

Summer Hire Program Application Package

To be considered for employment, all items listed below must be completed, signed where applicable, and returned to the Civilian Human Resources Offices.

Deadline to submit complete application package is Friday 18 March 2011

- Application for Summer Hire Program
- Form I-9 (Section 1, employee Information & Verification Only)
- Copy of Sponsor's Orders or Area Clearance (Student's name must be annotated on document)
- Copy of Social Security Card
- Copy of dependent Identification Card
- Copy of U.S. Passport/Visa with Photo and SOFA Stamp
- Standard Form 181 Ethnicity and Race Identification
- Standard Form 256 Self-Identification of Handicap (Complete top line)
- Form 1199A Direct Deposit Sign-Up Form
- Form W-4 (2010) (Complete items 1-7 and sign/date)
- Form 306 Declaration of Federal Employment
- Form 144 Statement of Prior Federal Service
- Bedrock Standards of Conduct
- Foreign Language Proficiency Form
- Statement of Understanding
- Condition of Employment Statement
- Proof of School Registration

CHRO is not authorized to make any copies.

If you have any questions, please call the Summer Hire Coordinator, Misao Shiomura at 253-3455 or stop by the Civilian Human Resources Office, building 1, room 104.

**ALL REQUIRED DOCUMENTS MUST BE SUBMITTED WITH THE
APPLICATION PACKAGE.
INCOMPLETE APPLICATION WILL NOT BE ACCEPTED**

APPLICATION FOR SUMMER HIRE PROGRAM

(PERSONAL DATA – PRIVACY ACT OF 1974)

STUDENT BACKGROUND INFORMATION

1. Student Name (Last, First, MI):		2. Student SSN (see Note 1)	3. DOB (MM/DD/YYYY)	CHRO Use Only Session: 1 2 Age: _____
4. Home Telephone:	5. Mailing Address: (APO/FPO)	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Place of Birth (City and State)	
6. Home Address (Physical address):				

SPONSOR INFORMATION

7. Sponsor's Name (Last, First MI):	8. Sponsor's SSN:	9. Sponsor's Work Telephone:	10. Sponsor's DEROS
11. Sponsor's Organization Address:		12. Sponsor's E-mail Address:	

EMERGENCY NOTIFICATION INFORMATION

13. Alternate emergency point of contact (Not the Sponsor):	14. Work Telephone:	15. Home Telephone:
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STUDENT EDUCATION

16. Education: (Grade)	Are you a full-time student? (Indicate high school)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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EMPLOYMENT HISTORY AND SPECIAL SKILLS

17. Have you ever worked for the Summer Hire Program in Iwakuni?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, when?
18. Do you speak any foreign languages? (If Yes, which languages)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19. Please indicate special skills that you have in working with computers.	20. How many words per minute can you type?	
	21. What extra-curricular activities or sports do you play or participate in?	

WORK EXPERIENCE

22. Job #1: Name of Company/Organization you worked for:	Dates of Employment:	Name of Supervisor/Telephone:
Tell us what you did:		
23. Job #2: Name of Company/Organization you worked for:	Dates of Employment:	Name of Supervisor/Telephone:
Tell us what you did:		

Applicant:
I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government.

24. Student Signature:	25. Date:
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Notes:

1. Block 2, Student SSN: The student's SSN must be verified. Acceptable documentation is the original or copy of the dependent Social Security Card.

See Reverse Side for Parental Consent to Work (Required if under Age 18)

Revised 03/2010

PARENTAL CONSENT TO WORK VERIFICATION

IF UNDER AGE 18, YOUR SPONSOR MUST COMPLETE AND SIGN THIS SECTION
YOUR APPLICATION WILL NOT BE ACCEPTED WITHOUT SPONSOR/PARENTAL CONSENT

