

APPLICATION FOR NONAPPROPRIATED FUND EMPLOYMENT

For use of this form, see AR 215-3; the proponent agency is DCS, G-1.

FOR AGENCY USE ONLY DATE RECEIVED (YYYYMMDD) STATUS RATER'S INITIALS

DATE (YYYYMMDD)

ELIGIBLE

INELIGIBLE

DATA REQUIRED BY THE PRIVACY ACT OF 1974**AUTHORITY:** 34 U.S. C. 20351; Public Law 101-647 Section 231; DoDI 1402.5; AR 215-3; E.O. 9397 (SSN), as amended.**PRINCIPAL PURPOSE:** To determine your eligibility and qualification for Nonappropriated Fund Employment.**ROUTINE USES:** In addition to those generally permitted under 5 U.S.C. 552(b), as amended, of the Privacy Act, these records or information contained therein may specifically be disclosed outside of DoD as a routine use pursuant to 5. U.S.C. 552a(b)(3) as follows: To the Department of Labor and the Equal Employment Opportunity Commission, to resolve and/or adjudicate matters falling within their jurisdiction; and to labor organizations, in response to requests for names of employees and identifying information.**DISCLOSURE:** Voluntary, however, qualifications cannot be determined without required information. If you do not provide your social security number your application cannot be processed.**CITATION** A0215-3 SAMR, NAF Personnel Records, (June 1, 2000, 65 FR 35054).**INSTRUCTION:** *If additional space is required to document your employment history or to provide a complete response to any question(s) on this form, attach a continuation sheet(s). Include your name, social security number, and vacancy announcement number on each continuation sheet.***SECTION I - PERSONAL INFORMATION**

1. NAME (LAST, FIRST, MIDDLE)	2a. SSN	3. JOB ANNOUNCEMENT NUMBER/TITLE
4. MAILING ADDRESS	2b. DOB (YYYYMMDD)	5. LOWEST ACCEPTABLE SALARY/GRADE
	2c. PLACE OF BIRTH	6. TELEPHONE NUMBERS DAYTIME: EVENING:
7. EMAIL ADDRESS:	8. WORK SCHEDULES YOU ARE WILL TO ACCEPT: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> FLEX-TIME <input type="checkbox"/> TEMP APPT	

SECTION II - WORK EXPERIENCE/HISTORY

9. Describe your paid and non paid work experience related to this job for which you are applying. Do not attach job descriptions. In lieu of completing the below of this application form, you may attach a copy of your resume but please include all of the information requested on this form and in the job announcement.

a. DATE OF EMPLOYMENT (YYYYMMDD) FROM TO	b. TITLE OF POSITION	c. GRADE (If applicable)
d. SALARY INFORMATION STARTING PER ENDING PER \$ \$	e. AVERAGE HOURS PER WEEK	f. SUPERVISOR'S NAME AND TELEPHONE NUMBER
g. NAME OF EMPLOYER (Firm/Organization)	h. ADDRESS (Please include the zip code)	
i. DESCRIPTION OF DUTIES AND ACCOMPLISHMENTS		

j. PLEASE GIVE YOUR REASON FOR LEAVING

10. Describe your paid and non paid work experience related to this job for which you are applying. Do not attach job descriptions. In lieu of completing the below of this application form, you may attach a copy of your resume but please include all of the information requested on this form and in the job announcement.

