

# NAF APPLICATION FOR EMPLOYMENT

## MCCS

### PRIVACY ACT INFORMATION

This form requests certain information pursuant to the Authority of 5 U.S. Code, Section 301, and Executive Order 9397 of 22 November 1943. Submission of the information required by this form is voluntary. This information is needed to help determine how well your education and work skills qualify you for the job you are applying for or any other nonappropriated fund job at MCAGCC. If you fail to furnish the information requested on this form your application for employment will not be processed. We also need information on matters such as citizenship, military service, relatives employed by this nonappropriated fund employers, at MCAGCC, felony convictions and other related personal information to see whether you are affected by laws and regulations we must follow in deciding who may be employed by this federal employer. We must have your Social Security Number (SSN) in order to identify you for personnel record keeping purposes because other people may have the same name and birth date. Your SSN may also be used to make requests for information about you from employers, schools, banks and others who know you, but only as allowed by law. The information we collect by using your SSN will be used for employment purposes and also for studies and statistics that will not identify you. Information we have about you may also be given to Federal, State, and local agencies for checking on law violations or for other lawful purposes.

### DO NOT WRITE IN THIS SPACE

Dept. or \_\_\_\_\_  
 Activity: \_\_\_\_\_ Regular Full Time: \_\_\_\_\_ Employment Authorized by: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Regular Part time: \_\_\_\_\_ Date Authorized: \_\_\_\_\_ 20\_\_\_\_\_  
 Rate of Pay: \_\_\_\_\_ Per: \_\_\_\_\_ Flexible: \_\_\_\_\_ C/P: \_\_\_\_\_  
 Cost Center \_\_\_\_\_ Flexible Seasonal: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Job Classification No: \_\_\_\_\_ Job Coder: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Start Work: \_\_\_\_\_ 20\_\_\_\_ FLSA Status: \_\_\_\_\_ Supervisory Level: \_\_\_\_\_

### PRINT IN INK

### A RESUME/LETTERS OF RECOMMENDATION MAY ALSO BE SUBMITTED

Position Desired: \_\_\_\_\_ Announcement # \_\_\_\_\_ Date: \_\_\_\_\_ 20\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 (Street No. and Name) (City) (State) (Zip Code)

Telephone: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
 (Home) (Work OR Cell) (City) (State)

Days & hours I am available to work: \_\_\_\_\_ Minimum salary I will accept: \_\_\_\_\_

Are you 21 years of age or older? Yes No

Are you a retired Civil Service Employee? Yes No If yes, date of retirement: \_\_\_\_\_

U. S. Citizen: Yes  No  If no, are you a permanent resident alien in the U. S.?: Yes  No

Do you have any relatives employed with Bridgeport Marine Corps Community Services or Billeting? Yes No

If "Yes", please provide name(s) \_\_\_\_\_

### EDUCATIONAL QUALIFICATIONS

	SCHOOL NAME	CITY & STATE	GRAD? Y or N	TYPE OF DEGREE	HOW MANY YEARS COMPLETED	COURSE OF STUDY
HIGH SCHOOL						
COLLEGE						
GRADUATE SCHOOL						
SPECIAL						
MILITARY SCHOOL						

**REFERENCES**

List three people who are not related to you and who have definite knowledge of your qualifications and fitness for the position(s) you are applying. **Do not repeat names of supervisors listed in the *Previous Employment* section on the next page.**

FULL NAME (FIRST & LAST)	PRESENT BUSINESS OR HOME ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE)	TELEPHONE NO. (INCL. AREA CODE)	BUSINESS OR OCCUPATION

**PREVIOUS NONAPPROPRIATED FUND EMPLOYMENT:**

Have you ever been employed by this or any other Department of Defense NAF, MCCS, MWR, Military Exchange, Club, Child Care, or Recreation Fund Activity? \_\_\_\_\_ **(Yes or No)** If yes, give dates and places:

<u>DATES OF EMPLOYMENT—START &amp; END</u>	<u>NAME OF FACILITY</u>	<u>MILITARY BASE</u>	<u>POSITION HELD</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**RECORD OF MILITARY EXPERIENCE**

Have you ever been a member of the U. S. Military? **(Yes or No)** \_\_\_\_\_ If so, a copy of your DD-214 will be required if hired.