1. SPONSOR CONSENT

- Sponsor Status: Must be covered under the Status of Forces Agreement (SOFA)
 - Active Duty Military
 - DoD Civilian (Includes GS, NAF, DoDDS Teachers, and Marine Corps Exchange (MCX Sponsors))
- I, _____ authorize my dependent child, _____, to work in the MCAS Iwakuni Summer Hire Program in Okinawa, Japan. I further consent to local base checks to determine suitability for summer hire employment. The local check will be conducted by the MCAS Iwakuni Base Inspector's Office. Academic Standing will be verified by school's Counseling Office. Final suitability determination will be conducted by the Director/Deputy CHRO.
- Working Conditions: My child has my permission to perform the following duties:
 - Clerical Jobs Only (usually in an office setting)
 - Labor Jobs Only (Non-skilled, Non-hazardous work such as cutting grass, painting, some lifting)
 - Both are acceptable

Sponsors Signature & Date

Please verify that your application contains the following: (All forms must be completed and signed).

- Summer Hire Program Application
- Form I-9, Employment Eligibility Verification
- Copy of Sponsor's Orders/Area Clearance (with students name listed as a dependent)
- Copy of Social Security Card for applicant
- Copy of Dependent ID card for applicant
- Copy of your U.S. Passport/Visa with Photo and SOFA Stamp
- SF-181, Ethnicity and Race Identification
- SF-256, Self-Identification of Handicap
- Form 1192, Fast Start Direct Deposit
- W-4 Tax Form (current tax year)
- Form 306 Declaration of Federal Employment
- Form 144 Statement of Prior Federal Service
- Bedrock Standard of Conduct
- Foreign Language Proficiency Form
- Statement of Understanding
- Condition of Employment Statement

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature	Date (month/day/year)
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
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ETHNICITY AND RACE IDENTIFICATION

(Please read the Privacy Act Statement and instructions before completing form.)

Name (Last, First, Middle Initial)

Social Security Number

Birthdate (Month and Year)

Agency Use Only

Privacy Act Statement

Ethnicity and race information is requested under the authority of 42 U.S.C. Section 2000e-16 and in compliance with the Office of Management and Budget's 1997 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity. Providing this information is voluntary and has no impact on your employment status, but in the instance of missing information, your employing agency will attempt to identify your race and ethnicity by visual observation.

This information is used as necessary to plan for equal employment opportunity throughout the Federal government. It is also used by the U. S. Office of Personnel Management or employing agency maintaining the records to locate individuals for personnel research or survey response and in the production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained, or for related workforce studies.

Social Security Number (SSN) is requested under the authority of Executive Order 9397, which requires SSN be used for the purpose of uniform, orderly administration of personnel records. Providing this information is voluntary and failure to do so will have no effect on your employment status. If SSN is not provided, however, other agency sources may be used to obtain it.

Specific Instructions: The two questions below are designed to identify your ethnicity and race. **Regardless of your answer to question 1, go to question 2.**

Question 1. Are You Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Yes No

Question 2. Please select the racial category or categories with which you most closely identify by placing an "X" in the appropriate box. Check as many as apply.

RACIAL CATEGORY (Check as many as apply)	DEFINITION OF CATEGORY
<input type="checkbox"/> American Indian or Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
<input type="checkbox"/> Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<input type="checkbox"/> Black or African American	A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/> White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

SELF-IDENTIFICATION OF DISABILITY

(see instructions and Privacy Act information on reverse)

