

*“Commitment to Serve Soldiers, families, Civilians, and Retirees.”*

# **Non-Appropriated Funds Employment Application**

**Joint Forces Training Base**



**2022**



## APPLICATION FOR EMPLOYMENT

**EMPLOYER NAME:** NON-Appropriated Funds

**DATE:** \_\_\_\_\_

An Equal Opportunity Employer - All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

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### PERSONAL INFORMATION

*Incomplete information could disqualify you from further consideration. Please complete all fields even if you attach a resume, thank you.*

**NAME:** \_\_\_\_\_  
First Middle Last Name

**ADDRESS:** \_\_\_\_\_  
Street / Po Box / Apt City / State / Zip

**HOME PHONE:** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE USA?** \_\_\_ YES \_\_\_ NO

(Proof of identity and eligibility will be required upon employment)

**ARE YOU OVER THE AGE OF 18 YEARS OLD?** \_\_\_ YES \_\_\_ NO

(If no, you may be required to provide authorization to work.)

**ARE YOU ABLE PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB WHICH YOU ARE APPLYING, WITH OR WITHOUT A REASONABLE ACCOMODATION?** \_\_\_ YES \_\_\_ NO

If no, please explain. (If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question)

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Please continue the next page.



WHEN ARE YOU AVIALBE TO BEGIN WORK? \_\_\_\_\_

I AM SEEKING: \_\_\_ FULL-TIME POSITION \_\_\_ PART-TIME POSITION \_\_\_ ANY POSITION

If I am hired for the position, I am available to work on:

(Place hours of availability in the space provided)

Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_

Thr \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

ANY SCHEDULE LIMITATINS (SCHOOL, WORK, ETC)? \_\_\_\_\_

ARE YOU PRESENTLY EMPLOYED? \_\_\_ YES \_\_\_ NO

If yes, may we contact your employer? \_\_\_ YES \_\_\_ NO

If presently employed, why are you considering leaving? \_\_\_\_\_

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**EDUCATION**

Name and location of school	No of Yrs. attended	Degree Received	Subjects studied/ Major
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High School \_\_\_\_\_

College or University \_\_\_\_\_

Trade, Business or Correspondence School \_\_\_\_\_



## EMPLOYMENT HISTORY

Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time.

*Incomplete information could disqualify you from further consideration.*

Employer 1.

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Company Name	Job Title	Dates Employed
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Work phone	Supervisor Name	Title
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Address	City	State	Zip
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Reason for leaving

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Summarize the nature of work performed and job responsibilities

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Employer 2.

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Company Name	Job Title	Dates Employed
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Work phone	Supervisor Name	Title
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Address	City	State	Zip
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Reason for leaving

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Summarize the nature of work performed and job responsibilities

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Please continue the next page.



Employer 3.

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Company Name	Job Title	Dates Employed	
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Work phone	Supervisor Name	Title	
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Address	City	State	Zip
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Reason for leaving

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Summarize the nature of work performed and job responsibilities

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Employer 4.

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Company Name	Job Title	Dates Employed	
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Work phone	Supervisor Name	Title	
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Address	City	State	Zip
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Reason for leaving

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Summarize the nature of work performed and job responsibilities

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## REFERENCES

Give the names of three person no related to you, whom you have know at least three (3) years.

1.	_____			
	Name	Phone number	Company	Years Acquainted
2.	_____			
	Name	Phone number	Company	Years Acquainted
3.	_____			
	Name	Phone number	Company	Years Acquainted

### **Please read carefully before signing.**

NAF is an equal opportunity employer. NAF does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status, or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for NAF to hire me. If I am hired, I understand that either NAF or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of NAF has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to NAF true and complete information on this application. No requested information has been concealed.

I authorize NAF to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

\_\_\_\_\_  
Applicant Print Name

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

\_\_\_\_\_  
Date

Please continue the next page.