

# MARINE CORPS COMMUNITY SERVICES

## APPLICATION FOR EMPLOYMENT

### 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 job with the Marine Corps Community services. If you fail to furnish the information requested on this form your application for employment will not be processed. We also need information matters such as citizenship, military service, relatives employed by the MCCS, felony convictions, and other related personal information to see whether you are affected by laws and regulations we must following in checking who may be employed by the 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 also be used for employment purposes and also for studies and statistics that will not identify your Information we have about you may also be given to Federal, State and local agencies for checking on law violators or for other lawful purposes.

### DO NOT WRITE IN THIS SPACE

JVN/TPN # _____		
Dept or Activity: _____	Regular Full Time: _____	Employment Authorized by: _____
Job Title: _____	Regular Part Time: _____	Date Authorized: _____ 20_____
Rate of Pay: _____ Per _____	Flexible: _____	Remarks: _____
Job No: _____	Cost Center #: _____	
Start Work: _____ 20_____	PR _____ NPID _____	Timekeeper/Supervisor: _____

### PRINT IN INK

Position Desired: \_\_\_\_\_ Date: \_\_\_\_\_ 20\_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: **REQUIRED UPON HIRE**

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

Telephone: \_\_\_\_\_ Sex (For Statistics Only) \_\_\_\_\_  
(Home) (Cell) (Work) (Male or Female)

Are you at least 18 years old?  YES  NO Date of Birth: **REQUIRED UPON HIRE** Place of Birth: \_\_\_\_\_

U. S. Citizen  YES  NO If no, are you a permanent resident alien in the U.S.?  YES  NO  
 If yes, Card # \_\_\_\_\_ Expires \_\_\_\_\_

Any Relatives Employed Here? \_\_\_\_\_ If "Yes" give names and positions: \_\_\_\_\_

In case of accident or other emergency, notify: \_\_\_\_\_  
(Name) (Address) (Telephone)

### EDUCATIONAL QUALIFICATIONS

	NAME	CITY	YEAR GRADUATED	DEGREE	YEARS COMPLETED	COURSE OF STUDY
GRADE SCHOOL						
HIGH SCHOOL						
COLLEGE						
GRADUATE SCHOOL						
SPECIAL						
MILITARY SCHOOL						

### RECORD OF MILITARY EXPERIENCE

ARE YOU RETIRED? \_\_\_\_ YES \_\_\_\_ NO

BRANCH OF SERVICE	DATE ENTERED SERVICE	DATE OF DISCHARGE/RETIREMENT	FINAL RANK	TYPE OF DISCHARGE

If previous military service (discharge or retirement), please attach a copy of a DD-214

**REFERENCES**

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

FULL NAME	PRESENT BUSINESS OR HOME ADDRESS (NUMBER, STREET, CITY, STATE & ZIP CODE)	TELEPHONE NO. (Include Area Code)	BUSINESS OR OCCUPATION

**PREVIOUS EMPLOYMENT**

**PRESENT OR LAST**

Employer's Name \_\_\_\_\_ Kind of Business \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ PHONE \_\_\_\_\_ Your Position \_\_\_\_\_

Employed From \_\_\_\_\_ Employed to \_\_\_\_\_ Salary \_\_\_\_\_  
(Month) (Year) (Month) (Year)

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

**NEXT TO LAST**

Employer's Name \_\_\_\_\_ Kind of Business \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ PHONE \_\_\_\_\_ Your Position \_\_\_\_\_

Employed From \_\_\_\_\_ Employed to \_\_\_\_\_ Salary \_\_\_\_\_  
(Month) (Year) (Month) (Year)

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

**Previous Nonappropriated Fund Employment:** Have you ever been employed by this or any other Department of Defense Military Exchange, Club Mess, Special Services (Recreation Fund) Activity not listed above? \_\_\_\_\_ If year, give dates and places.  
(Yes or No)

INCLUSIVE DATES OF EMPLOYMENT	NAME OF ACTIVITY	MILITARY INSTALLATION	POSITION HELD

**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 below your 18th birthday which was finally 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 explosive offense against the laws (A felony is defined as any offense punishable by imprisonment for a term exceeding one year, but does not include any offense classified under the laws of a State as a misdemeanor which is punishable by a term of imprisonment of two years or less). Answer "YES" or "NO" \_\_\_\_\_

During the past seven years have you been convicted, imprisoned, on probation or paroled or forfeited collateral, or are you now under charge for any offense against the law not included in the previous questions? Answer "YES" or "NO". \_\_\_\_\_

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

If your answer to either of the above questions is "YES" give details below for each offense (1) Date (2) Charge (3) Place (4) Court and (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 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 the application 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, education institutions, law enforcement agencies, and other individuals and agencies to duty accredited investigators. Personnel Staffing Specialists and other authorized employees of the Federal Government for that purpose.

<b><u>CERTIFICATION</u></b>	<b><u>SIGNATURE (SIGN IN INK)</u></b>	<b><u>DATE</u></b>
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		

**"IT IS OUR POLICY TO PROVIDE EQUAL EMPLOYMENT TO ALL QUALIFIED PERSONS WITHOUT REGARD TO RACE, AGE COLOR, SEX, SEXUAL ORIENTATION, RELIGION, NATIONAL ORIGIN, DISABILITY, VETERANS STATUS OR MARITAL STATUS"**