Last Name, First Name, and MI	Date of Birth (mm/yy)	Social Security Number	ENTER CODE HERE ----- > <input type="text"/>
<p>Definition: An Individual with a disability: A person who (1) has a physical impairment or mental impairment (psychiatric disability) that substantially limits one or more of such person's major life activities; (2) has a record of such impairment; or (3) is regarded as having such an impairment. This definition is provided by the Rehabilitation Act of 1973, 29 U.S.C. 701 et. seq., as amended.</p>		<p>Purpose: Self-identification of disability status is essential for effective data collection and analysis. The information you provide will be used for statistical purposes only and will not in any way affect you individually. While self-identification is voluntary, your cooperation in providing accurate information is critical.</p>	
<p>Part I. Targeted/Severe Disabilities</p> <p>Hearing 18 - Total deafness in both ears (with or without understandable speech)</p> <p>Vision 21 - Blind (inability to read ordinary size print, not correctable by glasses, or no usable vision, beyond light perception)</p> <p>Missing Extremities 30 - Missing extremities (missing one arm or leg, both hands or arms, both feet or legs, one hand or arm and one foot or leg, one hand or arm and both feet or legs, both hands or arms and one foot or leg, or both hands or arms and both feet or legs)</p> <p>Partial Paralysis 69 - Partial paralysis (because of a brain, nerve or muscle impairment, including palsy and cerebral palsy, there is some loss of ability to move or use a part of the body, including both hands; any part of both arms or legs; one side of the body, including one arm and one leg; and/or three or more major body parts)</p> <p>Complete Paralysis 79 - Because of a brain, nerve or muscle impairment, including palsy and cerebral palsy, there is a complete loss of ability to move or use a part of the body, including both hands; one or both arms or legs; the lower half of the body; one side of the body, including one arm and one leg; and/or three or more major body parts</p> <p>Other Impairments 82 - Epilepsy 90 - Severe intellectual disability 91 - Psychiatric disability 92 - Dwarfism</p>		<p>Part II. Other Disabilities</p> <p>Hearing Conditions 15 - Hearing impairment/hard of hearing</p> <p>Vision Conditions 22 - Visual impairments (e.g., tunnel or monocular vision or blind in one eye)</p> <p>Physical Conditions 26 - Missing extremities (one hand or one foot) 40 - Mobility impairment (e.g., cerebral palsy, multiple sclerosis, muscular dystrophy, congenital hip defects, etc.) 41 - Spinal abnormalities (e.g., spina bifida, scoliosis) 44 - Non-paralytic orthopedic impairments: chronic pain, stiffness, weakness in bones or joints, some loss of ability to use part or parts of the body 51 - HIV Positive/AIDS 52 - Morbid obesity 61 - Partial paralysis of one hand, arm, foot, leg, or any part thereof 70 - Complete paralysis of one hand 80 - Cardiovascular/heart disease with or without restriction or limitation on activity; a history of heart problems w/complete recovery 83 - Blood diseases (e.g., sickle cell anemia, hemophilia) 84 - Diabetes 86 - Pulmonary or respiratory conditions (e.g., tuberculosis, asthma, emphysema, etc.) 87 - Kidney dysfunction (e.g., required dialysis) 88 - Cancer (present or past history) 93 - Disfigurement of face, hands, or feet (such as those caused by burns or gunshot wounds) and noticeable gross facial birthmarks 95 - Gastrointestinal disorders (e.g., Crohn's Disease, irritable bowel syndrome, colitis, celiac disease, dysphexia, etc.) 98 - History of alcoholism</p> <p>Speech/Language/Learning Conditions 13 - Speech impairment - includes impairments of articulation (unclear language sounds), fluency (stuttering), voice (with normal hearing), dysphasia, or history of laryngectomy 94 - Learning disability - a disorder in one or more of the processes involved in understanding, perceiving, or using language or concepts (spoken or written) (e.g., dyslexia, ADD/ADHD)</p> <p>Other Options 01 - I do not wish to identify my disability status. (Please read the notes on the next page.) (Note: Your personnel officer may use this code if, in his or her judgment, you used an incorrect code.) 05 - I do not have a disability. 06 - I have a disability, but it is not listed on this form.</p>	

Form W-4 (2011)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B	<u> </u>
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children 	G	<u> </u>
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	<u> </u>
	For accuracy, complete all worksheets that apply. { <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. }		

