

# Army Installation Management Command

## JOB APPLICATION

<b>VACANCY NUMBER</b> 11344831	<b>ANNOUNCEMENT NUMBER</b> O4NAFEW2211344831SR	<b>OPEN PERIOD</b> 01/05/2022 to 12/29/2022
<b>PAY PLAN / SERIES / GRADE</b> NF-0189-2	<b>POSITION TITLE</b> Recreation Assistant (Lifeguard/Pool Operator) NF-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 Numer, Street, Apartment, Company, Suite, Unit)

City \*

State / Territory / Province

Postal Code \*

Country

\* Required

Country of Citizenship \*

**Email Address \*** (e.g., my\_email@domain.com) **Date of Birth \*** (mm/dd) **Last 4 Digits of SSN \***

## Eligibilities

\* Required

☐ Yes☐ No☐ Yes☐ No☐ Yes

☐ No

☐ Yes☐ No☐ Yes

☐ No

☐ 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

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

☐ Schofield Barracks, Hawaii United States

☐ Tripler Army Medical Center, Hawaii United States

## 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'. **Marriage Certificate and PCS Orders must be uploaded with application package to verify this claim.** \*

☐ Yes

☐ No

## Flexible Appointment

\* 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 a Recreation Assistant (Lifeguard/Pool Operator) position with the Nonappropriated Funds Instrumentalities. Please respond to the question(s) below.

1. Do you currently have (or in the process of obtaining) and can maintain an American Red Cross "Lifeguard" certification or nationally recognized equivalent i.e. Ellis & Associates Lifeguard Certification? \*

☐ A. Yes

☐ B. No

2. Do you currently have (or in the process of obtaining) and can maintain an American Red Cross "Cardio-Pulmonary Resuscitation for the Professional Rescuer" (CPR-Pro) certification or nationally recognized equivalent i.e. Ellis & Associates (CPR) Certification? \*

☐ A. Yes

☐ B. No

3. Do you currently have (or in the process of obtaining) and can maintain an American Red Cross "Automated External Defibrillator" (AED) certification or nationally recognized equivalent i.e. Ellis & Associates AED certification? \*

☐ A. Yes

☐ B. No

4. Are you willing to obtain a current and valid American Red Cross Lifeguard Instructor or nationally recognized equivalent i.e. Ellis & Associate Lifeguard Instructor Certification; OR American Red Cross Water Safety Instructor or nationally recognized equivalent i.e. Star Guard Water Safety Instructor Certification within 6 months of employment? \*

☐ A. Yes

☐ B. No

5. Are you willing to work irregular duties or when needed for special recreational events and related requirements? \*

☐ A. Yes

☐ B. No

6. Are you willing to work hours that may involve weekend, weekdays, holidays and night duty?<br> \*

☐ A. Yes

☐ B. No

7. 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.<br> \*

☐ 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.

## Documents

\* Required

**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

☐ Cover Letter

☐ DD-214/ Statement of Service

☐ Other (1)

☐ Other (2)

☐ Resume \*

☐ SF-50/ Notification of Personnel Action

☐ Other (3)

☐ Other (4)

☐ PCS Orders

## 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