

## JOB APPLICATION

### POSITION INFORMATION

**VACANCY NUMBER**

**ANNOUNCEMENT NUMBER**

**OPEN PERIOD**

11923207

C2SCNAFCY2311923207SR

04/12/2023 to 12/27/2023

**PAY PLAN / SERIES / GRADE**

**POSITION TITLE**

CY-1702-2

Lead Child and Youth Program Assistant (Level 5) CY-02

### BIOGRAPHIC INFORMATION

\* Required

**Name**

First \*

Middle

Last (Family/Surname) \*

Suffix (Sr, Jr, III, etc.)

**Mailing Address**



*Use Standard State Postal Code (abbreviations). If outside the United States of America, and you do not have a military address, print "OV" in State and fill in Country, leaving Postal Code blank.*

Street Address \* (House Number, Street, Apartment, Company, Suite, Unit)

City \*

State / Territory / Province

Postal Code \*

Country

Phone \* (at least one is required)

\* Required

Day

Evening

Mobile

DSN

Country of Citizenship \*

Email Address \* (e.g., my\_email@domain.com)

Date of Birth \* (mm/dd)

Last 4 Digits of SSN \*

## Eligibilities

\* Required

1. Have you been (or are you the family member of a Servicemember who was) involuntarily separated from the Armed Services with an honorable or general under honorable conditions discharge within the last year? For the purposes of this eligibility, a family member is either: (1) the spouse of a military Servicemember or civilian employee; or (2) unmarried widow(er) of a member of the uniformed Service; or (3) unmarried child of a sponsor who either: (a) has not passed their 23rd birthday; or (b) is incapable of self-support because of a mental or physical incapacity that existed before that birthday; or (c) has not passed their 23rd birthday and is enrolled in a full-time course of study in an institution of higher learning approved by a Secretary of an executive department specified in 10 USC 111, and is (or was at the time of the member's or former member's death) in fact dependent on the sponsor for over one-half of his or her support. If claiming yes, a copy of the DD 214 (member 4 or service 2 copy) or equivalent must be uploaded with your application to receive preference. For additional information, please copy and paste this URL: <https://publicfileshare.chra.army.mil/Applicants/NAF%20Applicant%20Information%20Kit.pdf> \*

Yes

No

2. (1) Are you the wife or husband of an active duty military member of the U.S. Armed Forces, including the U.S. Coast Guard and the full time National Guard or Reserves AND your marriage occurred PRIOR to the service member's relocation via a Permanent Change of Station (PCS) move to the military sponsor's new duty station? If claiming yes, please upload a copy of the sponsor's PCS Orders listing the applicant by name. If the PCS Orders do not list the applicant by name, additional documentation may be requested from the NAF Human Resources Office to further validate the eligibility claim. OR (2) Are you the wife or husband of a service member whose retirement or separation was based either on (a) 100% disability, or (b) death of the service member killed while on active duty? Note: Spouses seeking preference in conjunction with a PCS move and their military sponsor was killed while on active duty must submit documentation (a) verifying marriage (i.e., marriage license or other documentation), (b) showing the service member was released or discharged from active duty due to his or her death while on active duty, and (c) a statement that he or she is an unremarried widow or widower of the service member. For additional information, please copy and paste this URL: <https://publicfileshare.chra.army.mil/Applicants/NAF%20Applicant%20Information%20Kit.pdf> \*

Yes

No

3. Are you a Department of Defense (DoD) Nonappropriated Fund (NAF) employee separated by a business-based action within the last year? If claiming yes, a copy of the DA Form 3434 or notice of separation due to business based action must be uploaded with your application to receive priority consideration. For additional information, please copy and paste this URL: <https://publicfileshare.chra.army.mil/Applicants/NAF%20Applicant%20Information%20Kit.pdf> \*

Yes

No

4. Are you a current Department of the Defense (DoD) Appropriated Fund employee serving in a continuous position with at least one year of continuous Department of the Defense (DoD) APF service? If claiming yes, a copy

of your most recent Personnel Action (e.g. SF 50 or equivalent) will be requested to validate this claim. Note: If you cannot provide a copy of your recent personnel action at the time of application, then your resume must clearly support your claim. For additional information, please copy and paste this URL: <https://publicfileshare.chra.army.mil/Applicants/NAF%20Applicant%20Information%20Kit.pdf> \*

Yes

No

5. Are you a current or former Department of the Defense (DoD) Nonappropriated Funds (NAF) employee? If claiming yes, a copy of your most recent Personnel Action (e.g. DA Form 3434, or equivalent) will be requested to validate this claim. Note: if you cannot provide a copy of the DA Form 3434 with your application, your resume must clearly indicate your NAF experience. For additional information, please copy and paste this URL: <https://publicfileshare.chra.army.mil/Applicants/NAF%20Applicant%20Information%20Kit.pdf> \*

