NAF EMPLOYMENT APPLICATION Warfighter and Family Readiness JOINT REGION MARIANAS GUAM Tel: (671)349-1154/2154/2210/5154

HOW TO APPLY: Submit NAF employment application or resume and required documentation via email to <u>NAFJOBS@FE.NAVY.MIL</u>.

For additional information visit our website at http://www.militarymwrguam.com/jobs.

All applications MUST be submitted by the closing date on the announcement in order to be considered.

Due to volume of applications received, applicants may not be notified of non-selection.

REQUIRED DOCUMENTS:

- 1. An application or resume MUST be provided. It MUST include relevant work experience (start/ end dates stated in month/year, # of hours worked per week, detailed description of duties, and salary), applicable education at a minimum, and your contact information. For current or previous Federal employees, it should also include the Pay Plan, Series and Grade for each work experience entry.
- 2. For current or previous Federal employees, please attach a copy of your most recent SF-50 or agency notification of personnel action form that provides current position, grade level, and duty location.
- 3. Please provide a copy of your College transcript(s) which support those qualifications for which you wish to have considered.
- 4. Applicants qualifying based on education, time in grade, credentials, certification, training and/or module completion MUST provide proof of education, personnel action or SF50, credentials, statement of service, certification, training and/or module completion at the time of resume submission.
- 5. Prior military members MUST submit a copy of their DD214 (member 4) or statement of service.
- 6. Applicants claiming hiring preference MUST complete and submit ALL required documents to claim preference at the time of resume submission. All forms to claim preference can be downloaded via our website at http://www.militarymwrguam.com/jobs.
- 7. Documentation submitted for other/previous vacancies is not considered as part of this submission.
- 8. Some positions have special requirements. In these cases, selection is tentative pending satisfactory completion of these requirements.

WHAT TO EXPECT NEXT: Applicants may be contacted for an interview or may be sent a notice of non-selection within 2-8 weeks of the announcement closing date.

If you are selected for a position, you will be contacted by the JRM Regional NAF Human Resources Office with a temporary job offer. Final job offer upon completion of all pre-employment requirements (typically 2-8 weeks).

We reserve the right to close this position without further announcement.

DEPARTMENT OF THE NAVY IS AN EQUAL OPPORTUNITY EMPLOYER

NAF EMPLOYMENT APPLICATION

Section A – Applicant Information Use Standard State Postal Codes (abbreviations). If outside the United States of America, and you do not have a military address,										
		w, leaving the Zip Code field (Block 6d) blank.								
1. Job title in announcement			2. Grade/Payband	3. Announcement number						
4a. Last name	name 4b. Firs		1	4c. Middle name						
5a. Mailing address		6. Phone numbers (include area code, if within the United States of America)								
			6a. Daytime							
5b. City		5c. State	5d. ZIP Code	6b. Evening						
5e. Country (if not within	the United States of Ame	rica)	<u>.</u>							
7. Email address (if avail	able)									
		O a stille a D	Moule Frence							
Describe vo	ur paid and non-paid wor		6 - Work Experience to the job for which you and	re applying. Do not attach job description.						
1. Job title (if Federal, inc										
2. From (mm/yyyy)	3. To (<i>mm/yyyy</i>)	4. Salary	per	5. Hours per week						
		\$								
6. Employer's name and	address	 Supervisor's name and phone number Name 								
				7b. Phone						
8. May we contact your of	current supervisor? Ye	es No								
If we need to contact your current supervisor before making an offer, we will contact you first.										
9. Describe your duties, announcement numb		ated skills (if you nee	ed to attach additional page	es, include your name, address, and job						
		Castien C Ad	ditional Mark Evenning							
Section C – Additional Work Experience 1. Job title (if Federal, include series and grade)										
2. From (mm/yyyy)	3. To (<i>mm/yyyy</i>)	4. Salary	per	5. Hours per week						
2. 11011 (////////////////////////////////	0. 10 (<i>IIIII y</i> y y y)	\$								
6. Employer's name and	address	 Supervisor's name and phone number Name 								
				7b. Phone						
 May we contact your contact you	urrent supervisor? Yes our current supervisor bef		, we will contact you first.							
9 Describe your duties, a announcement number		ted skills (if you nee	d to attach additional page	es, include your name, address, and job						

Section D – Education										
Upon request from employing Federal agency, y Department of Education, or that y our education attended and earned your degree(s) from this accr	meets the othe	r provisions outlined i	in the OPM Operat	ing Manual. It will	be your respon	sibility to secure the o	ody recognized by the Secretary, U documentation t hat verifies that you			
For a list of postsecondary educational institutions Department of Education Office of Postsecondary					encies recognize	ed by the U .S. Secreta	ry of Education, refer to the U .S.			
For information on Educational and Training Provis	sions of Require	ments, refer to the OF	PM Operating Manu	ial available at <u>htt</u>	p://www.opm.go	v/qualifications /SEC-II/	/ <u>s2-e4.asp</u>			
Do not list degrees received based solely on life ex 1. Last High School (HS)/GED school	•				(n) and yoa	r diploma or CED	raceived:			
	I. Give the s	school's name, c	lity, state, ∠ir		/ii), aliu yea		Teceived.			
2. Mark highest level completed: So		HS/GED	Asso		Bachelor	Master				
 Colleges and universities attended Do not attach a copy of your transport 		requested.	Total Credits Earned Semester Quarter			Major(s)	Degree (if any), Year Received			
3a. Name										
City State	Z	Zip Code								
3b. Name										
City State	Z	Zip Code								
3c. Name										
City State	Z	Zip Code								
			Other Educ							
Do not list degre	es received ba	ased solely on life	experience or ob	tained from scl	hools with little	e or no academic sta	andards.			
		Section	n F – Other C	Juglification	20					
License or Certificate			Latest License			State or O	ther Licensing Agency			
1f.										
2f.										
			n G – Other (•••••						
Job-related training courses (give title and year). Job-related skills (other languages, computer software/hardware, tools, machinery, typing speed, etc.). Job-related honors, awards, and special accomplishments (publication, membership in professional/honor societies, leadership activities. public speaking and performance awards). Give dates, but do not send documents unless requested.										
public	speaking and	performance awa	ius). Olve dates,	but uo not sen		uniess requested.				
			Section H - G	onoral						
Section H - General 1a. Are you a U.S. citizen? Yes No > 1b. If no, give the country of your citizenship.										
2. Do you claim veterans' preference? Yes No Figure If yes, attach DD214 (member 4 copy)										
3. Check this box if you are an adult n	nale born on	or after January	y 1 st 1960, an	d you register	red for Sele	ctive Service betw	veen the ages			
of 18 through 25 ->							-			
4. Were you ever a Federal civilian er 4a. Series		Yes 🔄 No			-	est civilian grade				
4a. Series	4b. Grade		40	. From (<i>mm/</i>	<i>УУУУ)</i>	40. 1	o (mm/yyyy)			
Section I – Applicant Certification										
I certify that, to the best of my knowledge understand that false or fraudulent inform	nation on or a	attached to this a	pplication may b	be grounds for						
punishable by fine or imprisonment. I understand that any information I give may be investigated. 1a. Signature 1b. Date (mm/dd/yyyy)										