

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.
- 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.
- 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).
- 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				5. Acceptable Hours (mark all th		at apply)	6. Date Availab	ole to Start Work
□ Atsugi □ Diego Garcia □ Ikego				☐ Regular Full Time (includes benefits)				
☐ Misawa ☐ Okinawa ☐ Sasebo				☐ Flexible (0-40 hours as needed; no benefits)			7. How did you	ı hear about us?
□ Yokosuka				_ Days	☐ Evenings ☐ Weeken		, , , , , , , , , , , , , , , , , , , ,	
8. Name (Last,	First Middle	(Maiden))		9. E-mail Addre	ess		
10. Mailing Address					11. Phone		12. Alternate Phone	
13. Are you 18	_	e or older?			14. Country of	Citizenship		
L	☐ Yes If no, provi	ide date of		No	15. Alien Regist	tration Number ((if applicable)	
16. Have you	ever served o	on active d	utv in the Ui	nited States mili	l tarv?			
•	∃ Yes	J	-	No	-	v 10-Point Vetera	ns' Preference le	tter is attached.
	currently :	Branch		Rank	Organization		Separation, or R	
lf yes, ชู	oreviously:	Branch		Final Rank	Discharge Date	Discharge Type	Reserve Status	☐ Please submit form DD-214.
17. Have you	ever worked	for the Un	ited States f	ederal governm	ent?	<u>I</u>	ı	
				No ☐ Yes, and I am currently still working for the government				
If yes,	currently :	Position Type				Location & Job	Title	
If yes, ชู	☐ NAF Regular Position Type(s) If yes, previously:			□ NAF Flex	□ APF/GS	☐ Please include of under the Work Hi	additional details on federal employment	
			NAF Regular	□ NAF Flex WORK	☐ APF/GS HISTORY	ander the Work in	story section.	
	Mos	st recent en	nployment. F		ork History Continu	uation or resume	as needed.	
Name of Comp	any/Governr	nent Agend	СУ		Kind of Business		Phone Number	
Street Address					City		State	Zip Code
Name and Title	of Immedia	te Supervis	or		Dates Employed From			
Job Title								
Description of I	Duties						Reason for Leav	ving

Name:		cement Number:					
			PROFESSIONA	AL REFEREN	CES		
	ee (3) people not related t nich you are applying.	o you wl	no can furnish info	mation regar	ding your employme	ent and qualifications for the	
Full Name	E-mai	Address		Telephone N		Occupation	
			EDUC	ATION			
Mark highest l	level completed: 🗆 Hig	h School/			r's 🗆 Master's 🗆 D	octorate Degree	
			Total Credit	Degree	Date Received	Major Course of Study,	
School Name	School Name & Address			Received	(month/year)	Concentration, etc.	
			·		, , ,	·	
				NING			
Course Title			Name of School	or Source	Date Received (month/year)		
		ADD	DITIONAL SKILLS	& QUALIFI	CATIONS		
Computer	☐ Word Processing or I						
	☐ Spreadsheet or Data						
	□ Other:						
Licenses	☐ Driver's:	Class:			Expiration:		
		Class:			Expiration:		
	☐ Commercial Driver's	Class:			Expiration:		
	☐ Other:						
Certificates	Type Expira	tion	Type Expiration		Туре	Expiration	
	☐ CPR:	☐ Lifeguard:		□ Other:			
	☐ First Aid:	□ WSI:	☐ WSI: ☐ Other:				
Other	Equipment, machinery,						
	technology, language, e		ICANIT CERTIFIC	ATION 8 CI	CNATUDE		
			ICANT CERTIFIC				
						ne best of my knowledge and yment and experience as it	
=	e position I am seeking.	ANOVE IU	aisciose injorniduo	,,, concerning	my previous empio	yment und expenence us it	
Printed Name	<u> </u>		Signature of App	licant	Date		