Yes

No

6. Are you a Veteran (as defined by 5 USC 2108)? If claiming yes, a copy of the DD 214 (member 4 or service 2 copy) or equivalent must be uploaded with your application to validate this claim. For additional information, please copy and paste this URL: <https://publicfileshare.chra.army.mil/Applicants/NAF%20Applicant%20Information%20Kit.pdf> \*

Yes

No

7. Are you the parent of a Veteran (as defined by 5 USC 2108) who was (1) permanently and totally disabled and (a) your spouse is totally and permanently disabled, or (b) you are unmarried or, if married, legally separated from your spouse? OR Are you the parent of a veteran was killed in action under honorable conditions while serving in the Armed Forces (as defined by 5 USC 2108)? If claiming yes, you will need to provide proof to validate this claim prior to a tentative job offer. For additional information, please copy and paste this URL: <https://publicfileshare.chra.army.mil/Applicants/NAF%20Applicant%20Information%20Kit.pdf> \*

Yes

No

8. Are you the spouse of a Veteran (as defined by 5 USC 2108) who was (a) disabled and (b) the service member has been unable to qualify for any appointment in the civil service or in the government of the District of Columbia? OR Are you the unremarried widow/widower of a Veteran (as defined by 5 USC 2108) killed in action? If claiming yes, you will need to provide proof to validate this claim prior to a tentative job offer. For additional information, please copy and paste this URL: <https://publicfileshare.chra.army.mil/Applicants/NAF%20Applicant%20Information%20Kit.pdf> \*

Yes

No

## Preferences

\* Required

1. Select the location(s) you want to be considered for. You must choose at least one location. \*

Fort Shafter, Hawaii United States

Honolulu, Hawaii United States

Schofield Barracks, Hawaii United States

Wahiawa, Hawaii United States

## Provide Two (2) References

\* Required

1. In the narrative below, list two persons NOT related to you who can furnish information on your qualifications and character. Provide full name, address (complete with zip code), telephone number and occupation for each reference. Do not repeat names of supervisors. \*

**Regular and Recurring Contact with Children** \* Required

**Please answer the next two questions. Each question is followed by a narrative text box where you will be required to type in your response as well as additional information that may be required. Please read each question carefully before responding. \***

**1. 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 or positions designated as having regular and recurring contact with children requires completion of criminal history background checks. Public Law 101-647, Section 231, DoD 1402.5, Para E7.4.1 and Army Directive 214-3, Enclosure 3 Paragraph 1 and Paragraph 4 (f) requires that each applicant complete a statement that answers the following question: Have you ever been arrested for or charged with a crime involving a child? If 'Yes', provide a description of the case disposition. By my electronic 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. In the narrative below, please answer this question: Have you ever been arrested for or charged with a crime involving a child? Then: a. If typing 'Yes', also provide a description of the case disposition and then type your full legal name. b. If typing 'No', also type your full legal name \***

2. 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 or positions designated as having regular and recurring contact with children requires completion of criminal history background checks. Public Law 101-647, Section 231, DoD 1402.5, Para E7.4.1 and Army Directive 214-3, Enclosure 3 Paragraph 1 and Paragraph 4 (f) requires that each applicant complete a statement that answers the following question: Have you ever been asked to resign because of or been decertified for a sexual offense? By my electronic 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. In the narrative below, please answer this question: Have you ever been asked to resign because of or been decertified for a sexual offense? Then: a. If typing 'Yes', also provide a description of the case disposition and then type your full legal name. b. If typing 'No', also type your full legal name \*

**Non-US National (Tier 1 Investigations or Higher)** \* Required

Please read the following question carefully and indicate your response. \*

1. Are you a non-U.S. National who has resided in the United States (or U.S. Territories) for less than 3 years? \*

Yes

No

## Off Duty Enlisted

\* Required

**1. Are you an Enlisted Military Service Member applying for off-duty employment? (If "Yes" a copy of your military Commander's permission to work off duty will be required prior to an offer of employment.) \***

- Yes  
 No

## Area of Consideration

\* Required

**1. Do you live within the local commuting area? (Spouse Employment Preference (SEP), who are moving to the area in the next 30 days, and Involuntarily Separated Military Preference (ISMP) eligible candidates are included in the area of consideration.) Commuting area means: ON THE ISLAND OF OAHU, HI. Note: If you are a Military Spouse moving into the area within 30 days, please response to this question 'Yes'. PCS Orders must be submitted to verify Military Spouse Preference. \***

