



# EMPLOYMENT APPLICATION FORM



Announcement:

Activity:

Job Title and Grade:

## Personal Information:

Applicant Name:

Mailing Address :

Home Telephone Number:

Cell Telephone Number:

Email Address:

## Education:

High School/GED School:

College/University:

Years Completed:

Years Completed:

Grad?

Yes

No

Degree?

Yes

No

Major:

Associate/Bachelor/Master/Doctoral:

## Other Education Completed / Others Qualifications:

(Don not list degrees received based solely on life experience or obtained from schools with little or no academics standards)

Other License or Certificate:

Date :

Licensing Agency:

Date of job-related training courses, job-related skills (other languages, computer software/hardware, tools, etc.), job-related honors, awards, and special accomplishments.

### Work Experience #1:

Job Title (If federal, include series & grade):

Employer's Name and Supervisor's Name:

Employer's Address:

Supervisor's Telephone Number:

From:

To:

Describe your duties, accomplishments, and related skills: Major:

### Work Experience #2:

Job Title (If federal, include series & grade):

Employer's Name and Supervisor's Name:

Employer's Address:

Supervisor's Telephone Number:

From:

To:

Describe your duties, accomplishments, and related skills: Major:

### Work Experience #3:

Job Title (If federal, include series & grade):

Employer's Name and Supervisor's Name:

Employer's Address:

Supervisor's Telephone Number:

From:

To:

Describe your duties, accomplishments, and related skills: Major:

### General Information:

Are you US Citizen? Yes  No

If NO, give the Country of your Citizenship:

Do you have SSN Card? Yes  No

Were you ever a Federal Civilian Employee? Yes  No

If YES, List highest civilian grade for the following:

Series:  Grade:

From:  To:

**Declaration of Family Member Status** (to be completed by spouses and dependents)

Your answers to the following questions will be used to determine your eligibility for employment as a Family Member in Spain and eligibility for Military Spouse Preference (MSP):

Positions for which applying:

Announcement Number:

Sponsor's Name:

Relationship:

Last 4 digits of SSN:

Sponsor's Status (Military/Civilian/Contractor):

Sponsor's Command and Work Telephone Number:

If you are Military Spouse,

If your Sponsor is Military Personnel,

Date of Marriage to Sponsor:

Date of Sponsor entry into Rota Area:

Rotation Date:

Have you accepted/declined a position in Rota? (Includes civil service positions and NAF Positions with MWR or NEX, regardless of work scheduled, i.e. part-time or flexible) Yes  No

Was this position a permanent position? Yes  No

If the position was not a permanent position, Was the appointment longer than 52 weeks? Yes  No

**Applicant's Certification:**

I certify that, to the best of my knowledge and belief, all the information on and attached to this application is true, correct, complete, and made in good faith.

I understand that false or fraudulent information on or attached to this application may be grounds for not hiring me or for firing me after I begin work, and may be punishable by fine or imprisonment.

I understand that any information I give may be investigated.

Applicant's Signature:

Date of Application:

*The Department of the Navy is an Equal Employment Opportunity Employer. All qualified candidates will receive consideration without regard to race, color, religion, sex, national origin, age, disability, marital status, political affiliation, sexual orientation or any other non-merit factor.*

OVERSEAS RESIDENCY QUESTIONNAIRE

DATA REQUIRED BY THE PRIVACY ACT OF 1974

- AUTHORITY: 10 USC 3012; SECNAV 5211.5; Agreement of Defense Cooperation between the U.S.A. and the Kingdom of Spain.
PRINCIPAL PURPOSE(S): To assist authorities in determining civilian component eligibility for overseas employment in Spain, Information provided may be the grounds for a subsequent determination that an applicant is not eligible for employment as a member of the civilian component.
ROUTINE USES: The routine uses of this questionnaire are to provide basic information necessary in the preparation and evaluation of applications for employment; NATO SOFA civilian component documentation; responding to inquiries from the U.S. Congress or various branches of the Spanish Government regarding employment in the U.S. civilian component; and for use in investigative, administrative or judicial proceedings regarding employment in U.S. civilian component.
DISCLOSURE: Voluntary disclosure. Nondisclosure precludes consideration for employment, NATO SOFA identification.

