

NAVY EXCHANGE EMPLOYMENT APPLICATION

PRIVACY ACT NOTICE

Authority: 5 USC 301, E.O. 9397, and Departmental Regulations.

Purpose(s): To collect information needed to determine qualifications, suitability and availability of applicants for employment. Your completed application may be used to examine, rate and/or assess your qualifications, and restrictions based on citizenship, members of family already employed, residence requirements and to contact you concerning availability for an interview.

All or part of your completed NES127 employment application may be disclosed to:

- v Appropriate federal, state, or local law enforcement agencies charged with the responsibility of investigating a violation or potential violation of the law.

- v Your college or university placement office.

Disclosure: Voluntary, however, failure to disclose requested information may result in your not receiving full consideration for a position in which this information is needed.

Name		Position Applied For		Announcement Number		Date	
Social Security Number		Street Address			City		
County	State	Zip Code	Home Phone		Alternate Phone		Salary Desired
Date Available To Start Work:				Interested in: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Flex <input type="checkbox"/> 1st Shift <input type="checkbox"/> 2nd Shift <input type="checkbox"/> 3rd Shift			
Military Dep <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a U.S. citizen or national, an alien lawfully admitted to permanent residence authorized to work in the U.S? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Relative(s) employed with, and/or have business dealings with the Navy Exchange System. (Name(s), Position(s) and Relationship). <input type="checkbox"/> No <input type="checkbox"/> Yes: Explain							
Have you ever pled guilty, no contest, had a suspended imposition of sentence, or been convicted of any offense (other than minor traffic violations)? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, state dates, places, and nature of each conviction. Attach additional pages as necessary. (A conviction record will not necessarily result in denial of							

(List most recent employment first)
resume submitted)

BUSINESS OR WORK HISTORY

(* Required fields regardless of

NAME OF COMPANY		KIND OF BUSINESS		TELEPHONE NUMBER	
STREET ADDRESS		CITY	STATE	ZIP CODE	
NAME AND TITLE OF IMMEDIATE SUPERVISOR		MO/YR EMPLOYED *		STARTING SALARY*	
YOUR TITLE AND DESCRIPTION OF DUTIES		MO/YR LEFT*		SALARY AT LEAVING*	
REASON FOR LEAVING					
NAME OF COMPANY		KIND OF BUSINESS		TELEPHONE NUMBER	
STREET ADDRESS		CITY	STATE	ZIP CODE	
NAME AND TITLE OF IMMEDIATE SUPERVISOR		MO/YR EMPLOYED *		STARTING SALARY*	
YOUR TITLE AND DESCRIPTION OF DUTIES		MO/YR LEFT*		SALARY AT LEAVING*	
REASON FOR LEAVING*					
NAME OF COMPANY		KIND OF BUSINESS		TELEPHONE NUMBER	
STREET ADDRESS		CITY	STATE	ZIP CODE	
NAME AND TITLE OF IMMEDIATE SUPERVISOR		MO/YR EMPLOYED *		STARTING SALARY*	
YOUR TITLE AND DESCRIPTION OF DUTIES		MO/YR LEFT*		SALARY AT LEAVING*	
REASON FOR LEAVING*					

(Work history supplement available upon request)

EDUCATION					
TYPE OF SCHOOL	NAME OF SCHOOL, CITY AND STATE	MAJOR FIELD	DEGREE	YEARS ATTENDED	CREDIT HOURS
HIGH SCHOOL					
COLLEGE					
GRADUATE SCHOOL					
TRADE SCHOOL OR OTHER					

List extracurricular activities you participated in:

MILITARY				
BRANCH OF SERVICE	DATE DISCHARGED	RANK AT SEPARATION	TYPE OF DISCHARGE	RETIRED?
				z Yes z No

Describe briefly major duties and responsibilities.

How did you hear about employment opportunities at the Navy Exchange?
 z State Employment Office z NEXCOM Website z Friend
 z Newspaper Ad z Walk-in z Other _____ z Web Advertisement

Have you ever worked in the Navy Exchange Program? z Yes z No (If yes, give full details: Where? When? From - To: Job Title, Salary, etc.)

