

APPLICANT QUESTIONNAIRE

Name:

Announcement Number:

Mailing Address:

Home Phone:

Duty Phone:

Email:

Sponsor's Name and Duty Phone:

Are you a Military Spouse? Yes No

Are you a DoD Civilian Family Member? Yes No

Have you previously used your Military Spouse or Family Member Preference? Yes No

Are you currently employed? Yes No If yes, place of employment _____

If currently employed, are you Temporary Permanent

If currently employed, is your working schedule Full Time Part Time Intermittent/Flex

If currently employed and we can contact your supervisor, please provide his/her name and phone number.

Are you a U.S. citizen? Yes No

If not U.S. citizen, are you a permanent resident? Yes No

Appointment Eligibility:

Please select, self identify, your appointment eligibility(ies). It is your responsibility to only select the eligibilities that apply to you.

INTERNAL: If you are a current appropriated fund employed by MCAS Iwakuni, Japan.

LWOP: (Leave Without Pay) A current Federal government employee on leave without pay.

FAMILY MEMBER: A Military or Department of Defense (DoD) Civilian Family Member.

TRANSFER: A current employee from another DoD or Federal Agency.

REINSTATEMENT: A Federal employee that left the Federal Government with a break-in-service (3days or more) with a Career or Career Condition status.

VEOA (Veterans Employment Opportunity Act): Preference eligibles OR veterans who have been separated from the armed forces under honorable conditions after substantially completing at least 3 years of continuous active service. (VRA eligibles will be referred as VEOA.)

NAF/AF PORTABILITY: Applicable to GS-9 and above. Employee must have been in a NAF (Non-Appropriated Fund) position without a break in service for one year or more.

OTHER: (Must specify) _____

Availability:

1. How soon can you start work? _____

2. What is the LOWEST pay you will accept? (You will NOT be considered for jobs which pay less than you indicated)

Pay \$ _____ Per _____ Or Grade _____

Typing/Shorthand Certification:

Complete if you are applying for, or want to be considered for a position that requires typing or shorthand

I can type _____ words per minute with _____ errors.

Child Care/Youth Services Positions:

Complete if you are applying for a Child Care/Youth Service Position

Have you ever been arrested for or charged with a crime involving a child, been asked resign, or been decertified because of a sexual offense? Yes No (If yes, attach description of the case disposition).

If you are applying for a Child Care/Youth Service Position the employer is obligated to require a records check as a condition of employment in accordance with PL 101-647. You have a right to obtain a copy of the report and a right to challenge the accuracy and completeness of information in the report.

Passport – Country: _____

Passport Expiration Date: _____ SOFA Status Yes No DEROS _____

All statement made on this form are true and complete to the best of my knowledge. I understand a false statement may be grounds for not employing me or for dismissing me after I begin work.

Applicant's Signature

Date