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d. SALARY INFORMATION STARTING PER ENDING PER \$ \$		e. AVERAGE HOURS PER WEEK		f. SUPERVISOR'S NAME AND TELEPHONE NUMBER	
g. NAME OF EMPLOYER (Firm/Organization)		h. ADDRESS (Please include the zip code)			
i. DESCRIPTION OF DUTIES AND ACCOMPLISHMENTS					
j. PLEASE GIVE YOUR REASON FOR LEAVING					
11. IF CURRENTLY EMPLOYED, MAY WE CONTACT YOUR CURRENT SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO					
12. EDUCATION SELECT HIGHEST LEVEL COMPLETED <input type="checkbox"/> SOME HIGH SCHOOL <input type="checkbox"/> HIGH SCHOOL/GED <input type="checkbox"/> AA <input type="checkbox"/> BA <input type="checkbox"/> BS <input type="checkbox"/> MS <input type="checkbox"/> SOME COLLEGE <input type="checkbox"/> OTHER COLLEGE MAJOR: COLLEGE MINOR: ADVANCED DEGREE CONCENTRATION:					
NAME AND ADDRESS OF LAST SCHOOL ATTENDED:		DATES ATTENDED (YYYYMMDD) FROM TO		GRADUATION DATE AND DEGREE DATE DEGREE	
13. OTHER QUALIFICATIONS/TRAINING -Job-related training courses (give title and year). Job-related skills (other languages, computer software/hardware, tools, machinery, typing speed, etc.). Job-related certificates and licenses (indicate expiration dates).					
14. OTHER ACHIEVEMENTS - Job-related awards, honors, or publications.					
15. GENERAL a. DO YOU CLAIM MILITARY SPOUSE PREFERENCE (MSP)? (If "Yes" attach a copy of sponsor's PCS orders.) <input type="checkbox"/> YES <input type="checkbox"/> NO b. DO YOU CLAIM INVOLUNTARILY SEPARATED MILITARY PREFERENCE (ISMP)? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes", provide date of separation): (YYYYMMDD) c. ARE YOU A CURRENT OR FORMER DoD NONAPPROPRIATED FUND (NAF) EMPLOYEE? (If "Yes", provide dates of service): (YYYYMMDD) FROM TO GRADE/LEVEL INSTALLATION TYPE OF APPOINTMENT					

d. ARE YOU A "PREFERENCE ELIGIBLE" AS DEFINED IN 5 UNITED STATES CODE 2108 (3)-(4)"? <input type="checkbox"/> YES <input type="checkbox"/> NO PERIOD OF ACTIVE DUTY MILITARY SERVICE: (YYYYMMDD) FROM _____ TO _____ TYPE OF DISCHARGE: _____ DATE OF DISCHARGE: (YYYYMMDD) _____ <i>(If "Yes" attach a copy of the latest DD Form 214 that indicates the type of discharge.)</i>			
e. ARE YOU AN ENLISTED MILITARY SERVICE MEMBER APPLYING FOR OFF DUTY EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes" attach a copy of your military Commander's permission to work of duty.)</i>			
f. ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NOT WHAT IS YOUR COUNTRY OF CITIZENSHIP? _____ (PROVIDE YOUR ALIEN REGISTRATION NUMBER _____, OR OTHER PROOF OF AUTHORIZATION FOR EMPLOYMENT IN THE UNITED STATES.)			
FOR OVERSEAS POSITIONS: g. ARE YOU ELIGIBLE FOR FAMILY MEMBER PREFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes" attach a copy of sponsor's PCS orders.)</i> h. IF YOU ARE NOT A UNITED STATES CITIZEN, PROVIDE THE FOLLOWING ADDITIONAL INFORMATION SO THAT WE CAN DETERMINE YOUR ELIGIBILITY FOR EMPLOYMENT IN THE HOST NATION. COUNTRY OF CITIZENSHIP: _____			
16. REFERENCES: <i>List two persons NOT RELATED to you who can furnish information on you qualifications and character. Do not repeat names of supervisors.</i>			
FULL NAME	ADDRESS (Complete with Zip Code)	TELEPHONE NUMBER	OCCUPATION
17. WITHIN THE LAST FIVE YEARS, HAVE YOU BEEN FIRED FROM ANY JOB FOR ANY REASON, OR RESIGNED FROM A JOB AFTER BEING TOLD THAT YOU WOULD BE FIRED OR LEFT ANY JOB BY MUTUAL AGREEMENT BECAUSE OF A SPECIFIED PROBLEM? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If "Yes", give details, i.e. employer, address, approximate date, and reason for each case.</i>			
18. HAVE YOU EVER BEEN CONVICTED OF ANY OFFENSE AGAINST THE LAW OR FORFEITED COLLATERAL OR ARE YOU NOW UNDER CHARGES FOR ANY OFFENSE AGAINST THE LAW? (YOU MAY OMIT: (a) TRAFFIC FINES OF \$300 OR LESS, (b) ANY VIOLATION OF LAW COMMITTED BEFORE YOUR 16TH BIRTHDAY, (c) ANY VIOLATION OF LAW COMMITTED BEFORE 18TH BIRTHDAY IF FINALLY DECIDED IN JUVENILE COURT OR UNDER A YOUTH OFFENDER LAW, (d) ANY CONVICTION SET ASIDE UNDER THE FEDERAL YOUTH CORRECTIONS ACT OR SIMILAR STATE LAW, AND (e) ANY CONVICTION FOR WHICH THE RECORD WAS EXPUNGED UNDER FEDERAL OR STATE LAW. <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If "Yes", give details.</i>			
a. DATE	b. CHARGE/OFFENSE	c. PLACE	
d. COURT	e. DISPOSITION		
19. ARE ANY OF YOUR RELATIVES			
a. EMPLOYED BY A NONAPPROPRIATED FUND ACTIVITY?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
b. EMPLOYED BY THE FEDERAL GOVERNMENT?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
c. MILITARY ON ACTIVE DUTY?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
d. IF "YES", LIST NAMES, RELATIONSHIP, POSITION, AND ORGANIZATION:			

