



NAF EMPLOYMENT APPLICATION FORM
MARINE CORPS COMMUNITY SERVICES (MCCS)
PO. Box 110600 Barstow, CA 92311
OFFICE #: 760-577-6140 FAX #: 760-577-5892

PRIVACY ACT INFORMATION

This form requests certain information to the authority of 5 U.S. Code, Section 301, and Executive Order, 9391 of 22 November 1943. Submission of the information required by this form is voluntary. This information is needed to help determine how well applicant's education and work skills qualify them for the job they are applying for, or any other job with MR/Marine Corps Community Services (MCCS) activities. If an applicant fails to furnish information requested on this form sufficient to make a determination as to suitability for employment, this application form will not be processed. Information is also needed on matters such as citizenship, military service, relatives employed by MR/MCCS activities, felony convictions and other related personal information to see whether applicants are affected by laws and regulations pertinent in deciding whom this federal employer may employ. 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 a request for information about applicants from employers, schools, banks and other references, but only as allowed by law. The information we collect 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 other local agencies for checking on law violations or for other lawful purposes. Applications are subject to verification/background check, to include pre-employment screening. If this reveals unfavorable information, the application may be disqualified or if relevant to an employee, may result in termination

Personal Information (Please Print)		
Name	Social Security Number	
Address	Phone number	Application Date
	Circle one (for statistics only) Male Female	
U.S. Citizen () Yes () No	If no, are you a permanent resident alien in the U.S.? () Yes () No	

Employment Desired	
Position Applying For	Announcement Number
Date Available to Start	Salary Desired

Work Availability	
Hours Available to Work	
() Regular Full Time (34-40 per week)	() Regular Part Time (20-34 per week)
() Flexible (0-40 per week)	() Other (Specify)
Monday : From _____ AM/ PM To _____ AM/ PM	Tuesday: From _____ AM/ PM To _____ AM/ PM
Wednesday: From _____ AM/ PM To _____ AM/ PM	Thursday: From _____ AM/ PM To _____ AM/ PM
Friday: From _____ AM/ PM To _____ AM/ PM	Saturday: From _____ AM/ PM To _____ AM/ PM
Sunday: From _____ AM/ PM To _____ AM/ PM	Additional Comments:

Military Service				
Branch of Service	Date Entered Service	Date of Discharge or Retirement	Final Rank	Honorable Discharge?
If previous military services (discharge or retirement), please attach copy of DD-214			Spousal Preference: () Yes () No	

Education

School	Name & Location	Course of Study	No. of Yrs Completed	Degree/ Diploma
High School				
College				
Graduate/ Business				
Other Education or Training				

List any job related training courses completed (give title and year), and job related skills or honors.

List any job-related professional or technical organizations to which you belong.

Skills (Not all may be necessary for the position that you seek)

List all computer software and hardware you can use.

Typing Speed	Ten Key	Yes	No	Other:
Driver's license #	State	Type	Expiration Date	

Previous Non appropriated Fund (NAF) & Appropriated Fun (APF) Employment

Have you ever been employed by this or any other Department of Defense NAF instrumentalities, APF, or other MCCS Activities?
 Yes No If yes, give dates and places.

Inclusive Dates of Employment	Name of Activity	Military Installation	Job Title

Any relatives employed here at MCCS or MCX Yes No
 If yes, give name(s), relationship(s) and position(s)

Referred By

<input type="checkbox"/> Career Center/EDD	<input type="checkbox"/> Newspaper Ad
<input type="checkbox"/> College	<input type="checkbox"/> On-line Services
<input type="checkbox"/> Friend/Relative	<input type="checkbox"/> Walk-in
<input type="checkbox"/> Other (Specify)	

References (List three references, please do not list relatives as references)

Name	Address/Phone No.	Occupation	Years known

Employment Experience (Start with present or last job)

Employer: _____

Address: _____

Phone No: _____ Reason for Leaving: _____

From: _____ To: _____ Starting Salary: _____ Final Salary: _____

Job Title: _____ Supervisor's Name/Title: _____

Job Title & Brief Description of Duties: _____

Employer: _____

Address: _____

Phone No: _____ Reason for Leaving: _____

From: _____ To: _____ Starting Salary: _____ Final Salary: _____

Job Title: _____ Supervisor's Name/Title: _____

Job Title & Brief Description of Duties: _____

Employer: _____

Address: _____

Phone No: _____ Reason for Leaving: _____

From: _____ To: _____ Starting Salary: _____ Final Salary: _____

Job Title: _____ Supervisor's Name/Title: _____

Job Title & Brief Description of Duties: _____

Additional Qualifications (i.e. Lifeguard, WSI, Child Care)

License or Certificate	Date of latest License or Certificate	State or other licensing agency

Other Personal Information

If you have Civil Service (APF) experience, have you ever received Separation Incentive Pay (SIP)? () YES () NO

If yes, give date received:

A government employee who has received a Voluntary Separation Incentive payment and who accepts employment with the Government of the United States within 5 years after the date of separation on which the payment is based, shall be required to repay the entire amount to the agency that paid the incentive payment.

Have you ever been convicted, forfeited or are you now under charges for any felony, or any firearms or explosives offenses 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

While in the military service, were you ever convicted of a General Court-Martial? () YES () No

If your answer to either of the above questions is "YES", give details for each offense: (1) charge _____

(2) date: _____ (3) place _____ (4) court: _____

(5) action taken: _____

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 the 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 Correction Act or similar authority.