Branch of Service: \_\_\_\_\_ Date Entered Service: \_\_\_\_\_ Date of Discharge/Retirement: \_\_\_\_\_

Are you retired Military?: \_\_\_\_\_ Rank at time of Discharge/Retirement: \_\_\_\_\_

**OTHER PERSONAL INFORMATION**

**NOTE:** A conviction does not necessarily mean you cannot be employed. The circumstances of the occurrence(s) and how long ago it (they) occurred are important. Give all the facts so that a decision can be made. When answering the following questions, you may omit (1) traffic fines (2) any offense committed before your 18th birthday that was adjudicated in a juvenile court or under a youth offender law (3) any conviction set aside under the Federal Youth Corrections Act or similar authority.

Have you ever been convicted, forfeited collateral, or are you now under charges for any felony or any firearms or explosives offenses against the law? (A felony is defined as any offense punishable by imprisonment for a term exceeding one year). **Answer (YES or NO)** \_\_\_\_\_.

During the past seven years have you been convicted, imprisoned, on probation or parole or forfeited collateral, or are you now under charges for an offense against the law not included in the previous question to include any misdemeanors? **Answer (YES or NO)** \_\_\_\_\_.

While in the military service were you ever convicted by a General Court-Martial? **Answer (YES, NO, or NOT APPLICABLE)** \_\_\_\_\_.

**If your answer to any of the above questions is "YES", give details below for each offense:**

- (1) **Date:**
- (2) **Charge:**
- (3) **Place:**
- (4) **Court:**
- (5) **Action Taken:**

**ATTENTION – THIS APPLICATION MUST BE SIGNED**

**Read the following paragraphs carefully before signing this application.**

A false answer to any question in this application may be grounds for not employing you or for dismissing you after you begin work. All the information you give will be considered in reviewing your application.

**AUTHORITY FOR RELEASE OF INFORMATION**

I have completed this application and any attachments with the knowledge and understanding that any or all items contained herein may be subject to investigation prescribed by law or regulation and I consent to the release of information concerning my capacity and fitness by employers, educational institutions, law enforcement agencies, and other individuals and agencies to duly accredited investigators. Personnel Staffing Specialists and other authorized employees of the Federal Government for that purpose.

I understand that employment is conditional pending a background check and is being signed under penalty of perjury. A false statement on any part of this application may be grounds for not hiring, firing, or criminal prosecution.

CERTIFICATION	SIGNATURE (SIGN IN INK)	DATE
I certify that all of the statements made by me are true, complete and correct to the best of my knowledge and belief, and are made in good faith.		

# SUPPLEMENT TO APPLICATION FOR EMPLOYMENT PREVIOUS EMPLOYMENT

*\*Please list most recent employment first.*

Company Name: \_\_\_\_\_ Kind of Business: \_\_\_\_\_

Street: \_\_\_\_\_ City and State: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
(month/year) (month/year)

Your Position Title: \_\_\_\_\_ Rate of Pay: \$ \_\_\_\_\_ Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

.....  
Company Name: \_\_\_\_\_ Kind of Business: \_\_\_\_\_

Street: \_\_\_\_\_ City and State: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
(month/year) (month/year)

Your Position Title: \_\_\_\_\_ Rate of Pay: \$ \_\_\_\_\_ Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

.....  
Company Name: \_\_\_\_\_ Kind of Business: \_\_\_\_\_

Street: \_\_\_\_\_ City and State: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
(month/year) (month/year)

Your Position Title: \_\_\_\_\_ Rate of Pay: \$ \_\_\_\_\_ Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

.....  
Company Name: \_\_\_\_\_ Kind of Business: \_\_\_\_\_

Street: \_\_\_\_\_ City and State: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
(month/year) (month/year)

Your Position Title: \_\_\_\_\_ Rate of Pay: \$ \_\_\_\_\_ Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**PRIVACY ACT STATEMENT AND  
DISCLOSURE CONSENT FORM**

**AUTHORITY:** The authority for obtaining information on this form is Title 5 USC 301 and 44 USC 3101. Executive Order 9397 of 22 November 1943 authorizes use of your Social Security number.

