



FLEET & FAMILY READINESS

NAVY REGION JAPAN

NAF EMPLOYMENT APPLICATION

Thank you for your interest in Fleet & Family Readiness (FFR) Nonappropriated Fund (NAF) employment. Please submit your resume and or completed NAF Employment Application form at NAF Human Resources Office (HRO), Commander Navy Region Japan, via email to MWR_RECRUITMENT@fe.navy.mil.

REQUIRED DOCUMENTS WHEN SUBMITTING A COMPLETE APPLICATION PACKET:

1. Type or print clearly in black or blue ink. Please submit a separate resume and/or application and all required documents for each job vacancies for which you apply.
2. Resume or NAF application form. Ensure that the job announcement number is listed for the position you would like to be considered for.
(NOTE: If applying to any CYP positions, you must submit both resume and a completed NAF application form.)
3. CYP Eligibility Packet – only if applying for any CYP positions.
4. Copy of PCS Orders and Family Entry Approval (Military) OR Sponsor's Letter of Employment (Civilian)
5. [OF-306](#) (Declaration for Federal Employment) – Must be signed in ink and dated within the opening and closing date of the vacancy announcement you are applying for.
6. Proof of Education (transcripts/copy of degree(s)/certification(s)), if applicable to position requirements
7. If claiming Veteran's Preference, please submit a legible copy of your DD214 page 4.
8. Family Member Preference will be applied to all NAF positions; NF-01 through NF-05.
9. If you are a current federal employee, please submit your most recent Personnel Action Report (PAR) or SF-50

NOTE: Submitted applications and resumes will be retained for 90 days. Management reserves the right to fill a vacancy by methods other than merit staffing procedures (i.e. non-competitive placements in lieu of or as exceptions to competitive procedures) or cancel a vacancy announcement at any time during the recruitment process.

**DEPARTMENT OF THE NAVY IS AN EQUAL OPPORTUNITY
EMPLOYER**

*Please contact the CNRJ NAF HR office at 243-5446 if you have further questions.
Thank you!*



APPLICATION FOR NONAPPROPRIATED FUND EMPLOYMENT

NAVY REGION JAPAN

*Before completing this application, please read the instructions carefully.
Answer every question clearly and completely. Please type or print in ink.*

1. Position Title		2. Pay Band/Series/Grade		3. Announcement Number	
4. Desired Location <input type="checkbox"/> Atsugi <input type="checkbox"/> Diego Garcia <input type="checkbox"/> Ikego <input type="checkbox"/> Misawa <input type="checkbox"/> Okinawa <input type="checkbox"/> Sasebo <input type="checkbox"/> Yokosuka <input type="checkbox"/> Other:			5. Acceptable Hours (mark all that apply) <input type="checkbox"/> Regular Full Time (includes benefits) <input type="checkbox"/> Weekends <input type="checkbox"/> Regular Part Time (includes benefits) <input type="checkbox"/> Evenings <input type="checkbox"/> Flexible (0-40 hours as needed; no benefits) <input type="checkbox"/> Days		6. Date Available to Start Work
					7. How did you hear about us?
8. Name (Last, First Middle (Maiden))			9. E-mail Address		
10. Mailing Address			11. Phone		12. Alternate Phone
13. Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No			14. Country of Citizenship		
		<i>If no, provide date of birth:</i>	15. Alien Registration Number (if applicable)		
16. Have you ever served on active duty in the United States military? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, and my 10-Point Veterans' Preference letter is attached.					
<i>If yes, currently :</i>	<i>Branch</i>	<i>Rank</i>	<i>Organization</i>	<i>Est. Retirement, Separation, or Rotation Date</i>	
<i>If yes, previously :</i>	<i>Branch</i>	<i>Final Rank</i>	<i>Discharge Date</i>	<i>Discharge Type</i>	<i>Reserve Status</i> <input type="checkbox"/> <i>Please submit form DD-214.</i>
17. Have you ever worked for the United States federal government? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, and I am currently still working for the government.					
<i>If yes, currently :</i>	<i>Position Type</i> <input type="checkbox"/> NAF Regular <input type="checkbox"/> NAF Flex <input type="checkbox"/> APF/GS			<i>Location & Job Title</i>	
<i>If yes, previously :</i>	<i>Position Type(s)</i> <input type="checkbox"/> NAF Regular <input type="checkbox"/> NAF Flex <input type="checkbox"/> APF/GS			<input type="checkbox"/> <i>Please include additional detail on federal employment under the Work History section.</i>	
WORK HISTORY					
<i>Most recent employment. Please attach Work History Continuation or resume as needed.</i>					
Name of Company/Government Agency			Kind of Business		Phone Number
Street Address			City		State Zip Code
Name and Title of Immediate Supervisor			Dates Employed <i>From</i> <i>To</i>		Salary at Leaving
Job Title					
Description of Duties					Reason for Leaving

Name: _____ Announcement Number: _____

PROFESSIONAL REFERENCES

*Please list three (3) people **not related to you** who can furnish information regarding your employment and qualifications for the position for which you applied.*

Full Name	E-mail Address	Telephone Number	Occupation

EDUCATION

What is the highest level of education you have completed?
 High School/GED
 Associate's Degree
 Master's Degree
 Some College
 Bachelor's Degree
 Doctorate Degree

School Name & Address <i>Begin with last high school attended</i>	Total Credit Hours Complete	Degree Received	Date Received (month/year)	Major Course of Study, Concentration, etc.

TRAINING

Course Title	Name of School or Source	Date Received (month/year)

ADDITIONAL SKILLS & QUALIFICATIONS

Computer	<input type="checkbox"/> Word Processing or Design:			
	<input type="checkbox"/> Spreadsheet or Database:			
	<input type="checkbox"/> Other:			
Licenses	<input type="checkbox"/> Driver's:	<i>Class:</i>	<i>Expiration:</i>	
	<input type="checkbox"/> Commercial Driver's (CDL):	<i>Class:</i>	<i>Expiration:</i>	
	<input type="checkbox"/> Other:	<i>Class:</i>	<i>Expiration:</i>	
Certificates	<i>Type</i> <i>Expiration</i>	<i>Type</i> <i>Expiration</i>	<i>Type</i> <i>Expiration</i>	
	<input type="checkbox"/> CPR:	<input type="checkbox"/> Lifeguard:	<input type="checkbox"/> Other:	
	<input type="checkbox"/> First Aid:	<input type="checkbox"/> WSI:	<input type="checkbox"/> Other:	
Other	Equipment, machinery, technology, language, etc.:			

APPLICANT CERTIFICATION & SIGNATURE

I certify that the information provided by me with this application is true, complete, and correct to the best of my knowledge and belief. I authorize the references listed above to disclose information concerning my previous employment and experience as it pertains to the position I am seeking.

Printed Name of Applicant	Signature of Applicant	Date



WORK HISTORY CONTINUATION

Please list most recent employment first. Attach additional continuation pages as needed.

Name of Company/Government Agency	Kind of Business	Phone Number	
Street Address	City	State	Zip Code
Name and Title of Immediate Supervisor	Dates Employed <i>From</i> <i>To</i>	Salary at Leaving	

Job Title

Description of Duties	Reason for Leaving
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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 <i>From</i> <i>To</i>	Salary at Leaving	

Job Title

Description of Duties	Reason for Leaving
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Job Title

Description of Duties	Reason for Leaving
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