

FLEET & FAMILY READINESS PROGRAM NAF EMPLOYMENT APPLICATION

Name		Position(s) Applying for	Announcement Number	Date
Street Address		City	State	Zip Code
Daytime Phone	Evening Phone	Email Address		Salary Desired (Hourly)
Date Available To Start Work:			Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, state age _____)	
Hours Willing to work (Mark all you will consider): <input type="checkbox"/> Full-time ** <input type="checkbox"/> Part-time <input type="checkbox"/> Flexible Schedule (0-40 Hrs.) <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends ** Selecting only Full-time may exclude you from many positions.			Have you previously worked for the Federal Government? <input type="checkbox"/> Non-appropriated Fund Position (MWR, NEX, etc.) <input type="checkbox"/> Civil Service Position (Appropriated Fund, GS, WG, etc.) NOTE: Please Include in Employment History Section	
Military Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No			If spouse, are you requesting to use spouse preference? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, must attach request and PCS orders)	
U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			Lawful Resident Registered to Work in U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any relatives employed within Navy Region Northwest (Civil Service, NAF)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Name(s), relationship & department:</i>				
How did you hear about this position? <input type="checkbox"/> Walk In <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Newspaper <input type="checkbox"/> Website <input type="checkbox"/> Other: _____				

EMPLOYMENT HISTORY

(Include ALL employment for last 10 years, with most recent employment first. Complete ALL fields. Use additional pages as needed.)

Name of Company/Employing Agency		Phone Number:	Job Title/Last Position Held:	
Street Address		City	State	Zip Code
Name and Title of Immediate Supervisor		Dates Employed From to		Salary at Leaving
Description of Duties:			Reason for Leaving	
Name of Company/Government Agency		Phone Number:	Job Title/Last Position Held:	
Street Address		City	State	Zip Code
Name and Title of Immediate Supervisor		Dates Employed From to		Salary at Leaving
Description of Duties:			Reason for Leaving	
Name of Company		Phone Number:	Job Title/Last Position Held:	
Street Address		City	State	Zip Code
Name and Title of Immediate Supervisor		Dates Employed: From to		Salary at Leaving
Description of Duties:			Reason for Leaving	

EDUCATION & TRAINING

NAME OF SCHOOL, CITY AND STATE	MAJOR FIELD OF STUDY	DIPLOMA or GED (Yes/No?) DEGREE (AA,BS)	YEAR DEGREE AWARDED	TOTAL CREDIT HOURS
High School				
College 1				
College 2				

Vocational or Certificate Programs (Include date completed and Agency awarding certificate)

ADDITIONAL SKILLS AND QUALIFICATIONS

Computer Software/Programs Used:

Valid Driver's License? Yes No
 Other Licenses & Certificates: (CDL, CPR, Water Safety, etc.)
 1. Exp:
 2. Exp:

Other Skills and Qualifications (Professional societies, volunteer experience, etc.)

MILITARY AFFILIATION

Have you ever served in the United States Military? Yes No (Copy of DD214 will be required prior to placement)

BRANCH OF SERVICE	DATE DISCHARGED	RANK AT SEPARATION	TYPE OF DISCHARGE	MILITARY RESERVE STATUS

Briefly describe major duties and responsibilities:

PROFESSIONAL REFERENCES

List at least three people other than relatives or supervisors already identified in your work history, who can furnish information regarding your qualifications and character

FULL NAME	YEARS KNOWN	DAYTIME TELEPHONE	OCCUPATION

PRIVACY ACT NOTICE

The information requested on this form is authorized by Title 5, United States Code 301 and Title 42, United States Code 410. This information is necessary to determine qualifications and suitability for federal employment. Information on matters such as citizenship and military service are requested to ascertain whether or not you are affected by laws or statutes that define who may and may not be employed and any entitlements you may have. If you do not supply the information requested, it may not be possible to determine your eligibility and qualifications.

APPLICANT CERTIFICATION

By my signature, I certify that all statements made by me on this application are complete, true and accurate to the best of my knowledge and belief. I consent to the release and verification of information about my ability and fitness for employment by employers, schools, law enforcement agencies and other individuals and references to be used to determine my qualifications and suitability for employment. **I understand that a false statement submitted by me, may be grounds for not hiring me or for separating me after I have started work.**

Applicant's Signature

Date

E-mail your completed application package to: : CP-Personnel.cnrnw@navy.mil -- OR -- mail to:

Navy Region NW Fleet & Family Readiness Program, ATTN: Personnel 1103 Hunley Rd, Bldg 94, Silverdale, WA 98315

FLEET & FAMILY READINESS PROGRAMS IS AN EQUAL OPPORTUNITY EMPLOYER

ADDITIONAL EMPLOYMENT HISTORY

Name	Position Applying for	Announcement Number	Date
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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 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 From to	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 From to	Salary at Leaving	
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