Have you ever worked for another NAF (i.e. MWR, AAFES, Marine Corps exchange, etc.) z Yes z No (If yes, Job Title? Salary? Agency/Location? Employment Dates?)

Have you ever received benefits under the Voluntary Separation Incentive (VSI) or Special Separation Benefit (SSB)? z Yes z No

Effective 1 Oct 1994, former military members hired by DOD Activities as civilians within 180 days of their separation under either VSI or SSB programs are now required to forfeit all incentives received.

Have you ever worked for the Federal Government as a Civil Service employee? z Yes z No	A government employee who has received a Voluntary Separation Incentive payment and who accepts employment with the Government of the United States within 5 years after the date of the separation on which the payment is based, shall be required to repay the entire amount of the incentive payment to the agency that paid the incentive payment.
If your answer is Yes, give name and address of Agency/Command.	
Dates of employment: From: / / To: / /	
Have you ever received Separation Incentive Pay (SIP)? z Yes z No	
If yes, give date received. / /	

REQUIRED CERTIFICATION
<i>I certify that, to the best of my knowledge and belief, my statements and information on this employment application are true, correct, complete, and made in good faith. I consent to the release of information about my ability and fitness for Navy Exchange System employment by employers, schools, law enforcement agencies and other individuals and organizations, to investigators, and other authorized employees of the Navy Exchange System. I agree to supply additional information as required, and to submit to any physical examinations that may be required. I understand that a false statement made by me or false information submitted by me, may be grounds for not hiring me or for terminating me after I have started work.</i>
_____ Applicant's Signature
_____ Date

HR OFFICE USE ONLY UPON SELECTION				
Job No.	Job Title	Position Number	Grade/Series	Location
Emergency POC: Name		Relationship		Address
				Phone Number
Martial Status: z Single z Married z Head of Household z Separated z Divorced z Widowed z Common Law				
CRC Recommended z Yes z No				



50257

Navy Exchange Background Request Form

Personal Information...Print capital letters in the boxes. Try not to touch the sides of the boxes.

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

First Name

Middle Name

Last Name

Previous Legal Name

Year Changed

Street Address

How long have you lived at this address?
Months Years

City

State

ZIP

Social Security Number

Date of Birth (month-day-year)

Driver's License Number

State

Previous Addresses for last 5 years...Most Recent First

City

State

ZIP

City

State

ZIP

City

State

ZIP

City

State

ZIP

Client Name (Requestor)

Account

Location

Voice Phone Number

Ext

FAX Phone Number

County Criminal-> ●

A-> ⊙ ⊙
B-> ⊙ ⊙
C-> ⊙ ⊙ ⊙ ⊙ ⊙ ⊙

BACKGROUND VERIFICATION DISCLOSURE

As part of the employment process, the Navy Exchange may obtain a Criminal Record Check and/or an investigative Consumer Report. The Fair Credit Reporting Act, as amended by the Consumer Report Reform Act of 1996, requires that we advise you, that for purposes of employment only, a Consumer Report may be made. This report may include information about your character, general reputation, personal characteristics, or mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided in the event that the report contains information regarding your character, general reputation, personal characteristics, or mode of living.

AUTHORIZATION AND RELEASE

During the application process, and at the time during any subsequent employment, I hereby authorize ChoicePoint Services, Inc., on behalf of the Navy Exchange, to procure a Consumer Report, which I understand may include information regarding my character, general information, personal characteristics, or mode of living. This report may be compiled with information from court record repositories, department of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entries, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my character, general reputation, personal characteristics, or mode of living.

Applicant/Employee Name and Signature

Date

Social Security Number

Date of Birth

SELF-IDENTIFICATION OF HANDICAP

(See instructions and Privacy Act information on reverse)

Last Name, First Name, Middle Initial	Birth Date (Mo./Yr.)	Social Security Number	ENTER CODE HERE →
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DEFINITION OF A HANDICAP: A person is handicapped if he or she has a physical or mental impairment which substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment. Those handicaps that

are to be reported are listed below (codes in bold numbers 13 through 94). In the case of multiple impairments, choose the code which describes the impairment that would result in the most substantial limitation.