Applicant's FULL Name:

Form with four input boxes labeled LAST NAME, FIRST NAME, MIDDLE INITIAL, and MAIDEN NAME.

DECLARATION

- 1. I arrived in Spain the VERY FIRST time on: Day Month Year
2. I departed Spain the first time (enter the departure date)
3. My status when I FIRST entered Spain was: Active Duty Civilian employee on orders.
Dependent of military/civilian employee on orders Tourist (no affiliation with the U.S. Forces)
Other (explain):

4. Since my FIRST arrival in Spain, I have resided in the following PROVINCES (List only Provinces, not cities or towns. Do not include stays in hotels while traveling in Spain):

Table with 4 columns: PROVINCE, FROM (Mo/Yr), TO (Mo/Yr), and empty input boxes for each row.

5. I have now, or at one time had, an Spanish Work Permit (for private employment in Spain (NOT connected with U.S. Forces).

6. I was born in the United States. Yes No (If yes, skip questions 7 & 8. If no, continue with question 7.

7. I was born outside of the United States in:

Form with three input boxes labeled City/town, Province, and Country.

8. My U.S. Citizenship is based on: (Check appropriate box)

Birth to an American mother or father, and a Consular Report of Birth Abroad was issued by the U.S. State Department.

Naturalization Month & Year State

NOTE: If you were born in Spain, attach the following TWO items to your application packet:

- a. A copy of the Declaration of Spanish Citizenship Renunciation, and;
- b. A declaration from the Comune where you CURRENTLY reside, verifying that you are NOT listed in official Spanish records as an Spaniard citizen, and that you DO NOT have "residency".

9. I am not now nor have I ever been listed in Spanish Demographics Records as having "Residency".  
 TRUE  FALSE.

10. I have a Spanish ID card (DNI).  YES  NO

11. I now pay, or at any time have paid INCOME TAXES to Spain.  YES  No

12. I or my spouse OWN a house, apartment, or real estate in Spain.  YES  NO

If the answer to Question 13 is yes: The house, apartment, or property in Spain is registered (Check appropriate box):

Only in my name  Jointly with my spouse  Only in my spouse's name.

13. One or both of my parents are/were Spanish citizens (even if they later became citizens of US/other country)  YES  -NO

14. My street address in Spain is: \_\_\_\_\_

15. Phone number where you can be reached:

16. Add any additional information you feel would be pertinent in determining your civilian component eligibility. You may use the reverse of this form.

READ BELOW STATEMENT CAREFULLY BEFORE SIGNING!

WARNING!

FALSE STATEMENTS MADE KNOWINGLY AND WILLFULLY IN PASSPORT APPLICATIONS, AFFIDAVITS, OR OTHER SUPPORTING DOCUMENTS ARE PUNISHABLE UNDER THE PROVISIONS OF 18 USC 1001 AND/OR 18 USC 1542. I UNDERSTAND THAT WILLFUL FALSE STATEMENTS ON ANY PART OF THIS QUESTIONNAIRE MAY BE GROUNDS FOR DENYING EMPLOYMENT OR TERMINATING EMPLOYMENT AFTER I BEGIN WORK. I UNDERSTAND THAT I MUST PROTECT AND MAINTAIN MY NATO SOFA STATUS AS A MEMBER OF THE U.S. CIVILIAN COMPONENT IN SPAIN, AND IT IS MY RESPONSIBILITY TO IMMEDIATELY NOTIFY U.S. AUTHORITIES OF ANY CHANGES IN MY CIVILIAN COMPONENT STATUS. I FURTHER UNDERSTAND THAT THE U.S. FORCES ARE AUTHORIZED TO VERIFY THE ABOVE RESPONSES.

