



FLEET & FAMILY READINESS NAVY REGION JAPAN

NAF EMPLOYMENT APPLICATION

NAF Employment Applications may be submitted in person to the NAF Human Resources Office (HRO), Commander Navy Region Japan, Bldg. 1559, Rm. 225, 2nd floor above the NEX Home Gallery, or via email to MWR_RECRUITMENT@fe.navy.mil.

REQUIREMENTS WHEN SUBMITTING APPLICATION PACKET:

1. Type or print clearly in black or blue ink.
2. **ATTACHED FORMS:** A completed NAF Employment Application or resume is required for each position applied for. Ensure the announcement number is listed for the position you would like to be considered for.
3. **DECLARATION OF FEDERAL EMPLOYEMENT (OF 306):** This must be submitted with every application or resume.
4. **PREFERENCE FORMS:**
 - **PRIOR MILITARY / VETERANS PREFERENCE:** Prior military members are required to submit a copy of their DD214 (Member-4 copy).
 - **MILITARY SPOUSE AND FAMILY MEMBER PREFERENCES:** Military spouses and family members who are claiming preference must submit the sponsor's orders (the pages that list the PRD, losing command and gaining command, and the sponsor's name) and the dependent entry approval or the command sponsorship letter, or the sponsor's letter of employment (civilian).
5. **CURRENT NAF EMPLOYEES ON LWOP FROM FORMER BASE:** Attach a copy of your LWOP Personnel Action Report (PAR).

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.

THE DEPARTMENT OF THE NAVY IS AN EQUAL OPPORTUNITY EMPLOYER.

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"/> Flexible (0-40 hours as needed; no benefits) <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends		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 If no, provide date of birth:			14. Country of Citizenship 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.					
If yes, <u>currently</u> :		Branch	Rank	Organization	Est. Retirement, Separation, or Rotation Date
If yes, <u>previously</u> :		Branch	Final Rank	Discharge Date	Discharge Type Reserve Status <input type="checkbox"/> Please submit form DD-214.
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.					
If yes, <u>currently</u> :		Position Type <input type="checkbox"/> NAF Regular <input type="checkbox"/> NAF Flex <input type="checkbox"/> APF/GS		Location & Job Title	
If yes, <u>previously</u> :		Position Type(s) <input type="checkbox"/> NAF Regular <input type="checkbox"/> NAF Flex <input type="checkbox"/> APF/GS		<input type="checkbox"/> Please include additional details on federal employment under the Work History section.	
WORK HISTORY					
Most recent employment. Please attach Work History Continuation or resume 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 From To		Salary per hour
Job Title					
Description of Duties					Reason for Leaving

