

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 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: _____ Job Title: _____ Rate of Pay: _____ Per _____ Job No: _____ Start Work: _____ 20____	Full Time: _____ Part Time: _____ Flexible: _____ Cost Center #: _____ MCCS RWS Code: _____ Telework Indicator Code: _____ Telework Eligible Code: _____	Employment Authorized by: _____ Date Authorized: _____ 20____ Timekeeper/Supervisor: _____ Supervisor ID: _____ MCCS Bus Code: _____ PR _____ NPID _____
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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, of 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.

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		

"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"