- Yes  
 No

## Highly Qualified

\* Required

**1. Do you possess at least one of the following highly qualified criteria? 1. Experience assisting with childcare or youth program national accreditation processes. 2. Experience participating in multi-disciplinary or higher-level child/youth program inspections. 3. Experience working with varying age groups (early childhood, school age, youth). 4. Experience leading or mentoring lower level childcare/youth program staff. NOTE: This experience must be clearly stated within your resume to be considered for Highly Qualified status. \***

- Yes  
 No

## Assessment 1

\* Required

**Thank you for your interest in Lead Child and Youth Program Assistant with the Nonappropriated Fund Instrumentalities. Please respond to the questions below. \***

**1. Do you possess a high school diploma, General Education Degree/Diploma (GED) certificate, or equivalent? \***

- A. Yes  
 B. No

**2. Can you communicate effectively in English, both orally and in writing? \***

- A. Yes  
 B. No

**3. Do you have two (2) years of specialized experience working in a group program with children or youth PLUS an associate's degree or at least 60 semester hours with a major course of study (24 semester hours) with content directly related to the age group to which assigned, for example: Child Development Centers: Early Childhood Education/Child Development, Elementary Education, Special Education. School Age: Elementary Education, Child Development, Youth Development, Special Education. Youth Services: Youth Development, Secondary Education, Human Development, Youth Program Administration, Recreation, Physical Education, or directly-related behavioral or cultural science (developmental psychology, child psychology/sociology, sociology of the family, gender identity, parenting)? Note: General psychology/sociology coursework is not qualifying. \***

- A. Yes  
 B. No

**4. Do you possess and maintain one of the following directly related to the age group of the position to which assigned: Child Development Associate (CDA) Credential, Military School Age Credential, Army Youth Practicum or other nationally recognized Youth Development Credential? \***

- A. Yes

B. No

**5. Do you have a bachelor's Degree or at least 120 semester hours with a major course of study (24 semester hours) with content as indicated above? \***

A. Yes

B. No

**6. Will you be at least 18 years of age at the time of appointment? \***

A. Yes

B. No

**7. Can you lift and carry up to 40 pounds? \***

A. Yes

B. No

**8. Can you walk, bend, stoop, and stand on a routine basis? \***

A. Yes

B. No

**9. Can you travel to on and off post locations, if required? \***

A. Yes

B. No

**10. Can you work irregular hours, evenings, and/or weekends? \***

A. Yes

B. No

**11. Can you perform duties that involve working both indoors and outdoors? \***

A. Yes

B. No

**12. Do you have experience assisting with childcare or youth program national accreditation processes? \***

A. Yes

B. No

**13. Do you have experience participating in multi-disciplinary or higher level child/youth program inspections? \***

A. Yes

B. No

**14. Do you have experience working with varying age groups (early childhood, school age, youth)? \***

A. Yes

B. No

**15. Do you have experience leading or mentoring lower level childcare/youth program staff? \***

A. Yes

B. No

**16. Your responses to the Eligibility Assessment and Occupational Questionnaire, along with your resume and all supporting documentation are subject to evaluation and verification to ensure accuracy. Please take this opportunity to review your responses to ensure their accuracy. \***

A. Yes, I verify that all of my responses to this questionnaire are true and accurate. I accept that if my supporting documentation and/or later steps in the selection process do not support one or more of my responses to the questionnaire that my application may be rated lower and/or I may be removed from further consideration.

B. No, I do not accept this agreement and/or I no longer wish to be considered for this position.

**Select the supporting documents you wish to include in your application.** (Choose all that apply)

The following is a list of supporting documents accepted for this position. You may include one or more documents for each document type.

Please note that while you may submit an application without submitting all **required** documents, failure to submit **required** documents may adversely affect your consideration for this position.

### Accepted Documents

- |   |   |
|---|---|
| <input type="checkbox"/> Cover Letter                 | <input type="checkbox"/> Transcript               |
| <input type="checkbox"/> DD-214/ Statement of Service | <input type="checkbox"/> Disability Letter (VA)   |
| <input type="checkbox"/> Other (1) *                  | <input type="checkbox"/> Other (3)                |
| <input type="checkbox"/> Other (2)                    | <input type="checkbox"/> PCS Orders               |
| <input type="checkbox"/> Resume *                     | <input type="checkbox"/> Proof of Marriage Status |

### VERIFY

I certify, to the best of my knowledge and belief, all the information submitted by me with my application for employment is true, complete, and made in good faith, and that I have truthfully and accurately represented my work experience, knowledge, skills, abilities and education (degrees, accomplishments, etc.). I understand that the information provided may be investigated. I understand that misrepresenting my experience or education, or providing false or fraudulent information in or with my application may be grounds for not hiring me or for firing me after I begin work. I also understand that false or fraudulent statements may be punishable by fine or imprisonment (18 U.S.C. 1001).

Applicant Signature