



NAF EMPLOYMENT APPLICATION FORM
MARINE CORPS COMMUNITY SERVICES (MCCS)
P.O. BOX 452008, MCAS MIRAMAR, SAN DIEGO CA 92145-2008

PRIVACY ACT INFORMATION

This form requests certain information to the authority of 5 U.S. Code, Section 301, and Executive Order, 9391 of 22 November 1943. Submission of the information required by this form is voluntary. This information is needed to help determine how well applicant's education and work skills qualify them for the job they are applying for, or any other job with MR/Marine Corps Community Services (MCCS) activities. If an applicant fails to furnish information requested on this form sufficient to make a determination as to suitability for employment, this application form will not be processed. Information is also needed on matters such as citizenship, military service, relatives employed by MR/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 request 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.

Personal Information (please print)	
Name	
Address	E-Mail Address
	Circle One (for statistics only) <div style="text-align: right;">Male Female</div>
Phone Number	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
	If No, are you permanent resident alien in the U.S.? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>

Employment Desired	
Position Applying For	Announcement Number
Date Available to Start	Salary Desired

Education				
School	Name & Location	Course of Study	No. of Years Completed	Degree or Diploma
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 Services				
Branch of Service	Date Entered Service	Date of Discharge or Retirement	Final Rank	Honorable Discharge
If previous military services (discharge or retirement), please attach copy of DD-214			Spousal Preference: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Work Availability

Any Day Weekday [Mon - Fri] Weekend [Sat - Sun] Other [Specify]

Hours Available to Work	Shift (if applicable)
<input type="checkbox"/> Regular Full-Time [34 - 40 per week]	<input type="checkbox"/> Any time <input type="checkbox"/> Other [Specify]
<input type="checkbox"/> Regular Part-Time [20 - 34 per week]	<input type="checkbox"/> 1st Shift [8am - 3pm]
<input type="checkbox"/> Flexible [0 - 40 per week]	<input type="checkbox"/> 2nd Shift [3pm - 11pm]
<input type="checkbox"/> Other [Specify]	<input type="checkbox"/> 3rd Shift [11pm - 7am]

Work Locations

Please indicate our work location preference:

MCX Locations	Recreation Businesses	Support Services	Food & Hospitality	Semper Fit
<input type="checkbox"/> Auto Services	<input type="checkbox"/> Auto Hobby Shop	<input type="checkbox"/> Accounting	<input type="checkbox"/> Miramar Inn	<input type="checkbox"/> Fitness Centers
<input type="checkbox"/> Camp Elliot	<input type="checkbox"/> Golf Course	<input type="checkbox"/> Administrations	<input type="checkbox"/> Officers' Club	<input type="checkbox"/> Great Escape
<input type="checkbox"/> Flightline	<input type="checkbox"/> Golf Maintenance	<input type="checkbox"/> Asset Protection		<input type="checkbox"/> Grounds Maintenance
<input type="checkbox"/> Home Center	<input type="checkbox"/> Stables/RV Storage	<input type="checkbox"/> Building Maintenance		<input type="checkbox"/> Outdoor Adventure
<input type="checkbox"/> Main Retail Store	<input type="checkbox"/> Ticket/Travel	<input type="checkbox"/> Graphics		<input type="checkbox"/> Pools/Aquatics
<input type="checkbox"/> Main Warehouse	<input type="checkbox"/> Theater	<input type="checkbox"/> Human Resources		
<input type="checkbox"/> Marine Mart	<input type="checkbox"/> Vet Clinic	<input type="checkbox"/> Library	<input type="checkbox"/> CBQ	
<input type="checkbox"/> MCCS Receiving		<input type="checkbox"/> Marketing		
<input type="checkbox"/> Visual Merchandise		<input type="checkbox"/> MIS		
		<input type="checkbox"/> Purchasing		
		<input type="checkbox"/> Youth Center		

Referred By

<input type="checkbox"/> Career Center/EDD	<input type="checkbox"/> Newspaper Ad
<input type="checkbox"/> College	<input type="checkbox"/> On-Line Services
<input type="checkbox"/> Friend/Relative	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Other [Specify]	

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	Yes	No	Other

Certifications: (i.e.) Lifeguard, WSI, Child Care

Driver's License #	State	Type	Expiration Date

Previous Non appropriated 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

Any relatives employed here at MCCS or MCX Yes No

If yes, give name(s), relationship(s), and position(s).

Employment Experience (Start with present or last job)

Employer: _____

Address: _____

Phone No: _____ Reason for Leaving: _____

From: _____ To: _____ Starting Salary: _____ Final Salary: _____

Job Title: _____ Supervisor's Name/Title: _____

Job Title & Brief Description of Duties: _____

Employer: _____

Address: _____

Phone No: _____ Reason for Leaving: _____

From: _____ To: _____ Starting Salary: _____ Final Salary: _____

Job Title: _____ Supervisor's Name/Title: _____

Job Title & Brief Description of Duties: _____

Employer: _____

Address: _____

Phone No: _____ Reason for Leaving: _____

From: _____ To: _____ Starting Salary: _____ Final Salary: _____

Job Title: _____ Supervisor's Name/Title: _____

Job Title & Brief Description of Duties: _____

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

Name	Address/Phone No.	Occupation	Years Known

Other Personal Information

If Civil Service (APF), have you ever received Separation Incentive Pay (SIP)? YES NO

If yes, Give date received:

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 to the agency that paid the incentive payment.

Have you ever been convicted, forfeited collateral, or are you now under charges for any felony or any firearms or explosives offenses against the law? (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, or are you now under charges for any offense against the law not included in the previous question.

YES NO

While in the military service, were you ever convicted by a General Court-Martial?

YES NO

If your answer to either of the above questions is "Yes", give details for each offense: (1) charge _____
(2) date _____ (3) place _____ (4) court _____
and (5) action taken _____

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, (2) any offense committed before your 18th birthday which was finally adjudicated in a juvenile court or under a youth offender law, (3) any conviction set aside under the Federal Youth Correction Act or similar authority.

Please provide the following information if you are applying for a Child or Youth position.

Have you ever been arrested for, or charged with a crime involving a child? YES NO
(U.S.C. Title 42, Chapter 132, Subchapter V, Section 13041)

If yes, please provide a description of the disposition of the arrest or charge. Please explain on the space provide.

I make these statements and sign this questionnaire under penalty of perjury with the understanding the penalty for perjury is a fine or imprisonment for not more than five years, or both, pursuant to 18 U.S.C. Section 1621 and 18 U.S.C Section 3571.

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 in good faith.

Applicant's Signature (Sign in ink)

Date

Certification and Authority for Release of Information

Read the following information 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 to work. All the information you give will be considered in reviewing your application. Failure to complete this application in its entirety can result in you not being considered.

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 release of information concerning my capacity and fitness to employers, educational institutions, law enforcement agencies, and other individuals and agencies to duly accredited investigators, Personnel Staffing Specialists and other authorized employees of the Federal Government for that purpose.

EQUAL OPPORTUNITY EMPLOYER