



CAMP LEJEUNE NONAPPROPRIATED FUND APPLICATION FOR EMPLOYMENT



EQUAL OPPORTUNITY EMPLOYER

Marine Corps Community Services, Camp Lejeune is a service organization. Our mission is to promote the readiness and retention of Marines and their families by delivering programs, products and services of value to the Camp Lejeune community and to do so in a manner that makes a positive difference in the lives of the people our organization exists to serve.

PLEASE PRINT IN INK

Position Desired: _____ FT ___ PT ___ Flexible ___ Vac Ann/RN# _____

Name: _____ Social Security #: _____ - _____ - _____
(First) (Middle) (Last)

Address: _____
(Street # and Name/Apt #) (City) (State) (Zip Code)

Telephone: Home: _____ Cell: _____ Sex: (For statistics only) Male ___ Female ___

Email: _____ Date of Birth: (For statistics only) Month: ___ Day: ___ Year: ___

Place of Birth: City: _____ County: _____ State: _____

Are you a U.S. Citizen? Yes ___ No ___ If "No", are you a permanent resident alien in the U.S.? Yes ___ No ___

Any relatives employed with MCCS? Yes ___ No ___ If "Yes", list name and position _____

Highest grade level obtained _____ Year completed _____ Degree _____ Major _____

Referral Source: MCCS Website ___ Newspaper ___ Job Posting ___ Job Fair ___ Employee ___ NCESC ___ Walk-In ___ Other ___

In Case of Emergency, please notify _____ Relation _____ Phone #: _____

Address _____
(Street # and Name/Apt#) (City) (State) (Zip Code)

RECORD OF MILITARY SERVICE

Branch of Service: _____ Date entered Service: _____ Date of Discharge/Retirement: _____
Month _____ Year _____ Month _____ Year _____

Are you a retired military member? Yes () No ()

Rank at time of Discharge/Retirement: _____ **A DD-214 (Member 4 Copy) will be required at time of hire**

DO NOT WRITE BELOW THIS LINE – HUMAN RESOURCES OFFICE ONLY

Position Title: _____ FT ___ PT ___ Flexible ___

Series/Grade: _____ Rate of Pay: _____

Bus Unit/Dept: _____ Dept #: _____

PD#: _____ Job Offered By: _____ Date: _____

Comments: _____

Employee ID #: _____ E-Verify Date: _____ By: _____

Gun Control: Yes () No () Drug Testing Position (DTP): Yes () No ()

Status: () Civilian
() Mil Active
() Mil Retired
() Mil Dep Active
() Mil Dep Retired
Others: _____
Date Rec: _____

WORK EXPERIENCE (List all positions held in the last 7 years starting with most recent or present employer)

Employer	Dates Employed	Work Performed
Address	From To	
City State Zip	Hourly Rate/Salary	
Job Title	Starting Final	
Supervisor	Telephone Number(s)	
Reason for Leaving	May we contact the employer prior to extending a conditional offer of employment? Yes ___ No ___	

Employer	Dates Employed	Work Performed
Address	From To	
City State Zip	Hourly Rate/Salary	
Job Title	Starting Final	
Supervisor	Telephone Number(s)	
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Address	From To	
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Job Title	Starting Final	
Supervisor	Telephone Number(s)	
Reason for Leaving		May we contact the employer prior to extending a conditional offer of employment? Yes ___ No ___

ATTACH ADDITIONAL SHEETS IF NEEDED

Comments: You must include explanation of any gaps in employment of three months or more.

PREVIOUS NONAPPROPRIATED FUND EMPLOYMENT: Have you ever been employed by this or any other DOD Nonappropriated Fund Activity? (i.e., Military Exchange, Club, Recreation, Billeting or Child Care Facility) **Yes () No ()**. **Former Non-Appropriated Fund employees must complete all boxes below.**

DATES OF EMPLOYMENT	POSITION TITLE	SERIES/ GRADE	EMPLOYEE STATUS FT/PT/FLX	BRANCH/DIVISION	MILITARY INSTALLATION	REASON FOR LEAVING

Please describe any work experience that you have not listed that may help in evaluating your Knowledge, Skills, and Abilities for the position for which you are applying. _____

Are you willing to work a flexible schedule, which may include weekends, shifts, and/or rotating shifts? **Yes () No ()**
If no, please explain: _____

When can you begin work? _____

OTHER PERSONAL INFORMATION

CRIMINAL RECORD:

A conviction does not necessarily mean that you cannot be employed. The circumstances of the occurrence(s) and when it/they occurred are important. You may omit: (1) Any offense(s) that you committed before your 18th birthday that were processed in a juvenile court under a youth offender law, (2) Any conviction set aside under the Federal Youth Corrections Act or similar authority.

