

NAF EMPLOYMENT APPLICATION PACKET

JOINT REGION MARIANAS GUAM

Tel: 349-1155 / 366-6141

NAF Employment Applications may be submitted in person to the NAF Human Resources Office (HRO) or via email to M-GU-CNRM-NAFHRO-N9@fe.navy.mil

**NAF Employment Application Packet may be downloaded from our websites at <http://www.36fss.com/naf.html> or <http://www.mwrguam.com/content.php?keyword=jobs> **

REQUIREMENTS WHEN SUBMITTING APPLICATION PACKET:

1. **TYPE OR PRINT CLEARLY IN BLACK / BLUE INK.**
2. **AGE**: Minimum age for NAF employment is 16 years. Parental/guardian authorization to work is required for ages 16-17 years. Authorization forms may be obtained from our Customer Service Counter at the HRO.
3. **ATTACHED FORMS**: NAF Employment Application or resume and OF306 (Declaration for Federal Employment) is required for each position applied. Forms may be obtained from our Customer Service Counter at the HRO or via our websites.
4. **SUPPLEMENTAL FORMS FOR CHILD / YOUTH POSITIONS** : Must be submitted when applying for Child/Youth positions. Forms may be obtained from our Customer Service Counter at the HRO or via our websites.
5. **PRIOR MILITARY**: Prior military members are required to submit a copy of their DD214 (Member-4 Copy). Those claiming veterans' preference must submit a Veteran's Preference Worksheet. Form may be obtained from our Customer Service Counter at the HRO or via our websites.
6. **MILITARY SPOUSE PREFERENCE CLAIM FORM**: Military spouses who are claiming military spouse preference (MSP) must submit a Spouse Preference Claim Form. Form may be obtained from our Customer Service Counter at the HRO or via our websites.
7. **CURRENT NAF EMPLOYEES ON LWOP FROM FORMER BASE** : Attach a copy of your LWOP personnel action report (PAR) or AF2545.
8. **DoD / OPM INTERCHANGE AGREEMENT** : Attach a copy of your most recent personnel action (SF50).

If you accept or decline a position through a valid offer, your application will be removed from the applicant supply file (ASF). If you wish to reapply for the same position at a later date you may do so by submitting a new application packet to the Human Resources Office.

DEPARTMENT OF THE NAVY IS AN EQUAL OPPORTUNITY EMPLOYER

NAF EMPLOYMENT APPLICATION

Section A – Applicant Information

Use Standard State Postal Codes (abbreviations). If outside the United States of America, and you do not have a military address, type or print "OV" in the State field (Block 6c) and fill in the Country field (Block 6e) below, leaving the Zip Code field (Block 6d) blank.

| | | | | | |
|--|--|------------------|--|--|--------------|
| 1. Job title in announcement | | 2. Grade/Payband | | 3. Announcement number | |
| 4a. Last name | | 4b. First name | | 4c. Middle name | |
| 5a. Mailing address | | | | 6. Phone numbers (include area code, if within the United States of America) | |
| 5b. City | | | | 5c. State | 5d. ZIP Code |
| 5e. Country (if not within the United States of America) | | | | 6a. Daytime | |
| | | | | 6b. Evening | |
| 7. Email address (if available) | | | | | |

Section B - Work Experience

Describe your paid and non-paid work experience related to the job for which you are applying. Do not attach job description.

| | | | | | |
|---|--|-----------------|--|---------------------------------------|--|
| 1. Job title (if Federal, include series and grade) | | | | | |
| 2. From (mm/yyyy) | | 3. To (mm/yyyy) | | 4. Salary per \$ | |
| | | | | 5. Hours per week | |
| 6. Employer's name and address | | | | 7. Supervisor's name and phone number | |
| | | | | 7a. Name | |
| | | | | 7b. Phone | |
| 8. May we contact your current supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/> If we need to contact your current supervisor before making an offer, we will contact you first. | | | | | |
| 9. Describe your duties, accomplishments and related skills (if you need to attach additional pages, include your name, address, and job announcement number) | | | | | |

Section C – Additional Work Experience

| | | | | | |
|---|--|-----------------|--|---------------------------------------|--|
| 1. Job title (if Federal, include series and grade) | | | | | |
| 2. From (mm/yyyy) | | 3. To (mm/yyyy) | | 4. Salary per \$ | |
| | | | | 5. Hours per week | |
| 6. Employer's name and address | | | | 7. Supervisor's name and phone number | |
| | | | | 7a. Name | |
| | | | | 7b. Phone | |
| 8. May we contact your current supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/> If we need to contact your current supervisor before making an offer, we will contact you first. | | | | | |
| 9. Describe your duties, accomplishments and related skills (if you need to attach additional pages, include your name, address, and job announcement number) | | | | | |

Section D – Education

Upon request from employing Federal agency, you must provide documentation or proof that your degree(s) is from a school accredited by an accrediting body recognized by the Secretary, S. Department of Education, or that your education meets the other provisions outlined in the OPM Operating Manual. It will be your responsibility to secure the documentation that verifies that you attended and earned your degree(s) from this accredited institution(s) (e.g., official transcript). Federal agencies will verify your documentation.

For a list of postsecondary educational institutions and programs accredited by accrediting agencies and state approval agencies recognized by the U.S. Secretary of Education, refer to the U.S. Department of Education Office of Postsecondary Education website at <http://www.ope.ed.gov/accreditation/>.

