY SEPARATED INCENTIVE PAY (VSIP)? If yes, give details.

YES

NO

I certify that, to the best of my knowledge and belief, all of the information on and attached to this form or any other documents with the application packet I submitted in connection with my application for NAF employment is true, correct, complete and made in good faith. I understand that providing false or fraudulent information 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.

25. SIGNATURE

26. DATE (YYYYMMDD)

SUPPLEMENTAL-A EMPLOYMENT APPLICATION FORM FOR CHILD-YOUTH SERVICES POSITIONS

For use of this form, see AR 215-3; the proponent agency is DCS, G1.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Public Law 101-64.

PRINCIPAL PURPOSE: To determine your eligibility for service in a child care services position.

ROUTINE USES: We must have your social security number (SSN) to keep your records straight because other people may have the same name and birth date. The SSN has been used to keep records since 1943, when Executive Order 9397 asked agencies to do so. We may also use your SSN to make requests for information about you from employers, schools, banks, and other who know you, but only where allowed by law. The information we collect by using your SSN will be used for employment purposes, and also for studies and statistics that will not identify you. We may give information from your records to appropriated federal agencies such as the Department of Labor and the Equal Employment Opportunity Commission, to resolve and/or adjudicate matters falling within their jurisdiction. Records may also be disclosed to labor organizations in response to requests for names of employees and identifying information. Information we have about you may also be given to federal, state, and local agencies for checking on law violations or other lawful purposes.

DISCLOSURE: Your responses to the collection of this information are voluntary, but we cannot determine your eligibility, which is the first step toward getting the job, if you do not answer these questions.

1. NAME	2a. SSN	3. JOB ANNOUNCEMENT/TITLE	
4. ADDRESS	2b. DOB (YYYYMMDD)	6. HOME PHONE	
	5. WORK PHONE		
7. FAX TELEPHONE NUMBER	8. E-MAIL ADDRESS		

9. HAVE YOU EVER BEEN ARRESTED FOR OR CHARGED WITH A SEX CRIME, A CRIME INVOLVING A CHILD, A SUBSTANCE ABUSE FELONY OR A VIOLENT CRIME? HAVE YOU EVER BEEN ASKED TO RESIGN BECAUSE OF OR BEEN DECERTIFIED FOR A SEXUAL OFFENSE? If so, provide an description of the case disposition.

YES NO

Note: A false statement rendered by an employee may result in adverse action up to and including removal. Under 18 U.S. Code 1001, the federal punishment for perjury is fine or imprisonment for up to 5 years, or both.

I declare under penalty of perjury that the information contained in this application form and any attachments or documents submitted in connection with my application for this position are true and correct to the best of my knowledge, information, and belief.

10. SIGNATURE	11. DATE (YYYYMMDD)
---------------	---------------------