1. Have you ever been **convicted of OR are you currently charged with any felony**? (A felony is defined as a serious offense punishable by imprisonment for a term exceeding one year.) **Yes () No ()**
2. During the past seven years have you been **convicted of any offenses**, imprisoned, on probation or parole? **Yes () No ()**
3. Are you **currently charged with any offense against the law**? This includes misdemeanor charges such as DUI, DWI, worthless checks, simple assault, shoplifting, etc. **Yes () No ()**
4. Are you currently on probation? **Yes () No ()**
5. If you are applying for any child and youth position, have you ever been **arrested for or charged with** a crime involving a child? **Yes () No () or "Not Applicable" ()**. If yes, provide a description of the disposition of the arrest or charge.
6. Are you a Registered Sex Offender in any state or country? **Yes () No ()**
7. While in military service, were you ever convicted by a Court Martial? **Yes () No () or "Not Applicable" ()**

If you answered "Yes" to any of the above questions, please give details below or on separate sheet of paper.

(1) Date of the Offense _____ (2) Charge _____

(3) Where it took place _____ (4) Type of Court/Court Martial _____
 (City) (State)

(5) Action Taken _____ (6) Length of Probation if any _____

ATTENTION – THIS APPLICATION MUST BE SIGNED

Read the following paragraphs carefully before signing the application. A false answer to any question in this application may be grounds for not employing you or for dismissing you after you begin work. All information you give will be considered in reviewing your application.

AUTHORITY FOR RELEASE OF INFORMATION

I have completed this application with the knowledge and understanding that any or all items contained herein may be subject to investigation prescribed by law or regulation and I consent to the release of information concerning my capacity and fitness by employers, educational institutions, law enforcement agencies, and other individuals and agencies to duly accredited investigators, Human Resources Personnel and other authorized employees of the Federal Government for that purpose.

CERTIFICATION

I certify that all of the statements made by me are true and sign this Application under penalty of perjury and understanding the penalty for perjury is a fine or imprisonment for not more than five years, or both pursuant to 18 U. S. C. Sec. 1621 and 18 U. S. C. Sec 3571.

SIGNATURE: _____	DATE: _____
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PRIVACY ACT INFORMATION:
 This form requests certain information pursuant to the Authority of 5 U.S. Code, Section 301, and Executive Order 9397 of 22 November 1943. Submission of the information required by this form is voluntary. This information is needed to help determine how well an applicant's education and work skills qualify them for the job they are applying for, or any other job with the Marine Corps Community Services Division. If an applicant fails to furnish information requested on this form sufficient to make a determination as to your suitability for employment, the application for employment will not be processed. Information is also needed on matters such as citizenship, military service, relatives employed by MCCS Division, felony convictions and other related personal information to see whether applicants are affected by laws and regulations pertinent in deciding who may be employed by this federal employer. Applicants must provide a Social Security Number (SSN) in order to identify them for personnel record keeping purposes because other people may have the same name and birth date. The SSN may also be used to make requests for information about applicants from employers, schools, banks and others/references, but only as allowed by law. The information we collect by using a SSN will be used for employment purposes and for studies and statistics that will not identify the applicant. Information provided on the application may also be given to Federal, State, and local agencies for checking on law violations or for other lawful purposes. Applications are subject to verification by a National Agency Check (NACI) with written inquiries. If the NACI check reveals unfavorable information, the application may be disqualified or if relevant to an employee, may result in termination.

THIS PORTION IS FOR MANAGEMENT OFFICIALS ONLY

SELECTING OFFICIAL AUTHORIZATION TO HIRE

JOB TITLE: _____ **SERIES/GRADE:** _____ **PD#:** _____

STARTING PAY: _____ **COST CENTER:** _____ **FULL TIME:** ___ **PART TIME:** ___ **FLEX:** ___

CHILDCARE: YES () NO () **DRUG TESTING POSITION (DTP):** YES () NO () **GUN CONTROL:** YES () NO ()

DIVISION ACTIVITY: _____ **RWS Code (Retail Only)** _____

SELECTING OFFICIAL SIGNATURE: _____

PRINT NAME: _____ **DATE:** _____ **PHONE #:** _____

COMMENTS: _____

BACKGROUND VERIFICATION DISCLOSURE

As part of the employment process, the Marine Corps Community Services (MCCS) may obtain a Criminal Record Check and/or an investigative Consumer Report. The Fair Credit Reporting Act, codified at 15 U.S.C. sec. 1681 et.seq., as amended by the Fair and Accurate Credit Transactions Act of 2003, Pub. L. No. 108-159, requires that we advise you, that for purposes of employment only, a Consumer Report may be made. This report may include information about your character, general reputation, personal characteristics, or mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided in the event that the report contains information regarding your character, general reputation, personal characteristics, or mode of living.

AUTHORIZATION AND RELEASE

During the application process, and at the time during any subsequent employment, I hereby authorize LexisNexis Screening Solutions Inc., on behalf of the Marine Corps Community Services, to procure a Consumer Report, which I understand may include information regarding my character, general information, personal characteristics, or mode of living. This report may be compiled with information from court record repositories, department of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entries, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my character, general reputation, personal characteristics, or mode of living.

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Applicant/Employee Name

Applicant/Employee Signature

Date

Social Security Number

Date of Birth

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