TO THE EMPLOYEE: Self-identification of handicap status is essential for effective data collection and analysis. The information you provide will be used for statistical purposes only and will not in any way affect you individually. While self-identification is voluntary, your cooperation in providing accurate information is critical.

01 I do not wish to identify my handicap status. (Please read the employee note above and the reverse side of this form before using this code.) (Note: Your personnel officer may use this code if, in his or her judgment, you used an incorrect code.)

05 I do not have a handicap.

06 I have a handicap but it is not listed below.

SPEECH IMPAIRMENTS

13 Severe speech malfunction or inability to speak; hearing is normal (Examples: defects of articulation [unclear language sounds]; stuttering; aphasia [impaired language function]; laryngectomy [removal of the "voice box"])

HEARING IMPAIRMENTS

15 Hard of hearing (Total deafness in one ear or inability to hear ordinary conversation, correctable with a hearing aid)

16 Total deafness in both ears, with understandable speech

17 Total deafness in both ears, and unable to speak clearly

VISION IMPAIRMENTS

22 Ability to read ordinary size print with glasses, but with loss of peripheral (side) vision (Restriction of the visual field to the extent that mobility is affected--"Tunnel vision")

23 Inability to read ordinary size print, not correctable by glasses (Can read oversized print or use assisting devices such as glass or projector modifier)

24 Blind in one eye

25 Blind in both eyes (No usable vision, but may have some light perception)

MISSING EXTREMITIES

27 One hand

28 One arm

29 One foot

32 One leg

33 Both hands or arms

34 Both feet or legs

35 One hand or arm and one foot or leg

36 One hand or arm and both feet or legs

37 Both hands or arms and one foot or leg

38 Both hands or arms and both feet or legs

NONPARALYTIC ORTHOPEDIC IMPAIRMENTS

(Because of chronic pain, stiffness, or weakness in bones or joints, there is some loss of ability to move or use a part or parts of the body.)

44 One or both hands **47** One or both legs

45 One or both feet **48** Hip or pelvis

46 One or both arms **49** Back

57 Any combination of two or more parts of the body

PARTIAL PARALYSIS

(Because of a brain, nerve, or muscle problem, including palsy and cerebral palsy, there is some loss of ability to move or use a part of the body, including legs, arms, and/or trunk.)

61 One hand

62 One arm, any part

63 One leg, any part

64 Both hands

65 Both legs, any part

66 Both arms, any part

67 One side of body, including one arm and one leg

68 Three or more major parts of the body (arms and legs)

COMPLETE PARALYSIS

(Because of a brain, nerve, or muscle problem, including palsy and cerebral palsy, there is a complete loss of ability to move or use a part of the body, including legs, arms, and/or trunk.)

70 One hand

71 Both hands

72 One arm

73 Both arms

74 One leg

75 Both legs

76 Lower half of body, including legs

77 One side of body, including one arm and one leg

78 Three or more major parts of the body (arms and legs)

OTHER IMPAIRMENTS

80 Heart disease with no restriction or limitation of activity (History of heart problems with complete recovery)

81 Heart disease with restriction or limitation of activity

82 Convulsive disorder (e.g., epilepsy)

83 Blood diseases (e.g., sickle cell anemia, leukemia, hemophilia)

84 Diabetes

86 Pulmonary or respiratory disorders (e.g., tuberculosis, emphysema, asthma)

87 Kidney dysfunctioning (e.g., if dialysis [Use of an artificial kidney machine] is required)

88 Cancer--a history of cancer with complete recovery

89 Cancer--undergoing surgical and/or medical treatment

90 Mental retardation (A chronic and lifelong condition involving a limited ability to learn, to be educated, and to be trained for useful productive employment as certified by a State Vocational Rehabilitation agency under section 213.3102(t) of Schedule A)

91 Mental or emotional illness (A history of treatment for mental or emotional problems)

92 Severe distortion of limbs and/or spine (e.g., dwarfism, kyphosis [severe distortion of back])

93 Disfigurement of face, hands, or feet (e.g., distortion of features on skin, such as those caused by burns, gunshot injuries, and birth defects [gross facial birthmarks, club feet, etc.]