----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 2011
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5 <u> </u>	
6 Additional amount, if any, you want withheld from each paycheck	6 \$ <u> </u>	
7 I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 <u> </u>
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
		10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2011 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$11,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,500 \text{ if head of household} \\ \$5,800 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter “-0-”	3	\$ _____
4	Enter an estimate of your 2011 adjustments to income and any additional standard deduction (see Pub. 919)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2011 Form W-4 Worksheet</i> in Pub. 919.)	5	\$ _____
6	Enter an estimate of your 2011 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter “-0-”	7	\$ _____
8	Divide the amount on line 7 by \$3,700 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3”	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note. If line 1 is less than line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2011. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2010. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000 -	0	\$0 - \$8,000 -	0	\$0 - \$65,000	\$560	\$0 - \$35,000	\$560
5,001 - 12,000 -	1	8,001 - 15,000 -	1	65,001 - 125,000	930	35,001 - 90,000	930
12,001 - 22,000 -	2	15,001 - 25,000 -	2	125,001 - 185,000	1,040	90,001 - 165,000	1,040
22,001 - 25,000 -	3	25,001 - 30,000 -	3	185,001 - 335,000	1,220	165,001 - 370,000	1,220
25,001 - 30,000 -	4	30,001 - 40,000 -	4	335,001 and over	1,300	370,001 and over	1,300
30,001 - 40,000 -	5	40,001 - 50,000 -	5				
40,001 - 48,000 -	6	50,001 - 65,000 -	6				
48,001 - 55,000 -	7	65,001 - 80,000 -	7				
55,001 - 65,000 -	8	80,001 - 95,000 -	8				
65,001 - 72,000 -	9	95,001 -120,000 -	9				
72,001 - 85,000 -	10	120,001 and over	10				
85,001 - 97,000 -	11						
97,001 -110,000 -	12						
110,001 -120,000 -	13						
120,001 -135,000 -	14						
135,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Declaration for Federal Employment

GENERAL INFORMATION

1. FULL NAME <i>(First, middle, last)</i> ◆	2. SOCIAL SECURITY NUMBER ◆
3. PLACE OF BIRTH <i>(Include city and state or country)</i> ◆	4. DATE OF BIRTH <i>(MM/DD/YYYY)</i> ◆
5. OTHER NAMES EVER USED <i>(For example, maiden name, nickname, etc)</i> ◆ ◆	6. PHONE NUMBERS <i>(Include area codes)</i> Day ◆ Night ◆

Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

- 7a. Are you a male born after December 31, 1959? YES NO *If "NO" skip 7b and 7c. If "YES" go to 7b.*
- 7b. Have you registered with the Selective Service System? YES NO *If "NO" go to 7c.*
- 7c. If "NO," describe your reason(s) in item #16.

Military Service

8. Have you ever served in the United States military? YES *Provide information below* NO
If you answered "YES," list the branch, dates, and type of discharge for all active duty.
If your only active duty was training in the Reserves or National Guard, answer "NO."

Branch	From <small>MM/DD/YYYY</small>	To <small>MM/DD/YYYY</small>	Type of Discharge

Background Information

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9, 10, and 11, your answers should include convictions resulting from a plea of *nolo contendere* (no contest), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law.

- | | | |
|--|--|---------------------------------------|
| 9. During the last 10 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) <i>If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.</i> | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 10. Have you been convicted by a military court-martial in the past 10 years? <i>(If no military service, answer "NO.") If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.</i> | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 11. Are you now under charges for any violation of law? <i>If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.</i> | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 12. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency? <i>If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.</i> | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) <i>If "YES," use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.</i> | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |

Declaration for Federal Employment

Form Approved:
OMB No. 3206-0182

Additional Questions

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) *If "YES," use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative works.*
- YES NO
15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service?
- YES NO

Continuation Space / Agency Optional Questions

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (*these questions are specific to your position and your agency is authorized to ask them*).

Certifications / Additional Questions

APPLICANT: *If you are applying for a position and have not yet been selected,* carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

APPOINTEE: *If you are being appointed,* carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. **I certify** that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. **I understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment.** I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. **I consent** to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. **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.

- 17a. Applicant's Signature: _____ Date _____
(Sign in ink)
- 17b. Appointee's Signature: _____ Date _____
(Sign in ink)

Appointing Officer: Enter Date of Appointment or Conversion MM / DD / YYYY

18. **Appointee (Only respond if you have been employed by the Federal Government before):** Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

- 18a. When did you leave your last Federal job? DATE: _____ MM / DD / YYYY

- 18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance?
- YES NO Do Not Know
- 18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled.
- YES NO Do Not Know

STATEMENT OF PRIOR FEDERAL SERVICE
To be Completed by Employee

1. Name (Last, First, Middle Initial)	2. Social Security Number	3. Date of Birth (Month, Day, Year)
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4. Does the application or resume that you submitted, for the position to which you are being appointed, list all of your Federal government civilian and uniformed service, including beginning and ending dates, as well as the type of appointment and work schedule for civilian service?
 Yes — If "Yes", check this block and skip to Item 8. No — If "No", check this block and complete Items 5 - 9.

