

NAF EMPLOYMENT APPLICATION FORM



Marine Corps Community Services, MCB Henderson Hall

Equal Opportunity Employer

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 (NAC). If the NAC check reveals unfavorable information, the application may be disqualified or if relevant to an employee, may result in termination.

PRINT IN INK Date: _____

Position applied for: _____ JVN# _____ Full Time Part Time Flex

Full Name: _____ Social Security No.: _____
(First Name) (Last Name)

Address: _____
(Street No. and Name) (City) (State) (Zip Code)

Telephone: _____ Sex (for statistics only): Male Female
(Home and Work)

Date of Birth: _____ Place of Birth: _____
(Month) (Day) (Year)

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

Do you have relatives employed by MCCS? Yes No If "Yes," give names and dept: _____

In case of accident or other emergency, notify: _____
(Name) (Telephone)

EDUCATIONAL QUALIFICATIONS

	Name	City	Year Grad	Degree	Years Completed	Course of Study
HIGH SCHOOL						
COLLEGE						
GRADUATE SCHOOL						
MILITARY SCHOOL						
SPECIAL						

SPECIAL -- Please list any study courses or special classes you have attended, including any special accomplishments and awards you have received: _____

RECORD OF MILITARY EXPERIENCE

Branch of Service: _____ Date Entered Service: _____ Date of Discharge/Retirement: _____

Are you retired military? _____ Rank at time of Discharge/Retirement: _____

If previous Military Service (Discharge or Retirement) please attach copy of form DD214.

DO NOT WRITE IN THIS SPACE - HUMAN RESOURCES OFFICE USE ONLY

Job Title: _____ Regular Full Time FLSA Yes No

Grade/Series: _____ Job Code#: _____ Regular Part Time BU Yes No

Rate of Pay: _____ Per: _____ Flexible BC Yes No

Department #: _____ LB Yes No

Branch: _____ IRC Yes No

Start Work: _____ TO# _____ NAC Yes No

STATE Yes No

EMPLOYMENT HISTORY

List your last three (3) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section. (Attach additional sheet if needed.) The listed supervisors will be contacted for references.

Employer:		
Kind of business:	Phone: ()	From:
Address:		To:
Street	City	State
		Zip
Job title:		Starting Salary
Name of immediate supervisor and title:		\$ _____ Per Hour
Reason for leaving:		Final Salary
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$ _____ Per Hour
Summarize the nature of the work performed and job responsibilities: _____		

Employer:		Dates Employed
Kind of business:	Phone: ()	From:
Address:		To:
Street	City	State
		Zip
Job title:		Starting Salary
Name of immediate supervisor and title:		\$ _____ Per Hour
Reason for leaving:		Final Salary
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$ _____ Per Hour
Summarize the nature of the work performed and job responsibilities: _____		

Employer:		Dates Employed
Kind of business:	Phone: ()	From:
Address:		To:
Street	City	State
		Zip
Job title:		Starting Salary
Name of immediate supervisor and title:		\$ _____ Per Hour
Reason for leaving:		Final Salary
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$ _____ Per Hour
Summarize the nature of the work performed and job responsibilities: _____		

Comments (including explanation of any gaps in employment) _____

Other Personal Information

NOTE: A conviction does not necessarily mean you cannot be employed. The circumstances of the occurrence(s) and how long ago it (they) occurred are important. Give all facts so that a decision can be made. When answering the following questions, you may omit (1) traffic fines, (2) any offense committed before your 18th birthday which was finally adjudicated in a juvenile court or under a youth offender law, (3) any conviction set aside under the Federal Youth Corrections Act or similar authority.

Have you ever been convicted, forfeited collateral, or are you now under charges for any felony or any firearms or explosives offense against the law? (A felony is defined as any offense punishable by imprisonment for a term exceeding one year, but does not include any offense classified under the laws of a State as a misdemeanor which is punishable by a term or imprisonment of two years or less.) Yes No

During the past seven years, have you been convicted, imprisoned, on probation or parole or forfeited collateral, or are you now under charges for any offense against the law not included in the previous question? Yes No

If you are applying for a position working with children and youth, have you ever been arrested for or charged with a crime involving a child? Yes No N/A

While in the military service, were you ever convicted by a General Court-Martial? Yes No N/A

If your answer to any of the above questions is "Yes," give details on reverse side of continuation sheet for each offense: (1) date; (2) charge; (3) place; (4) court; and (5) action taken.

Standards of Employment

MCCS sets high standards for its associates. Compliance with these standards is required. Please carefully consider these requirements before accepting a position with us. As an Associate, you will be expected to comply in full.

CUSTOMER SERVICE	ATTENDANCE/PUNCTUALITY	PERSONAL APPEARANCE
<ul style="list-style-type: none">Treat all customers and fellow employees with courtesy, dignity, respect, and an exceptionally friendly attitude at all times and under all circumstances.	<ul style="list-style-type: none">Always report to work when scheduled and on time.When ill or otherwise unable to come to work as scheduled, you must call your supervisor prior to your scheduled start time.* <p><i>*Note: You are not required to disclose information about a disability when responding to this question.</i></p>	<ul style="list-style-type: none">Maintain a business-like, professional appearance (dress and grooming).Wear your MCCS name badge at all times.

COMPLIANCE

Will you be able to comply with all the standards listed? Yes No If "No," please explain: _____

Attention – This Application Must Be Signed!

Read the following paragraph carefully before signing this 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 the 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 Staffing Specialists and other authorized employees of the Federal Government for that purpose. I understand that failure to complete this application may result in non-consideration for employment with MCCS.

Certification

I make these statements 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 (Sign in ink) _____ Date: _____

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 ChoicePoint Services, 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 and Signature

Date

Social Security Number

Date of Birth



45136

Marine Corps Community Services (MCCS)

Background Request Form

Personal Information...Print capital letters in the boxes. Try not to touch the sides of the boxes.

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

First Name

Middle Name

Last Name

Previous Legal Name

Year Changed

Street Address

How long have you lived at this address?
Months Years

City

State

ZIP

Social Security Number

Date of Birth (month-day-year)

Driver's License Number

State

Previous Addresses for last 5 years...Most Recent First

City

State

ZIP

City

State

ZIP

City

State

ZIP

City

State

ZIP

Client Name (Requestor)

Account

Location

Voice Phone Number

Ext

FAX Phone Number

Esteem-> ● NCRF-> ● SSN Trace-> ● County Criminal-> ●