94 Learning disability (A disorder in one or more of the processes involved in understanding, perceiving, or using language or concepts [spoken or written]; e.g., dyslexia)

The Rehabilitation Act of 1973 (P.L. 93-112) requires each agency in the Executive branch of the Federal Government to establish definite programs that will facilitate the hiring, placement, and advancement of handicapped individuals. The best means of determining agency progress in this respect is through the production of reports at certain intervals showing such things as the number of handicapped employees hired, promoted, trained, or reassigned over a given time period; the percentage of handicapped employees in the work force and in various grades and occupations; etc. Such reports bring to the attention of agency top management, the Office of Personnel Management (OPM), and the Congress deficiencies within specific agencies or the Federal Government as a whole in the hiring, placement, and advancement of handicapped individuals and, therefore, are the essential first step in improving these conditions and consequently meeting the requirements of the Rehabilitation Act.

The handicap data collected on employees will be used only in the production of reports such as those previously mentioned and not for any purpose that will affect them individually. The only exception to this rule is that the records may be used for selective placement purposes and selecting special populations for mailing of voluntary personnel research surveys. In addition, every precaution will be taken to ensure that the information provided by each employee is kept in the strictest confidence and is known only to the one or two individuals in the agency Personnel Office who obtain and record the information for entry into the agency's and OPM's personnel systems. You should also be aware that participation in the handicap reporting system is entirely voluntary, **with the exception of employees appointed under Schedule A, section 213.3102(t) (Mental Retardation); Schedule A, section 213.3102(u) (Severely Physically Handicapped); and Schedule B, section 213.3202(k) (Mentally Restored).** These employees will be requested to identify their handicap status and if they decline to do so, their correct handicap code will be obtained from medical documentation used to support their appointment. No other employees will be required to identify their handicap status if they feel for any reason it is not in their best interest to have this information officially recorded outside of medical records. We request only that anyone not wishing to have this information entered in the agency's and OPM's personnel systems indicate this to their Personnel Office, rather than intentionally miscoding themselves, since false responses will seriously damage the statistical value of the reporting system.

[In those instances where the employee is or was hired under Schedule A, section 213.3102(t) (Mental Retardation), the Personnel Director or his/her designee (a Vocational Rehabilitation Counselor may also be helpful) **will assist the individual in completing this form and ensure that the employee fully understands the meaning of the form and the options available to him/her, as noted above.**]

Employees will be given every opportunity to ensure that the handicap code carried in their agency's and OPM's personnel systems is accurate and is kept current. They may exercise this opportunity by asking their Personnel Officer to see a printout of the code and definition from their record, by notifying Personnel any time their handicap status changes, and by initiating action in either of these cases to have the necessary changes made to their records. The code carried on employees in their agency's system will be identical to that carried in OPM's system, and any change to the agency records will result in the same change being made to OPM's records.

PRIVACY ACT STATEMENT

Collection of the requested information is authorized by the Rehabilitation Act of 1973 (P.L. 93-112). The information you furnish will be used for the purpose of producing statistical reports to show agency progress in hiring, placement, and advancement of handicapped individuals and to locate individuals for voluntary participation in surveys. The reports will be used to inform agency top management, the Office of Personnel Management (OPM), the Congress, and the public of the status of programs for employment of the handicapped. All such reports will be in the form of aggregate totals and will not identify you in any way as an individual.

Solicitation of your Social Security Number (SSN) is authorized by Executive Order 9397, which requires agencies to use the SSN as the means for identifying individuals in personnel information systems. Your SSN will only be used to ensure that your correct handicap code is recorded along with the other employee information that your agency and OPM maintain on you. Furnishing your SSN or any other of the requested data for this collection effort is voluntary and failure to do so will have no effect on you. It should be noted, however, that where individuals decline to furnish their SSN, the SSN will be obtained from other records in order to ensure accurate and complete data.

Employees appointed under Schedule A, section 213.3102(t) (Mental Retardation), Schedule A, section 213.3102(u) (Severely Physically Handicapped), or Schedule B, section 213.3202(k) (Mentally Restored) are requested to furnish an accurate handicap code, but failure to do so will have no effect on them. Where employees hired under one of these appointments fail to disclose their handicap, however, the appropriate code will be determined from the employee's existing records or medical documentation submitted to justify the appointment.

