

NAVY REGION SOUTHWEST FLEET & FAMILY READINESS INTERNAL APPLICATION

NON-APPROPRIATED FUNDS (NAF)

THIS APPLICATION FORM IS INTENDED FOR CURRENT NRSW FFR EMPLOYEES ONLY. FULL CONSIDERATION WILL BE GIVEN TO QUALIFIED APPLICANTS WITHOUT REGARD TO COLOR, CREED, RACE, NATIONAL ORIGIN, SEX, AGE, SEXUAL ORIENTATION or HANDICAP CONDITION.

NAME	WORK PHONE #	PRIMARY PHONE #
ADDRESS (STREET, APT #, CITY, STATE, ZIP CODE)		
<input type="checkbox"/> US CITIZEN	<input type="checkbox"/> PERMANENT RESIDENT	DATE OF NAF BACKGROUND INVESTIGATION

CURRENT EMPLOYMENT INFORMATION

CURRENT POSITION TITLE & DUTIES		
FACILITY	BASE	
DATE HIRED IN CURRENT POSITION	CURRENT CATEGORY <input type="checkbox"/> RFT <input type="checkbox"/> RPT <input type="checkbox"/> FLEX	GRADE OR PAY BAND
CYP ASSISTANTS ONLY SPECIFY CURRENT LEVEL <input type="checkbox"/> ENTRY (CY-01) <input type="checkbox"/> INTERMEDIATE (CY-01) <input type="checkbox"/> TARGET (CY-02)		
REASON FOR SUBMITTING INTERNAL APPLICATION (EXAMPLE: MORE PAY, BENEFITS, CAREER CHOICE, CLOSER TO HOME, ETC.)		

POSITION(S) OF INTEREST

APPLICANTS WHO DO NOT MEET THE MINIMUM REQUIREMENTS OF THE POSITION MAY NOT BE INTERVIEWED

POSITION(S) OF INTEREST (IF ADDITIONAL SPACE IS NEEDED, USE THE BOTTOM OF FORM)		
INTERESTED IN <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> FLEXIBLE	MILITARY SPOUSE YES NO <i>(To claim spousal preference you must attach PCS orders & completed spouse preference request form)</i>	LOCATION(S) OF INTEREST <input type="checkbox"/> CORONADO (NAB/NASNI) <input type="checkbox"/> 24/7 CDC (NASNI) <input type="checkbox"/> NATIONAL CITY (NAVBASE) <input type="checkbox"/> NMC <input type="checkbox"/> POINT LOMA (NBPL/NMAWC) <input type="checkbox"/> OTHER _____

EDUCATION (CYP ASSISTANTS/LEADERS MUST ATTACH PROOF OF DEGREE(S), DIPLOMA, CERTIFICATIONS AND TRANSCRIPTS)

HIGH SCHOOL/GED/EQUIVALENT	<input type="checkbox"/> YES <input type="checkbox"/> NO	CERTIFICATIONS <input type="checkbox"/> _____
COMPLETION OF ALL CYP MODULES (CYP ASSISTANTS ONLY)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE (CHECK ALL THAT APPLY)	<input type="checkbox"/> AA/AS	MAJOR _____ DATE OF COMPLETION _____
	<input type="checkbox"/> BA/BS	MAJOR _____ DATE OF COMPLETION _____
	<input type="checkbox"/> MASTERS OR ABOVE	MAJOR _____ DATE OF COMPLETION _____

SPECIAL SKILLS OR QUALIFICATIONS (PERTAINING TO THE POSITION(S) OF INTEREST)

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WORK HISTORY (IF IN CURRENT POSITION LESS THAN 10 YEARS) WORK HISTORY SUPPLEMENT AVAILABLE UPON REQUEST

NAME OF COMPANY (PREVIOUS POSITION)		POSITION TITLE	
STREET ADDRESS, CITY, STATE & ZIP CODE			
NAME & TITLE OF IMMEDIATE SUPERVISOR		DATE EMPLOYED	DATE LEFT
DESCRIPTION OF DUTIES			
REASON FOR LEAVING			

NAME OF COMPANY (PREVIOUS POSITION)		POSITION TITLE	
STREET ADDRESS, CITY, STATE & ZIP CODE			
NAME & TITLE OF IMMEDIATE SUPERVISOR		DATE EMPLOYED	DATE LEFT
DESCRIPTION OF DUTIES			
REASON FOR LEAVING			

SIGNATURE	DATE
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NAME OF COMPANY (PREVIOUS POSITION)		POSITION TITLE	
STREET ADDRESS, CITY, STATE & ZIP CODE			
NAME & TITLE OF IMMEDIATE SUPERVISOR		DATE EMPLOYED	DATE LEFT
DESCRIPTION OF DUTIES			
REASON FOR LEAVING			

NAME OF COMPANY (PREVIOUS POSITION)		POSITION TITLE	
STREET ADDRESS, CITY, STATE & ZIP CODE			
NAME & TITLE OF IMMEDIATE SUPERVISOR		DATE EMPLOYED	DATE LEFT
DESCRIPTION OF DUTIES			
REASON FOR LEAVING			

NAME OF COMPANY (PREVIOUS POSITION)		POSITION TITLE	
STREET ADDRESS, CITY, STATE & ZIP CODE			
NAME & TITLE OF IMMEDIATE SUPERVISOR		DATE EMPLOYED	DATE LEFT
DESCRIPTION OF DUTIES			
REASON FOR LEAVING			