5. List below your prior civilian service. Include service with the DC Government on appointments made before October 1, 1987.

NAME AND LOCATION OF AGENCY	FROM			TO			TYPE OF APPOINTMENT AND WORK SCHEDULE (Full-Time, Part-Time, or Intermittent)
	Year	Month	Day	Year	Month	Day	

6. During periods of employment shown in Item 5, did you have a total of more than 6 months' absence without pay during any one calendar year?
 Yes — If "Yes", list the following information. No — If "No", go to Item 7.

TYPE OF ABSENCE, IF KNOWN (LWOP, Furlough, Suspension, AWOL, or Placement in Nonpay Status)	FROM			TO			TOTAL		
	Year	Month	Day	Year	Month	Day	YEARS	MONTHS	DAYS

7. List all uniformed service below. List active service in any branch of the Armed Forces of the United States, including active duty as a reservist, and active service in the commissioned corps of the Public Health Service or the National Oceanic and Atmospheric Administration.

BRANCH OF SERVICE	FROM			TO			DISCHARGE (Honorable or Dishonorable)
	Year	Month	Day	Year	Month	Day	

8. Do you claim any type of veterans' preference which has not been verified?
 No Yes — Check one of the statements, if it applies to you. I claim preference as the:
 Spouse of a disabled veteran Mother of a deceased or disabled veteran Unmarried widow/widower of a veteran

9. CERTIFICATION: The prior Federal civilian and uniformed service listed on my application/resume and listed above constitutes my entire record of Federal employment. I have no other Federal service for which I want to claim credit.

Signature	Date
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**BEDROCK STANDARDS OF CONDUCT
FOR DEPARTMENT OF THE NAVY PERSONNEL**

To maintain the public's confidence in our institutional and individual integrity, all Department of the Navy (DON) personnel shall --

1. Avoid any action, whether or not specifically prohibited by the rules of conduct, which might result in or reasonably be expected to create an appearance of:
 - a. using public office for private gain,
 - b. giving preferential treatment to any person or entity,
 - c. impeding Government efficiency or economy,
 - d. losing complete independence or impartiality,
 - e. making a Government decision outside official channels, or
 - f. Adversely effecting the confidence of the public in the integrity of the Government.
2. Not engage in any activity or acquire or retain any financial or associational interest that conflicts or appears or conflict with the public interests of the United States related to their duties;
3. Not accept gratuities from Department of Defense contractors unless specifically authorized by law or regulations;
4. Not use their official positions to improperly influence any person to provide any private benefit;
5. Not use inside information to further a private gain;
6. Not wrongfully use rank, title, or position for commercial purposes;
7. Avoid outside employment or activities incompatible with their duties or which may discredit the Navy;
8. Never take or use Government property or services for other than official approved purposes;
9. Not give gifts to your supervisors or accept them from your subordinates when it is not appropriate to do so;
10. Not conduct official business with persons whose participation in the transaction would violate law or regulations;

**BEDROCK STANDARDS OF CONDUCT
FOR DEPARTMENT OF THE NAVY PERSONNEL**

11. Seek ways to promote efficiency and economy in Government operations;
12. Preserve the public's confidence in the Navy and its personnel by exercising public office as a public trust;
13. Put loyalty to the highest moral principles and to country above loyalty to persons, party, or Government department;
14. Uphold the Constitution, laws, and regulations of the United States and never be a party to their evasion;
15. Give a full day's labor for a full day's pay, providing earnest effort to the performance of duties;
16. Never discriminate unfairly by the dispensing of special favors or privileges to anyone, whether for remuneration or not, and never accept for himself or herself or for family members, favors or benefits under circumstances which might be construed by reasonable persons as influencing the performance of Governmental duties;
17. Make no private promises of any kind binding upon the duties of office;
18. Not engage in business with the Government, either directly or indirectly, inconsistent with the conscientious performance of Government duties; and
19. Expose corruption wherever discovered.