For information on Educational and Training Provisions of Requirements, refer to the OPM Operating Manual available at <http://www.opm.gov/qualifications/SEC-II/s2-e4.asp>

Do not list degrees received based solely on life experience or obtained from schools with little or no academic standards.

1. Last High School (HS)/GED school. Give the school's name, city, state, ZIP Code (if known), and year diploma or GED received:

2. Mark highest level completed: Some HS HS/GED Associate Bachelor Master Doctoral

| 3. Colleges and universities attended. Do not attach a copy of your transcript unless requested. | | | Total Credits Earned | | Major(s) | Degree (if any), Year Received |
|---|--|----------|----------------------|---------|----------|-----------------------------------|
| | | | Semester | Quarter | | |
| 3a. Name | | | | | | |
| City State | | Zip Code | | | | |
| 3b. Name | | | | | | |
| City State | | Zip Code | | | | |
| 3c. Name | | | | | | |
| City State | | Zip Code | | | | |

Section E - Other Education Completed

Do not list degrees received based solely on life experience or obtained from schools with little or no academic standards.

Section F – Other Qualifications

| License or Certificate | Date of Latest License or Certificate | State or Other Licensing Agency |
|------------------------|---------------------------------------|---------------------------------|
| 1f. | | |
| 2f. | | |

Section G – Other Qualifications

Job-related training courses (give title and year). **Job-related** skills (other languages, computer software/hardware, tools, machinery, typing speed, etc.).
Job-related honors, awards, and special accomplishments (publication, membership in professional/honor societies, leadership activities, public speaking and performance awards). Give dates, but do **not** send documents unless requested.

Section H - General

1a. Are you a U.S. citizen? Yes No → 1b. If no, give the country of your citizenship.

2. Do you claim veterans' preference? Yes No ⇒ If yes, attach DD214 (member 4 copy)

3. Check this box if you are an adult male born on or after January 1st 1960, and you registered for Selective Service between the ages of 18 through 25 →

4. Were you ever a Federal civilian employee? Yes No → If yes, list highest civilian grade for the following:

| | | | |
|------------|-----------|--------------------|------------------|
| 4a. Series | 4b. Grade | 4c. From (mm/yyyy) | 4d. To (mm/yyyy) |
|------------|-----------|--------------------|------------------|

Section I – Applicant Certification

I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete, and made in good faith. I understand that false or fraudulent information on or attached to this application 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.

| | |
|---------------|-----------------------|
| 1a. Signature | 1b. Date (mm/dd/yyyy) |
|---------------|-----------------------|

Declaration for Federal Employment

Form Approved:
OMB No. 3206-0182

GENERAL INFORMATION

| | |
|--|--|
| 1. FULL NAME (First, middle, last) ◇ | 2. SOCIAL SECURITY NUMBER ◇ |
| 3. PLACE OF BIRTH (Include city and state or country) ◇ | 4. DATE OF BIRTH (MM/DD/YYYY) ◇ |
| 5. OTHER NAMES EVER USED (For example, maiden name, nickname, etc) ◇ ◇ | 6. PHONE NUMBERS (Include area codes) Day ◇ |
| | Night ◇ |

Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

- 7a. Are you a male born after December 31, 1959? YES NO *If "NO" skip 7b and 7c. If "YES" go to 7b.*
 7b. Have you registered with the Selective Service System? YES NO *If "NO" go to 7c.*
 7c. If "NO," describe your reason(s) in item #16.

Military Service

8. Have you ever served in the United States military? YES Provide information below NO
*If you answered "YES," list the branch, dates, and type of discharge for all active duty.
 If your only active duty was training in the Reserves or National Guard, answer "NO."*

| Branch | From MM/DD/YYYY | TO MM/DD/YYYY | Type of Discharge |
|--------|--------------------|------------------|-------------------|
| | | | |
| | | | |
| | | | |

Background Information

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9, 10, and 11, your answers should include convictions resulting from a plea of nolo contendere (no contest), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law.

- | | | |
|--|---------------------------------|--------------------------------|
| 9. During the last 10 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) <i>If "YES," see item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.</i> | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 10. Have you been convicted by a military court-martial in the past 10 years? <i>(If no military service, answer "NO.") If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.</i> | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 11. Are you now under charges for any violation of law? <i>If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.</i> | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 12. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency? <i>If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.</i> | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) <i>If "YES," use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.</i> | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

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Form Approved:
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Additional Questions

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) If "YES," use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative works. YES NO
15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal, civilian, or District of Columbia Government service? YES NO

Continuation Space / Agency Optional Questions

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (*these questions are specific to your position and your agency is authorized to ask them*).

Certifications / Additional Questions

APPLICANT: If you are applying for a position and have not yet been selected, carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

APPOINTEE: If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. I **certify** that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I **understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments 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 for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I consent** to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. I **understand** that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

17a. Applicant's Signature: _____ Date _____
(Sign in ink)

17b. Appointee's Signature: _____ Date _____
(Sign in ink)

Appointing Officer:
Enter Date of Appointment or Conversion
MM / DD / YYYY

18. **Appointee (Only respond if you have been employed by the Federal Government before):** Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

18a. When did you leave your last Federal job? DATE: _____
MM / DD / YYYY

18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance? YES NO Do Not Know

18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled. YES NO Do Not Know