BACKGROUND SURVEY QUESTIONNAIRE

The Navy Exchange System is an Equal Opportunity Employer. In order to achieve equal opportunity goals, it is necessary to collect data relative to the ethnic, racial, and sexual and handicap background of our work force. Although providing this information by completing these forms is optional on your part, your cooperation is asked so that we may achieve our goal of equality. This information is kept confidential and is not provided to selecting officials.

This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974, for individuals completing federal records and forms that solicit personal information. (Data required for U.S. citizens only.)

Name (Last, First, MI)

Position for which you are applying

Date (Month, Day, Year)

Location of Position

Announcement No.

Social Security Number

Year of Birth

Gender (Male/Female)

Please categorize yourself in terms of the race and ethnic categories below. First read definitions of subcategories and fill in the appropriate letter.

DEFINITIONS

The racial and ethnic categories for federal statistics and administrative reporting are defined as follows.

Race		Code
American Indian or Alaskan Native	A person having origins in any of the original peoples of North America, and who maintains cultural identification through community recognition of tribal affiliation.	A
Asian or Pacific Islander	A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands. This are includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.	B
Black, not of Hispanic origin	A person having origins in any of the black racial groups of Africa except persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins. (see Hispanic)	C
Hispanic	A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins. Does not include persons of Portugese culture or origin.	D
White, not of Hispanic origin	A person having origins in any of the original peoples of Europe, North Africa, or Middle East, except persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins. (see Hispanic) Also includes persons not included in other categories.	E

BACKGROUND SURVEY QUESTIONNAIRE FOR USE IN HAWAII and GUAM ONLY

The Navy Exchange System is an Equal Opportunity Employer. In order to achieve equal opportunity goals, it is necessary to collect data relative to the ethnic, racial, and sexual and handicap background of our work force. Although providing this information by completing these forms is optional on your part, your cooperation is asked so that we may achieve our goal of equality. This information is kept confidential and is not provided to selecting officials. This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974, for individuals completing federal records and forms that solicit personal information. (Data required for U.S. citizens only.)

Name (Last, First, MI)

Position for which you are applying

Date (Month, Day, Year)

Location of Position

Announcement No.

Social Security Number

Year of Birth

Gender (Male/Female)

Specific Instructions: The categories below are designed to identify your basic racial and national origin category. If you are of mixed racial and/or national origin, identify yourself by the category with which you most closely identify yourself. Read the definitions below and fill in the appropriate letter.

DEFINITIONS

The racial and ethnic categories for federal statistics and administrative reporting are defined as follows.

Race		Code
American Indian or Alaskan Native	A person having origins in any of the original peoples of North America, and who maintains cultural identification through community recognition of tribal affiliation.	A
Black, not of Hispanic origin	A person having origins in any of the black racial groups of Africa except persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins. (see Hispanic)	C
Hispanic	A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins. Does not include persons of Portugese culture or origin.	D
White, not of Hispanic origin	A person having origins in any of the original peoples of Europe, North Africa, or Middle East, except persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins. (see Hispanic) Also includes persons not included in other categories.	E
Asian Indian	A person having origins in any or the original peoples of the Indian subcontinent (i.e., India, Pakistan, Bangladesh, Sri Lanka, Nepal, Sikkim, and Bhutan).	F
Chinese	A Person having origins in any of the original peoples of China.	G
Filipino	A person having origins in any of the original peoples of the Philippines.	H
Guamanian	A Person having origins in any of the original peoples of Guam. (e.g., Chamorro).	J
Hawaiian	A person having origins in any of the original peoples of Hawaii, includes persons who are Part Hawaiian and identify most closely with the Hawaiian category.	K
Japanese	A person having origins in any of the original peoples of Japan.	L
Korean	A person having origins in any of the original peoples of Korea.	M
Samoan	A person having origins in any of the original peoples of Samoa.	N
Vietnamese	A person having origins in any of the original peoples of Vietnam.	P
All Other Asian or Pacific Islanders	A person having origins in any of the original peoples of Asia or the Pacific Islands not included in codes F through P above.	Q