Please provide the following information if you are applying for a Child or Youth position.

Have you ever been arrested for, or charged with a crime involving a child? () YES () NO
(U.S.C. Title 42, Chapter 132, Subchapter V, Section 13041)

If yes, please provide a description of the disposition of the arrest or charge. Please explain on the space provided.

I make these statements and sign this questionnaire under penalty of perjury with the understanding that the penalty for perjury is a fine or imprisonment for not more than five years, or both, pursuant to 18 U.S.C. Section 1621 and 18 U.S.C. Section 3571.

I certify that all of the statements made by me are true, complete and correct to the best of my knowledge and belief, and are in good faith.

Certification and Authority for Release of Information

Read the following information 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 to work. All the information you give will be considered in reviewing your application. Failure to complete this application in its entirety can result in you not being considered.

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 release of information concerning my capacity and fitness to employers, educational institutions, law enforcement agencies, and other individuals and agencies to duly accredited investigators, Personnel Staffing Specialists and other authorized employees of the Federal Government for that purpose.

Applicant's 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 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

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Marine Corps Logistics Base Barstow Vetting and Clearance Letter

1. (U) The vetting process instills confidence in the civilian or contractor employed by MCLBB. Further, the program provides a basis to ensure Anti-terrorism requirements are being fulfilled as prescribed in the MCLBB All Hazards Incident Plan. Vetting of personnel will be conducted annually or upon request. Vetting is performed through an interview by the potential employer. Based on these reviews, assurances can be established that the Vetting Policy is being implemented as intended. The vetting process is specific in scope covering areas such as credential checks. The results of the credential check under the Freedom of Information Act (FOIA) for the purpose of a background investigation for enter onto MCLBB. Information provided will be maintained within the Security and Emergency Services and MCLBB.

1. MCLBB Activity requesting personnel or vehicle pass(es).

MCLBB Activity/Office: _____

Office Location: _____ Building #: _____

POC : _____ Alternate POC: _____

Phone number: _____ E-mail address: _____

2. Company/Contractor Information:

Contractor Company Name: _____

Sub-Contractor's Company Name: _____

Contract Number: _____

Contract Title: _____

Contract Initiation Date: _____ Completion Date: _____

3. Personnel Identification:

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ SSN: _____ - _____ - _____

Date of Birth: ____/____/____ Place of Birth: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____ Sex: _____ Race: _____

Scars or Tattoos: _____

Collection of the information requested by this form is authorized under: National Security Act of 1947; as amended; Public Law 104-134 (April 26, 1996). The information will be used to help make personnel security determinations, including whether to grant or allow access to MCLBB. The data may later be used as part of a review process to evaluate continued eligibility for access.

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4. Vehicle Information:

Make: _____ Model: _____ Year: _____

License number: _____ Vin (last 8): _____

5. General Information:

A. Military ID card holder: Yes: _____ No: _____ Expiration Date: _____

B. Active Duty: _____ Dependant: _____ Retired: _____

C. Have you ever been convicted of any offense to include a traffic violation? Yes: _____ No: _____

If you answer is yes, provide detailed information (date, violation, disposition etc.):

6. Statement of Applicant:: (Please fill out A and initial B-I)

A. I understand I am applying for the position of: _____

And my employer is _____

B. I understand the receipt of a base pass only grants me permission to enter the base to perform the duties in which I am being hired for. _____

C. I understand the only place in which I am authorized to go on base is to my place of employment. _____

D. I understand any violation or non-compliance with MCLBB policies and procedures will result in base privileges being withdrawn. _____

E. I understand I am not an employee of any Federal Agency or Activity and my sole sources of compensation is from my employer. _____

F. I understand that issued ID badges will be worn and visible at all times. _____

G. I will adhere to all California Laws and Base Regulations or directions. _____

H. I will not carry, possess or hold any weapon(s) while on MCLBB. _____

I. I will not be in possession of a camera or any photographic capable device while on MCLBB. _____

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J. Violations of any of the above items or any law or regulations will result in my barment base or legal arrest. _____

K. I hereby certify that I will abide by all federal, state, local and base law or regulation. I further understand I may gain access to MCLBB for employment or for official business only. I also understand myself and my vehicle is subject to search by competent authority while aboard MCLBB. The above information is true and complete to the best of my knowledge. I understand refusal to answer any question or the submission of incorrect or misleading information may be the basis of denying, suspending or revoking my privileges. _____

L. I have a right to work within the United States based upon:

_____ US Citizen

_____ Lawful permanent Resident (LPR) (Green Card)

_____ Work Authorization Card

Signature

Date

Signature of Supervisor
(Supervisor Signature indicates completion of vetting paperwork)

Date

7. MCLBB Police Department Clearance:

A. Local Background Check: Cleared: _____ Derogatory information present: _____

B. Barred to installation: Barred: _____ Not barred: _____

Verifying official (name, grade, title)

Signature

Date

8. Report from Criminal Investigation Division (CID):

A. A criminal record agency check on the above named individual was conducted with the following results: No record: _____ See attached remarks : _____

Verifying official (name, grade, title)

Signature

Date