

NAF EMPLOYMENT APPLICATION

JOINT REGION MARIANAS GUAM

Tel: 349-1155

NAF Employment Applications may be submitted in person to the NAF Human Resources Office (HRO), Joint Region Marianas, Bldg 203, Halsey Drive, Nimitz Hill or via email to M-GU-JRM-NAFHRO-N9@fe.navy.mil

NAF Employment Applications may be downloaded from our websites at <http://militarymwrguam.com/jobs>

REQUIREMENTS WHEN SUBMITTING APPLICATION PACKET:

1. **TYPE OR PRINT CLEARLY IN BLACK / BLUE INK.**
2. **AGE:** Minimum age for NAF employment is 16 years. Parental/guardian authorization to work is required for ages 16-17 years. Form may be obtained from our NAF Human Resources Office (HRO).
3. **ATTACHED FORMS:** NAF Employment Application or resume is required for each position applied. Please Note: You may submit a resume containing the information required on the NAF Employment Application. If your resume does not include the information required you may lose consideration for a job. Application may be obtained at the HRO or via our websites.
4. **SUPPLEMENTAL FORMS FOR CHILD / YOUTH POSITIONS:** Must be submitted if applying for Child / Youth positions. Forms may be obtained at the HRO or via our websites.
5. **PRIOR MILITARY:** Prior military members are **REQUIRED** to submit a copy of their DD214 (Member-4 Copy).
6. **VETERANS PREFERENCE CLAIM FORM:** Veterans who are claiming preference must submit a Veterans Preference Worksheet with a copy (Member-4) of their DD214. Form may be obtained at the HRO or via our websites.
7. **MILITARY SPOUSE PREFERENCE CLAIM FORM:** Military spouses who are claiming military spouse preference (MSP) must submit a Spouse Preference Claim Form. Form may be obtained at the HRO or via our websites.
8. **CURRENT NAF EMPLOYEES ON LWOP FROM FORMER BASE:** Attach a copy of your LWOP personnel action report (PAR) or AF2545.
9. **DoD / OPM INTERCHANGE AGREEMENT:** Attach a copy of your most recent personnel action (SF50).

If you accept or decline a position through a valid offer, your application will be removed from the applicant supply file (ASF). If you wish to reapply for the same position at a later date, you may do so by submitting a new application packet to the Human Resources Office.

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, type or print "OV" in the State field (Block 6c) and fill in the Country field (Block 6e) below, leaving the Zip Code field (Block 6d) blank.

1. Job title in announcement		2. Grade/Payband		3. Announcement number	
4a. Last name		4b. First name		4c. Middle name	
5a. Mailing address				6. Phone numbers (include area code, if within the United States of America)	
5b. City				5c. State	5d. ZIP Code
5e. Country (if not within the United States of America)				6a. Daytime	
				6b. Evening	
7. Email address (if available)					

Section B - Work Experience

Describe your paid and non-paid work experience related to the job for which you are applying. Do not attach job description.

1. Job title (if Federal, include series and grade)					
2. From (mm/yyyy)		3. To (mm/yyyy)		4. Salary per \$	
				5. Hours per week	
6. Employer's name and address				7. Supervisor's name and phone number	
				7a. Name	
				7b. Phone	
8. May we contact your current supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/> If we need to contact your current supervisor before making an offer, we will contact you first.					
9. Describe your duties, accomplishments and related skills (if you need to attach additional pages, include your name, address, and job announcement number)					

Section C – Additional Work Experience

1. Job title (if Federal, include series and grade)					
2. From (mm/yyyy)		3. To (mm/yyyy)		4. Salary per \$	
				5. Hours per week	
6. Employer's name and address				7. Supervisor's name and phone number	
				7a. Name	
				7b. Phone	
8. May we contact your current supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/> If we need to contact your current supervisor before making an offer, we will contact you first.					
9. Describe your duties, accomplishments and related skills (if you need to attach additional pages, include your name, address, and job announcement number)					

Section D – Education

Upon request from employing Federal agency, you must provide documentation or proof that your degree(s) is from a school accredited by an accrediting body recognized by the Secretary, U.S. Department of Education, or that your education meets the other provisions outlined in the OPM Operating Manual. It will be your responsibility to secure the documentation that verifies that you attended and earned your degree(s) from this accredited institution(s) (e.g., official transcript). Federal agencies will verify your documentation.

For a list of postsecondary educational institutions and programs accredited by accrediting agencies and state approval agencies recognized by the U.S. Secretary of Education, refer to the U.S. Department of Education Office of Postsecondary Education website at <http://www.ope.ed.gov/accreditation/>.

For information on Educational and Training Provisions of Requirements, refer to the OPM Operating Manual available at <http://www.opm.gov/qualifications/SEC-II/s2-e4.asp>

Do not list degrees received based solely on life experience or obtained from schools with little or no academic standards.

1. Last High School (HS)/GED school. Give the school's name, city, state, ZIP Code (if known), and year diploma or GED received:

2. Mark highest level completed: Some HS HS/GED Associate Bachelor Master Doctoral

3. Colleges and universities attended. Do not attach a copy of your transcript unless requested.			Total Credits Earned		Major(s)	Degree (if any), Year Received
			Semester	Quarter		
3a. Name						
City State		Zip Code				
3b. Name						
City State		Zip Code				
3c. Name						
City State		Zip Code				

Section E - Other Education Completed

Do not list degrees received based solely on life experience or obtained from schools with little or no academic standards.

Section F – Other Qualifications

License or Certificate	Date of Latest License or Certificate	State or Other Licensing Agency
1f.		
2f.		

Section G – Other Qualifications

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.

Section H - General

1a. Are you a U.S. citizen? Yes <input type="checkbox"/> No <input type="checkbox"/> →	1b. If no, give the country of your citizenship.
2. Do you claim veterans' preference? Yes <input type="checkbox"/> No <input type="checkbox"/> ⇒ If yes, attach DD214 (member 4 copy)	
3. Check this box if you are an adult male born on or after January 1 st 1960, and you registered for Selective Service between the ages of 18 through 25 ⇒ <input type="checkbox"/>	
4. Were you ever a Federal civilian employee? Yes <input type="checkbox"/> No <input type="checkbox"/> ⇒ If yes, list highest civilian grade for the following:	
4a. Series	4b. Grade
4c. From (mm/yyyy)	4d. To (mm/yyyy)

Section I – Applicant Certification

I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete, and made in good faith. I understand that false or fraudulent information on or attached to this application may be grounds for not hiring me or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated.

1a. Signature	1b. Date (mm/dd/yyyy)
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