Army Installation Management Command

JOB APPLICATION

11344831 O4NAFEW2211344831SR O1/05/2022 to 12/29/2022 PAY PLAN / SERIES / GRADE POSITION TITLE NF-0189-2 Recreation Assistant (Lifeguard/Pool Operator) NF-02 BIOCRAPHIC INFORMATION * Required Name * First *			
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State / Territory / Province Postal Code *			
State / Territory / Province Postal Code *			
	City *		
Country	State / Territory / Province	Postal Code *	
Country			
	Country		

Phone * (at least one is 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

* Required

1. Have you been involuntarily separated from the Armed Services with an honorable or general under honorable conditions discharge within the last year? 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 *

Y	es
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\sim	/	
C)	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 *

Ο	Yes
\bigcirc	Y

🔿 No

Preferences

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

1. Do you live within the local commuting area? Commuting area means: <u>ON THE ISLAND OF OAHU</u></ strong>. NOTE: If you are a Military Spouse moving into the area within 30 days, please respond to this question with 'Yes'.<u> Marriage Certificate and PCS Orders must be uploaded with application package to verify this claim.</u>
bp;*

⊖ Yes

🔿 No

Flexible Appointment

1. Are you willing to accept flexible status employment (no guarantee of scheduled hours and no benefits)?*

⊖ Yes

() No

Assessment 1

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

🔵 A. Yes

🔵 B. No

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

* Required

* Required

* Required

* Required

() A. Yes	\bigcirc		162
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🔿 B. No

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

A. Yes

🔵 B. No

\cap	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
\bigcirc	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	SF-50/ Notification of Personnel Action	
DD-214/ Statement of Service	Other (3)	
Other (1)	Other (4)	
Other (2)	PCS Orders	
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		