I SWEAR OR AFFIRM THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

ORIGINAL SIGNATURE and DATE

\_\_\_\_\_

# MWR YOUTH PERMISSION SLIP

Please Print Name of Participant(s) \_\_\_\_\_  
\_\_\_\_\_

## PHOTO/VIDEO RELEASE AUTHORIZATION

I give my permission for my youths' photograph/video to be taken during any MWR Youth Activities Event to be used for the purpose of publicity. These photos may be used for program brochures, media productions (ie. Internet), advertisements, photo albums, or news articles.

\_\_\_\_\_  
Signature of Sponsor/Guardian

\_\_\_\_\_  
Date

*On behalf of my youth, family members, and myself, I waive any and all claims of legal actions against the U.S. Government, Morale Welfare & Recreation Department, the Youth Program Staff, its chaperones, or any of their agents in case of an accident or injury which occurs from the non-reckless actions of the officials of the above departments.*

## AUTHORIZATION FOR CONSENT OF MEDICAL TREATMENT

In case of an injury or accident, I hereby authorize medical treatment for my child at the nearest medical facility. It is understood that this authorization is given in advance of any specified diagnosis, treatment or hospital care being required, and is given to provide authority and power on the part of the Medical Center to provide any and all such diagnosis, treatment, or hospital care which any Staff Medical Officer, in the exercising of his/her best judgment, may deem advisable in an emergency.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Address:

\_\_\_\_\_  
Emergency Contact (Name)

\_\_\_\_\_  
Relation:

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Special Concerns of Participant (allergies, etc):

## FILED TRIP PERMISSION

I give my permission for my Youth to accompany the MWR Youth Activities on field trips (walking, van, shuttle, bus). I understand that I will be notified of these field trips in advance and that it is my responsibility to see that my Youth reach the program prior to the time of departure.

\_\_\_\_\_  
Signature Sponsor/Guardian

\_\_\_\_\_  
Date

*For further information, call Kaylee Malone or Geoffrey Rhinehart at DSN #727-4721*



## REFERENCE CHECK WORKSHEET

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

Date: \_\_\_\_\_

1) How long has he/she worked for the organization?

2) How would you rate the applicant on the following? (5 being highest/1 being lowest)

CRITERIA	5	4	3	2	1
A. Ability to learn and take on new assignments					
B. Ability to get along with others					
C. Disagree without causing friction					
D. Meeting deadlines					
E. Knowledge of: N/A	N/A	N/A	N/A	N/A	N/A

3) What are his/her strong points?

4) What area(s) may he/she need improvement in?

5) Have you ever known the applicant to abuse the leave/attendance policy?

6) How would you rate the applicant's overall performance? (Please check one)

OUTSTANDING	HIGHLY SATISFACTORY	SATISFACTORY	LESS THAN SATISFACTORY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7) Do you have any additional comments that may help us with our decision?

NAME OF REFERENCE: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

PHONE #: (    )    -    \_\_\_\_\_

EMAIL: \_\_\_\_\_

RELATIONSHIP TO APPLICANT: \_\_\_\_\_

REFERENCE CHECK CONDUCTED BY: \_\_\_\_\_



**REFERENCE CHECK WORKSHEET**

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Date:

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C. Disagree without causing friction					
D. Meeting deadlines					
E. Knowledge of: N/A	N/A	N/A	N/A	N/A	N/A

3) What are his/her strong points?

4) What area(s) may he/she need improvement in?

5) Have you ever known the applicant to abuse the leave/attendance policy?

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OUTSTANDING	HIGHLY SATISFACTORY	SATISFACTORY	LESS THAN SATISFACTORY

7) Do you have any additional comments that may help us with our decision?