**PRINCIPAL PURPOSE:** To screen individuals applying for a position aboard the Combat Center to determine if they meet the security requirements for the position.

**ROUTINE USE(S):** this form will be utilized by the Provost Marshal's Office on a need to know basis to check personal and business information provided by the applicant.

**DISCLOSURE OF INFORMATION:** Disclosure is voluntary, however; failure to do so may result in denial of employment. Information collected will be furnished to Federal, State and local law enforcement agencies to verify information provided by the applicant.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

Applicant's Name: \_\_\_\_\_

First

Middle

Maiden

Last

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Current Address: \_\_\_\_\_

Street

City

State

Please list any other address you may have had in the last two (2) years:

\_\_\_\_\_  
Street

City

State

\_\_\_\_\_  
Street

City

State

Driver License Number and State Issued: \_\_\_\_\_

**PMO USE ONLY**

1. No derogatory information on applicant: \_\_\_\_\_

2. Record on applicant. Please call PMO at extension: \_\_\_\_\_

3. PNG Listing: Is applicant identified on PNG List? (Please circle)      YES      NO

Date Received: \_\_\_\_\_ Date returned to MCCA: \_\_\_\_\_

Processed By: \_\_\_\_\_

Name

Rank

## BACKGROUND VERIFICATION DISCLOSURE

As part of the employment process, the Marine Corps Community Services (MCCS) may obtain a Criminal Record Check and/or an investigative Consumer Report. The Fair Credit Reporting Act, codified at 15 U.S.C. sec. 1681 et. seq., as amended by the Fair and Accurate Credit Transactions Act of 2003, Pub. L. No. 108-159, requires that we advise you, that for purposes of employment only, a Consumer Report may be made. This report may include information about your character, general reputation, personal characteristics, or mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided in the event that the report contains information regarding your character, general reputation, personal characteristics, or mode of living.

## AUTHORIZATION AND RELEASE

During the application process, and at the time during any subsequent employment, I hereby authorize ChoicePoint Services, Inc., on behalf of the Marine Corp Community Services, to procure a Consumer Report, which I understand may include information regarding my character, general information, personal characteristics, or mode of living. This report may be compiled with information from court record repositories, department of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entries, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my character, general reputation, personal characteristics, or mode of living.

## PRIVACY ACT INFORMATION

This form requests certain information pursuant to the Authority of 5 U.S. Code, Section 301, and Executive Order 9397 of 22 November 1943. Submission of the information required by this form is voluntary. If an applicant fails to furnish information requested on this form sufficient to conduct a background investigation and make a determination as to your suitability for employment, your employment application will not be processed. Applicants must provide a Social Security Number (SSN) in order to identify them for personnel record keeping purposes because other people may have the same name and birth date. The SSN may also be used to make requests for information about applicants from employers, schools, banks and other/references, but only as allowed by law. The information we collect by using a SSN will be used for employment purposes and for studies and statistics that will not identify the applicant. Information provided on the form may also be given to federal, state, and other local agencies for checking on law violations or for other lawful purposes. If a background investigation reveals unfavorable information, the application may be disqualified or if relevant to an employee, may result in termination. **ROUTINE USE(S):** The Department of the Navy Blanket Routine Uses posted at <http://www.privacy.navy.mil/> apply.

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Applicant/Employee Name and Signature

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Date

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Social Security Number

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Date of Birth

REV1/04



47183

# Marine Corps Community Services (MCCS)

## Background Request Form

Personal Information...Print capital letters in the boxes. Try not to touch the sides of the boxes.

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

First Name

Middle Name

Last Name

Previous Legal Name

Year Changed

Street Address

How long have you lived at this address?  
Months    Years  
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City

State

ZIP

Social Security Number

Date of Birth (month-day-year)

Driver's License Number

State

### Previous Addresses for last 5 years...Most Recent First

City

State

ZIP

City

State

ZIP

City

State

ZIP

City

State

ZIP

Client Name (Requestor)

Account

Location

Voice Phone Number

Ext

FAX Phone Number

Esteem-> ●    NCRF-> ●    SSN Trace-> ●    County Criminal-> ●

*Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.*

### **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identify theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

<b>TYPE OF BUSINESS:</b>	<b>CONTACT:</b>
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051