

**Commander, Navy Region Northeast
Community Support Programs
Nonappropriated Fund Employment Application**

EQUAL OPPORTUNITY EMPLOYER

Privacy Act Notice: Authority: 5USC 301 E.O. 9397, and Departmental Regulations. Purpose(s): To collect information necessary 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 interview.

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

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

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 Applying for	Announcement	Date
Social Security Number	Street Address	City	State
Zip Code	Home Phone	Business Phone	Salary Desired
Date available to start work _____ Interested in <input type="checkbox"/> Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends			
Active Duty <input type="checkbox"/> Yes <input type="checkbox"/> No	Dependent <input type="checkbox"/> Yes <input type="checkbox"/> No	U. S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	If not US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No ⇒ Country: _____ Naturalized: <input type="checkbox"/> Yes <input type="checkbox"/> No Registered Alien #: _____
Referral Source <input type="checkbox"/> Walk In <input type="checkbox"/> Relative/Friend: Who? _____ <input type="checkbox"/> Newspaper: Which one? _____ <input type="checkbox"/> Other: _____		Work Location: <input type="checkbox"/> Newport, RI (NAVSTA Newport) <input type="checkbox"/> Groton, CT (NAVSUBASE New London) <input type="checkbox"/> Colts Neck, NJ (NWS Earle) <input type="checkbox"/> Portsmouth, NH (NSY Portsmouth) <input type="checkbox"/> Brunswick, ME (NAS Brunswick) <input type="checkbox"/> Other: _____	

(List most recent employment first) **BUSINESS OR WORK HISTORY** (Use supplement for additional employment)

Name of Company	Kind of Business	Phone Number
Street Address	City	State
		Zip Code
Name and Title of Immediate Supervisor	Date Employed	Starting Salary
Your Title and Description of Duties	Date Left	Ending Salary
	Reason For Leaving	
Name of Company	Kind of Business	Phone Number
Street Address	City	State
		Zip Code
Name and Title of Immediate Supervisor	Date Employed	Starting Salary
Your Title and Description of Duties	Date Left	Ending Salary
	Reason For Leaving	

SUPPLEMENTAL BUSINESS/WORK HISTORY SHEET

Name	Position Applying for:	Announcement Number	Date
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Name of Company	Kind of Business		Phone Number
Street Address	City	State	Zip Code
Name and Title of Immediate Supervisor	Date Employed	Starting Salary	
Your Title and Description of Duties	Date Left	Ending Salary	
	Reason For Leaving		

Name of Company	Kind of Business		Phone Number
Street Address	City	State	Zip Code
Name and Title of Immediate Supervisor	Date Employed	Starting Salary	
Your Title and Description of Duties	Date Left	Ending Salary	
	Reason For Leaving		

Name of Company	Kind of Business		Phone Number
Street Address	City	State	Zip Code
Name and Title of Immediate Supervisor	Date Employed	Starting Salary	
Your Title and Description of Duties	Date Left	Ending Salary	
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Name of Company	Kind of Business		Phone Number
Street Address	City	State	Zip Code
Name and Title of Immediate Supervisor	Date Employed	Starting Salary	
Your Title and Description of Duties	Date Left	Ending Salary	
	Reason For Leaving		

Are you currently employed? <input type="checkbox"/> No <input type="checkbox"/> Yes		Phone Number:
If yes, may we contact your employer? <input type="checkbox"/> Yes, Name of Supervisor:		
		<input type="checkbox"/> No, Please explain:
Have you ever been fired from a job or quit after being told you were going to be fired? <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain:		
Drivers License	DL Number:	Expiration Date:
State of Issue:		

EDUCATION			
High School: Name and location		Year Graduated	
College/University: Name and location	Years Attended	Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No	Major:
Graduate School: Name and location	Years Attended	Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No	Major:
Other:			
Special Skills, Training:			

MILITARY				
Branch of Service	Date Discharged	Rank at Separation	Type of Separation/Discharge	Military Reserve Status

Have you ever worked for the Federal Government as an appropriated fund (GS, WG, etc.) employee? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name of Agency/Command. Dates of employment: From: / / To: / / Have you ever received Separation Incentive Pay (SIP)? <input type="checkbox"/> Yes <input type="checkbox"/> 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.
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Relative(s) employed with, and/or on the installation for which applying? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.
Have you ever been convicted of any crime (other than minor traffic violations)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.
Are you under any charges for violations of law? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.
Do you claim spousal preference? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes you must attach spouse's orders)
Have you ever worked in MWR or CBQ? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, give details: Where, dates, title, supervisor, etc)
Have you ever worked for another NAF (NEX, AAFES)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, give details: Where, dates, title, supervisor, etc)

NOTICE TO APPLICANTS	
I certify to the best of my knowledge and belief, my statements and information on this application are true, correct, complete, and made in good faith. I consent to the release of information about my ability and fitness for employment by employers, schools, law enforcement agencies and other individuals to investigators, and other authorized employees of Commander, Navy Region Northeast. I agree to supply additional information as required. I understand that a false statement made by me or false information submitted by me, may disqualify me from consideration for employment or may result in my termination from employment without benefit of appeal. I agree to observe all rules and regulations relative to my employment with Commander, Navy Region Northeast Community Support Programs.	
_____ Applicant's Signature	_____ Date

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

1. I hereby authorize any Special Agent or other authorized representative of the Department of the Navy bearing this release, or copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, or educational records including, but not limited to, academic/achievement, attendance, athletic, personal history, and disciplinary records, medical records and criminal records. I hereby direct you to release such information upon request of the bearer.

2. This release is executed with the full knowledge and understanding that the information is for the official use of the Navy. Consent is granted for the Navy to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities I hereby release you, as the custodian of such records, and any school, college, university, or other institution, hospital, or other responsibilities of medical records, including its officers, employees or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

3. I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by Federal statute or regulation. I have been advised the Navy will utilize this number only to facilitate the location of employment, military, and educational records concerning me in connection with this application. Should there be any question as to the validity of the release, you may contact me as indicated below.

FULL NAME: _____
(PLEASE PRINT)

ADDRESS: _____ / _____ / _____
STREET CITY STATE ZIP

SIGNATURE: _____ **DATE:** _____

SOCIAL SECURITY NUMBER: _____

TELEPHONE NUMBER: _____

DRIVERS LICENSE STATE/NUMBER: _____

V.I.N.: _____

DO NOT WRITE BELOW THIS LINE

COMPANY NAME:	MWR DEPARTMENT, PERSONNEL DIVISION
ADDRESS:	Naval Station Newport 1121 Meyerkord Avenue Newport, RI 02841-1620
TELEPHONE NO:	(401) 841-7697
SIGNATURE:	K. A. Gamache
DATE:	_____

APPLICANT CERTIFICATION

I hereby certify that I have been advised of the following:

- In submitting this application for employment with the Naval Station Newport Morale, Welfare and Recreation (MWR) Department, an investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, educational background, credit record and/or criminal history.

- I understand that falsification of information provided by me on my application, including any **criminal charges, arrests** and/or **convictions**, may disqualify me from consideration for employment or may result in termination of my employment without right of appeal.

_____ Date: _____
Applicant Signature

_____ Date: _____
Signature of MWR Representative