



SPONSORSHIP QUESTIONNAIRE

Please provide details on your sponsor or status. Spouses of active duty military service members, please review the Spouse Preference Questionnaire prior to completing this form.

Name: _____ Announcement Number: _____

1. Sponsor's Name	2. Relation to You	Agency Use Only: I II III IV V	
Active Duty Contractor	CONUS-hire Civilian Local-hire SOFA Civilian		
3. Sponsor's Category	4. Rate, Rank, or Grade		
5. Current Duty Station	6. Arrival Date	7. Projected Rotation Date	8. EAOS Date (if applicable)

If you are relocating to the job area with your sponsor at a future date, please complete items 9 and 10.

9. New Duty Station	10. Reporting Date	<i>This application cannot be submitted more than 30 days prior to your sponsor's reporting date.</i>
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If you are your own sponsor, you have completed all necessary information. Please print, sign, and date below.

SELF-SPONSORED APPLICANT CERTIFICATION & SIGNATURE

I am my own sponsor and I certify that the above information is true, complete, and correct to the best of my knowledge and belief.

Printed Name of Applicant	Signature of Applicant	Date
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If you are a dependent, please read below and continue to item 11.

Family Member Preference: A policy established by DODI 1400.25 to improve employment opportunities for eligible dependents.

Eligibility: In order to qualify, you must be a dependent of an active duty military service member or a CONUS-hire civilian. Once you have been employed in **any** Regular Full-Time or Part-Time position, you are no longer eligible for Family Member Preference.

11. Are you currently employed?
 Yes _____ No _____ If yes, where: _____

12. Previous Offers.
 If you are a dependent of an active duty or CONUS-hire civilian sponsor currently stationed at the installation where the position you are applying for is located, have you accepted or declined **any** official offer of continuing NAF Regular or APF/GS employment since moving to the installation? (This includes NAF Regular positions at the Navy Exchange, Commissary, etc., and ignores any NAF Flex positions and previous tours at the installation.)

Yes	No	Not an active duty or CONUS-hire civilian dependent
<i>If yes:</i>	<i>Position Type</i> NAF Regular APF/GS	<i>Organization</i> <i>Accept/Decline</i> <i>Approx. Month/Year of Offer</i>

You have completed all necessary information. Please print, sign, and date below.

DEPENDENT APPLICANT CERTIFICATION & SIGNATURE

I am a dependent and I certify that the above information is true, complete, and correct to the best of my knowledge and belief. I understand that Family Member Preference is applicable only once per installation or until any offer of continuing regular employment, per DODI 1400.25.

Printed Name of Applicant	Signature of Applicant	Date
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