NAME OF REFERENCE:

JOB TITLE:

PHONE #: ( ) -

EMAIL:

RELATIONSHIP TO APPLICANT:

REFERENCE CHECK CONDUCTED BY:



<b>DEPARTMENT OF DEFENSE CONSENT TO CONDUCT INSTALLATION RECORDS CHECK (IRC)</b>		OMB No. 0704-0586 OMB Approval Expires: 20261130
The public reporting burden for this collection of information, OMB Control Number 0704-0586, is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.		
<b>PRIVACY ACT STATEMENT</b>		
<b>AUTHORITY:</b> 34 U.S.C 20351, Child Care Worker Employee Background Checks Requirements for Background Checks; Public Law 115-91, Section 925, (NDAA for FY2018) Background and Security Investigations for Department of Defense Personnel (10 U.S.C. 1564 note); 5 U.S.C. 9101, Access to Criminal History Records for National Security and Other Purposes; Executive Order 10450 Security Requirements for Government Employees; DoD Instruction 1402.05, Background Checks on Individuals in DoD Child Care Services Programs; DoD Manual 1402.05, Background Checks on Individuals in Department of Defense Child Development and Youth Programs.		
<b>PRINCIPAL PURPOSE(S):</b> To collect criminal history information of DoD personnel or contractors seeking to work with children in DoD child care services programs. Information received may be used to assess preliminary interim, on-going, or final suitability/fitness of DoD personnel or contractors working with children in these programs.		
<b>ROUTINE USES:</b> In addition to those disclosures generally permitted under 5 U.S.C. 522a(b) of the Privacy Act of 1974, these records may specifically be disclosed outside of DoD pursuant to 552a(b)(3), including as follows: To designated officers and employees of Federal, State, local, territorial, tribal, international, or foreign agencies, or other public authorities, or to other offices or establishments in the executive, legislative, or judicial branches of the Federal Government, in connection with the hiring or retention of an employee, the conduct of a suitability, credentialing, or security investigation, the classifying of jobs, the letting of a contract, or the issuance of a license, grant or other benefit by the requesting agency, to the extent that the information is relevant and necessary to the requesting agency's decision on the matter and the Department deems appropriate; to the appropriate Federal, State, local, territorial, tribal, foreign, or international law enforcement authority or other appropriate entity where a record, either alone or in conjunction with other information, indicates a violation or potential violation of law.		
A complete list of routine uses may be found in the applicable System of Records Notice (SORN), DUSDI-02 DoD, Personnel Vetting Records System, at <a href="https://dpcl.d.defense.gov/Portals/49/Documents/Privacy/SORNs/OSDJS/DUSDI-02-DoD.pdf">https://dpcl.d.defense.gov/Portals/49/Documents/Privacy/SORNs/OSDJS/DUSDI-02-DoD.pdf</a>		
<b>DISCLOSURE:</b> Voluntary. However, failure to provide all requested information may result in an unfavorable adjudication or determination regarding suitability or fitness to work with children.		
<b>SECTION I. SUBJECT'S INFORMATION</b>		
1. NAME (Last, First, and Middle Name) (Do not use initials or abridgements)		2. OTHER NAME(S) USED (e.g., maiden name, nickname, birth name)
3. PLACE OF BIRTH (City, State, OR Country, if born outside the US)	4. DATE OF BIRTH (YYYYMMDD)	5. SOCIAL SECURITY NUMBER
6. CURRENT ADDRESS (Street, City, State, Zip Code)		
<b>SECTION II. AUTHORIZATION AND RELEASE CERTIFICATION (To be signed by Subject or Parent/Legal Guardian)</b>		
I hereby authorize the DoD to conduct an IRC, which includes the release of information pertaining to me within military law enforcement records, the Defense Central Index of Investigations (DCII) and information pertaining to Family Advocacy Program (FAP) records (child and domestic abuse) maintained in the FAP Central Registry to include US State specific Child Abuse/Neglect registries. I also authorize the other Services within DoD to release the same information listed above from their systems of record for the purposes of completing the IRC. I understand that this consent does not expire and may be utilized to conduct periodic re-verification checks. I also understand that except to the extent such action has been taken, I can revoke my consent at any time but this may preclude my continued service in a Child Care Services position. I understand that pursuant to the Privacy Act, the information collected will be confidential and disclosure limited to purposes authorized under the Privacy Act. I understand that I may request a copy of such records as may be available to me under the law, and that I have a right to challenge the accuracy and completeness of any information contained in the results of the background checks. I release any individual, including records custodians, any component of the United States Government, or the individual supplying information, from all liability for damages that may result on account of compliance or any attempts to comply with this authorization. This release is binding, now and in the future, on my heirs, assignees, associates, and personal representatives of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me.		
7a. PRINT NAME (Subject or Parent/Legal Guardian)	7b. DATE (YYYYMMDD)	7c. SIGNATURE (Subject or Parent/Legal Guardian)
7d. EMAIL ADDRESS	7e. PHONE NUMBER	
<b>SECTION III. POSITION AND BACKGROUND CHECK INFORMATION</b>		
8a. COMMAND / INSTALLATION / ORGANIZATION  NAVSTA ROTA - CYP		8b. POSITION HIRE / START DATE (estimated) (YYYYMMDD)
8c. POSITION CATEGORY		
<input type="checkbox"/> Civilian Employee (APF)	<input type="checkbox"/> Civilian Employee (NAF)	<input type="checkbox"/> Contractor
<input type="checkbox"/> Military Personnel	<input type="checkbox"/> Volunteer	<input type="checkbox"/> In-Home Care Providers (Respite Care, Foster Care, Family Child Care)
<input type="checkbox"/> Junior Reserve Officer (JROTC) Instructor	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> In-Home Care Family Members
		<input checked="" type="checkbox"/> Teen Employee

