VACANCY NUMBER

11395572

Army Installation Management Command

ANNOUNCEMENT NUMBER

O4NAFEW2211395572SR

JOB APPLICATION

PAY PLAN / SERIES / GRADE NA-3502-2	POSITION TITLE Laborer NA-02	
BIOGRAPHIC INFORMATION		* Required
Name		
First *		
Middle		
Last (Family/Surname) *		
	breviations). If outside the United States of America, and you t "OV" in State and fill in Country, leaving Postal Code blank. t, Apartment, Company, Suite, Unit)	
City *		
State / Territory / Province Post	al Code *	
Country		, ,

OPEN PERIOD

02/15/2022 to 06/30/2022

Phone	ne * (at least one is required)	* Required
Day	Evening	
Mobile	le DSN	
Count	ntry of Citizenship *	
Email	il Address * (e.g., my_email@domain.com) Date of Birth *	(mm/dd) Last 4 Digits of SSN *
Eligi	gibilities	* Required
1. Have y	e you been involuntarily separated from the Armed Services with an honorable or general under hoi	·
If claimir	ning yes, a copy of the DD 214 (member 4 or service 2 copy) or equivalent must be uploaded with you onal information, please copy and paste this URL: https://publicfileshare.chra.army.mil/Applicants/N	ur application to receive preference. For
Yes		70207ppiloant/020momation/020mt.par
○ No		
_	re you the wife or husband of an active duty military member of the U.S. Armed Forces, including th	e U.S. Coast Guard and the full time National
sponsor' applican you the v killed wh must suk discharg service n	or Reserves AND your marriage occurred PRIOR to the service member's relocation via a Permanent or's new duty station? If claiming yes, please upload a copy of the sponsor's PCS Orders listing the apart by name, additional documentation may be requested from the NAF Human Resources Office to e wife or husband of a service member whose retirement or separation was based either on (a) 100% while on active duty? Note: Spouses seeking preference in conjunction with a PCS move and their miubmit documentation (a) verifying marriage (i.e., marriage license or other documentation), (b) short ged from active duty due to his or her death while on active duty, and (c) a statement that he or she member. For additional information, please copy and paste this URL: https://publicfileshare.	plicant by name. If the PCS Orders do not list the further validate the eligibility claim. OR (2) Are disability, or (b) death of the service member litary sponsor was killed while on active duty wing the service member was released or is an unremarried widow or widower of the
20Inform Yes	rmation%20Kit.pdf *	
○ No		
_	, you a Department of Defense (DoD) Nonappropriated Fund (NAF) employee separated by a busines:	s-based action within the last year? If claiming
consider	copy of the DA Form 3434 or notice of separation due to business based action must be uploaded wi eration. For additional information, please copy and paste this URL: https://publicfileshare.chra.arm rmation%20Kit.pdf *	
O Yes	s	
○ No		
Departm validate your clai	you a current Department of the Defense (DoD) Appropriated Fund employee serving in a continuous ment of the Defense (DoD) APF service? If claiming yes, a copy of your most recent Personnel Action te this claim. Note: If you cannot provide a copy of your recent personnel action at the time of applic aim. For additional information, please copy and paste this URL: https://publicfileshare.chra. rmation%20Kit.pdf *	n (e.g. SF 50 or equivalent) will be requested to ation, then your resume must clearly support
O Yes	s	
○ No		
Personne your app	you a current or former Department of the Defense (DoD) Nonappropriated Funds (NAF) employee? Inel Action (e.g. DA Form 3434, or equivalent) will be requested to validate this claim. Note: if you ca pplication, your resume must clearly indicate your NAF experience. For additional informatio fileshare.chra.army.mil/Applicants/NAF%20Applicant%20Information%20Kit.pdf *	nnot provide a copy of the DA Form 3434 with
O Yes	s	
○ No		
your app	you a Veteran (as defined by 5 USC 2108)? If claiming yes, a copy of the DD 214 (member 4 or service opplication to validate this claim. For additional information, please copy and paste this URL: h 20Applicant%20Information%20Kit.pdf *	
O Yes	s	
○ 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 \$\pi\$4160; 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. \$\pi\$160; For additional information, please copy and paste this URL: https://publicfileshare.chra.army.mil/Applicants/NAF%20Applicant%20Information%20Kit.pdf *
○ Yes
○ No
Area of Consideration * Required
1. Do you live within the local commuting area? Commuting area means: ON THE ISLAND OF OAHU . NOTE: If you are a Military Spouse moving into the area within 30 days, please respond to this question with 'Yes'. <u>PCS Orders must be submitted to verify Military Spouse Preference.</u>
○ Yes
○ No
Flexible Position * Required
1. Are you willing to accept flexible status employment (no guarantee of scheduled hours and no benefits)? *
○ Yes
○ No
Assessment 1 * Required
Thank you for your interest in Laborer with the Nonappropriated Fund Instrumentalities. Please respond to the questions below.
1. Do you know how to use equipment (e.g., lawn mowers, leaf blowers, edges and trimmers, scrubbers and buffers, steam cleaners and vacuums etc)? *
○ A. Yes
◯ B. No
2. Do you know how to maintain and perform routine maintenance (e.g. cleaning lawn mowers, oiling parts on power equipment etc)? *
○ A. Yes
◯ B. No
3. Can you perform simple manual duties (ex: moving equipment, objects weighing 40 lbs. etc)? *
○ A. Yes
○ B. No
4. Are you able to lift and carry items weighing up to 50 pounds? *
○ A. Yes
O B. No
5. Can you stand, walk, bend and kneel for lengthy periods of time? *
○ A. Yes
O B. No
6. 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

* Required **Documents** 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** SF-50/ Notification of Personnel **Cover Letter** Action Other (3) DD-214/ Statement of Service **PCS Orders** Other (1) Other (2) Resume * 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