SIGNATURE

DATE

Education, Military Reserve, & Language Questionnaire

In order to ensure your records covering your education, military reserve status and language proficiency are complete, please answer the following questions. If there are subsequent changes to this information, contact your servicing human resources office.

(Last Name) (First) (MI) Social Security #

1. What is your highest education level? (Enter a code from the education chart) _____
2. What was your primary field of study at your highest education level?

3. How many credit hours did you earn at your highest education level? _____
 Semester Hours Quarter Hours Other (Classroom Hours)
4. What type of school did you attend at your highest education level?
 Junior College, College or University, High School, Secretarial/Business/Commercial
 Vocational/Trade/Technical School (High School Level), Vocational/Trade/Technical School (Above High School Level)
5. Was your primary field of study at your highest education level a
 Major Minor Neither
6. What year did you complete your highest education level? _____
7. From what School (Institution of Learning) did you received your highest degree?

8. If you are a member of the Acquisition Professional Community (APC), please complete the following questions:
 - A. Identify the grade at which you were certified as an APC member, [GS-13 equivalent or above or O-4 and above (military)] _____
 - B. Identify which served as the basis for your qualifying for APC membership:
 Baccalaureate degree
 10 years acquisition experience as of 01 Oct 1991
 served in an acquisition position on 01 Oct 1991 and have 24 semester credit hours in one or more business disciplines
 - C. Indicate the number of semester credit hours you have met to qualify for APC membership:
 24 semester credit hours in business disciplines
 24 semester credit hours in acquisition career field and 12 semester credit hours in business subjects
 10 years acquisition experience as of 01 Oct 1991
 - D. Indicate whether you have
 Met 4 years experience in an acquisition position OR

- Were granted a waiver

E. Enter the date you were first appointed to the APC within the Department of Defense.

9. If you are in the Military Reserves, check the category that applies to you.

- (1) Retired Reserve (Retired On Points, Under Age 60) - Nonpaid
- (2) AD Regular Retirement (Under Age 60, Not for Disability)
- (3) AD Reserve Retirement (20yrs Plus Ad, Fleet Reserve Under Age 60)
- (4) Category Iii (Res/Reg/Ret/Either over Age 60 and/or 30%Disabled)
- (5) Draft Eligible (Male 18-25 Years Old)
- Individual Mobilization Augmentee (IMA):
 - (A) Air Force
 - (B) Army
 - (C) Coast Guard
 - (D) Marine Corps
 - (E) Navy
- Selected Reserve:
 - (F) Air Force
 - (G) Army
 - (H) Coast Guard
 - (I) Marine Corps
 - (J) Navy
 - (K) Air National Guard
 - (L) Army National Guard (Active)
- Individual Ready Reservist:
 - (M) Air Force
 - (N) Army
 - (O) Coast Guard
 - (P) Marine Corps
 - (Q) Navy
 - (R) Army National Guard (Inactive)
- Standby Reserve:
 - (S) Air Force
 - (T) Army
 - (U) Coast Guard
 - (V) Marine Corps
 - (W) Navy
- (X) Navy Reserve - Merchant Marine Not Applicable
- (Y) Not Applicable

10. Do you speak or read a language other than English? (include sign language) Yes No
 If yes, list each language and your proficiency levels by using the tables below:

Language(s)	Language Proficiency Code	Listening, Reading & Speaking Proficiency Code

Code	Language proficiency level
A	No knowledge
B	No practical knowledge
C	Extremely limited knowledge
D	Very limited knowledge
E	Limited knowledge
F	Routine knowledge
G	Proficient
H	Very proficient
I	Extremely proficient
J	Equivalent to native
K	Equivalent to well-educated native
M	Occupying language position
N	Refused to test
Z	Unknown