20. DO YOU RECEIVE OR HAVE YOU APPLIED FOR RETIREMENT PAY, PENSION, OR OTHER COMPENSATION BASED ON MILITARY, APPROPRIATED OR NONAPPROPRIATED FUND SERVICE? HAVE YOU RECEIVED VOLUNTARY SEPARATION INCENTIVE PAY (VSIP)?

☐ YES ☐ NO

If "Yes" to either, give details:

ALL APPOINTMENTS ARE MADE SUBJECT TO A SATISFACTORY BACKGROUND INVESTIGATION. APPOINTMENT MADE TO POSITIONS WHERE CASH IS HANDLED MAY BE SUBJECT TO FIDELITY BONDING REQUIREMENTS. ALL INFORMATION YOU PROVIDE IS SUBJECT TO INVESTIGATION, INCLUDING A CHECK OF YOUR FINGERPRINTS, POLICE RECORDS, AND FORMER EMPLOYERS. APPOINTMENT TO POSITIONS IN CHILD AND YOUTH SCHOOL SERVICES, OR OTHER CHILD CARE SERVICES POSITIONS REQUIRES COMPLETION OF CRIMINAL HISTORY BACKGROUND CHECKS.

21. FOR APPLICANTS SEEKING EMPLOYMENT IN CHILD CARE SERVICES POSITIONS ONLY:

TITLE 42 U.S.C. 13041, PUBLIC LAW 101-647, SECTION 231 AND DODI 1402.5, PARA 1b, ARMY DIRECTIVE 2014-23, ENCL 3, PARA 4F.

a. HAVE YOU EVER BEEN ARRESTED FOR OR CHARGED WITH A CRIME INVOLVING A CHILD? ☐ YES ☐ NO

b. HAVE YOU EVER BEEN ASKED TO RESIGN BECAUSE OF OR BEEN DECERTIFIED FOR A SEXUAL OFFENSE? ☐ YES ☐ NO

If "Yes", provide a description of the case disposition.

By my signature below I acknowledge that I have been notified of the employer's obligation to require a record check as a condition of my employment, of my right to obtain a copy of the criminal history report made available to the employing agency, and of my right to challenge the accuracy and completeness of any information contained in the report.

I declare under penalty of perjury that the information contained in this application form and any attachments or other documents submitted in connection with this application are true, correct and complete to the best of my knowledge, information and belief. I understand that providing false or fraudulent information may be grounds for not hiring me, or for taking adverse action against me, including removal, if I have already begun work. Under 18 U.S. Code Section 1001 the federal punishment for perjury is fine or imprisonment for up to 5 years or 8 years, if the offense involves international or domestic terrorism, or both. I consent to the release of information about my ability and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists and other authorized employees or representatives of the Department of Army. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

22. SIGNATURE

23. DATE (YYYYMMDD)

DA FORM 3433, CONTINUATION SHEET

1. NAME (LAST, FIRST, MIDDLE)

2. SSN

3. JOB ANNOUNCEMENT NUMBER/TITLE