**SECTION IV. INSTALLATION RECORDS CHECK (To be completed based on service specific procedures)**

**9. FAMILY ADVOCACY PROGRAM**

Type of Check: Initial:  Annual:  5 Year Check:

Date initiated: (YYYYMMDD) \_\_\_\_\_ Date Completed: (YYYYMMDD) \_\_\_\_\_

No record of applicant  Record on file

Met criteria incident found:  Yes  No

Remarks: \_\_\_\_\_

I CERTIFY a records check required by DoDI 1402.05 has been completed and no information exists, unless shown above, that precludes working with children.

9a. Printed Name of Certifying Official: \_\_\_\_\_

9b. Signature: \_\_\_\_\_ Date: (YYYYMMDD) \_\_\_\_\_

**10. INSTALLATION LAW ENFORCEMENT**

Type of Check: Initial:  Annual:  5 Year Check:

Date initiated: (YYYYMMDD) \_\_\_\_\_ Date Completed: (YYYYMMDD) \_\_\_\_\_

No record of applicant:  Record on file:

Any derogatory information found:  Yes  No

Remarks: \_\_\_\_\_

I CERTIFY a records check required by DoDI 1402.05 has been completed and no information exists, unless shown above, that precludes working with children.

10a. Printed Name and Title: \_\_\_\_\_

10b. Signature: \_\_\_\_\_ Date: (YYYYMMDD) \_\_\_\_\_

**11. DEFENSE CENTRAL INDEX OF INVESTIGATIONS (DCII) (Optional check)**

Type of Check: Initial:  Annual:  5 Year Check:

Date initiated: (YYYYMMDD) \_\_\_\_\_ Date Completed: (YYYYMMDD) \_\_\_\_\_

No record of applicant:  Record on file:

Any derogatory information found:  Yes  No

Remarks: \_\_\_\_\_

I CERTIFY a records check required by DoDI 1402.05 has been completed and no information exists, unless shown above, that precludes working with children.

11a. Printed Name and Title: \_\_\_\_\_

11b. Signature: \_\_\_\_\_ Date: (YYYYMMDD) \_\_\_\_\_

**Teen Employment Hiring Fair  
Availability Request / Requirements**

Anticipated Dates of Vacation / Days Off	Placement Preference Request	
	CDC (Ages 0 - 5 years)	SAC (Ages 5 - 12 years)
	No Preference	
	AM	
	PM	
	No Preference	