Code	Listening, reading & speaking proficiency
00	No proficiency
06	Memorized proficiency
10	Elementary proficiency
16	Elementary proficiency, plus
20	Limited working proficiency
26	Limited working proficiency, plus
30	General professional proficiency
36	General professional proficiency, plus
40	Advanced professional proficiency
46	Advanced professional proficiency, plus
50	Functionally native proficiency

Code	Education Level Definition
01	Some elementary school - did not complete grades 1-8.
02	Elementary school completed - no high school. Grade 8 completed.
03	Some high school - did not graduate.
04	High school graduate or certificate of equivalency.
05	Secretarial, business, commercial, vocational, trade or technical school - did not complete.
06	Secretarial, business, commercial, vocational, trade or technical school - certificate of completion, diploma or equivalent.
07	Some college - less than one year. Less than 30 semester or 45 quarter hours completed.
08	1 year of college - 30-59 semester or 45-89 quarter hours completed.
09	2 years college - no degree. 60-89 semester or 90-134 quarter hours completed.
10	Associate degree - 2 year college degree program completed.
11	3 years college - 90-119 semester or 135-179 quarter hours completed.
12	4 years college - 120 or more semester or 180 or more quarter hours completed - no bachelor's degree.
13	Bachelor's degree - at least 4 but no more than 5 years of academic work.
14	Post bachelors - some work beyond (at higher level than) the bachelor's degree, but no higher degree earned.
15	First professional degree - completion of academic requirements for selected professions that are based on programs requiring at least two academic years prior college work for entrance and a total of at least six academic years of college for completion, (e.g. medicine, dentistry, law.)
16	Reserved.
17	Master's degree - customarily granted upon successful completion of one or two academic years beyond the bachelor's degree.
18	Post master's degree - some work beyond (at higher level than) the master's degree, but no additional higher degree earned.
19	Sixth year degree - (e.g. advanced certificate in education, advanced graduate certificate, certificate of advanced graduate study, etc.)
20	Post sixth year - some work beyond (at higher level than) the sixth year degree, but no additional higher degree earned.
21	Doctorate degree - (e.g. doctor of education, doctor of public health, and the Ph.D. In any field.)
22	Post doctorate - work beyond the doctorate.

STATEMENT OF UNDERSTANDING TEMPORARY EMPLOYMENT

I, _____, in accepting this temporary appointment, certify that the nature and conditions have been clearly explained to me and that I fully understand that:

- (1) Term appointments are non status, nonpermanent appointments which does not confer competitive status nor does it confer eligibility to be noncompetitively converted to a career-conditional appointment.
- (2) No probationary period is served.
- (3) I will not be eligible for promotion, reassignment, or transfer to other positions, but may be detailed in accordance with CFR Chapter 300.
- (4) I will not be eligible for coverage under the Civil Service Retirement System, the Federal Employees Retirement System, the Federal Employees Group Life Insurance Program, or the Federal Employees Health Benefits Program.
- (5) I am entitled to earn annual and sick leave benefits.
- (6) I may be terminated at any time prior to the expiration of the Temporary Appointment.

Employee's Signature

Date

HRSC Rep's Signature

Date

CONDITIONS OF EMPLOYMENT STATEMENT

Direct Deposit/Electronic Funds Transfer is the standard method of payment within the Department of Defense.

As a conditions of employment at the activities serviced by the Human Resources Service Center, Southwest (HRSC-SW), I understand that pay must be sent directly to my account of choice at my designated financial institution. I also understand that my Leave and Earnings Statements will be mailed to a non-work address.

Exceptions to the above conditions must be authorized by the Commanding Officer of your Activity and are subject to the following conditions:

- A. EXTENDED CONTINUOUS TAD/TDY: May be mailed to the employing activity for forwarding to the employee.
- B. OVERSEAS: Personal overseas where the use of activity address is essential for the routing of mail.
- C. EXTREME PERSONAL HARDSHIP: Such as, employee involved in litigation proceedings. When personal hardship is overcome, I will comply with the above policies of mailing my payroll check to a designated financial institution and the mailing of my Leave and Earning Statement to a non-work address.

EMPLOYEE SIGNATURE / DATE