



MARINE CORPS COMMUNITY SERVICES [MCCS]
PSC Box 8009
Marine Corps Air Station, Cherry Point, NC 28533
APPLICATION for EMPLOYMENT

Please print in ink

www.mccscherrypoint.com

ombcpthr@usmc-mccs.org

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, mental or physical disability.

Human Resource USE ONLY
PNG Check
Neg Ck List

Positions Desired/Job Title: a. b. c.

Date available to start: Work Schedule Desired: Full-time Part-time Flexible Shift: [if applicable] Day Evening Night

Name Social Security Number

Address City State Zip

Telephone # Home Business Cell

E-mail address (Optional) (For statistics only) Male Female

Best time to be reached US CITIZEN Yes/No If "No", are you a permanent resident alien in the US? Yes/No

Are you at least 18 years of age? Yes No If "No", how old?

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 position you are applying for or any other position with the Non-appropriated Fund Instrumentality. If you fail to furnish information requested in this form, your application for employment will not be processed. We also need information on matter such as citizenship, military service, relatives employed by this NAFI, felony convictions and other related personal information to see whether you are affected by laws and regulations we must follow in deciding who may be employed by this federal employer. We must have your Social Security number in order to identify you for personnel record keeping purposes as other people may have the same name. Your SSN may also be used to make requests for information about you from employers, schools, banks and others who know you, as allowed by law. The information we have about you may also be given to Federal, State and local agencies for checking law violations or for other lawful purposes.

RECORD OF MILITARY SERVICE

Branch of Service Date entered Service Date of Discharge/Retirement Mo Year

Retired Military Member Yes/No Rank at time of Discharge/Retirement

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

Are you a spouse or a dependent of an Active Duty or Retired member? Yes/No

Veteran Preference Yes/No [Veterans are preference eligible who have been separated from the Armed Forces under honorable conditions after 3 years or more of continuous active service]

EDUCATION

If education is being substituted for experience or is a requirement of the position, education must be listed on resumé or separate sheet of paper.

Degree/Certifications/licenses

Job-related professional/technical organizations

Please describe any work experience, which you have not listed that may help in evaluating your application.

EMPLOYMENT HISTORY

PREVIOUS NONAPPROPRIATED FUND EMPLOYMENT

Have you ever been employee by this or any other DOD Military Exchange, Club Recreation, Billeting or Child Care Facility? Yes / No If "Yes", give dates and locations.

Inclusive Dates of employment	Name of Activity	Military Installation	Position Held
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Are any relatives employed here at MCCS? Yes / No If "Yes", please indicate name and relationship.

I understand that it is prohibited to be employed under the supervision of a relative. (A relative is defined as a person connected with another by blood or affinity.) In addition, I understand that I am to inform the HR Office of any relative(s) who is employed or assigned to MCCS (or Unit Command for FRO positions), in any capacity, at the present time or at any time in the future. In the event a supervisory relationship should occur, employment reassignment, if possible, shall be considered but not guaranteed.

List employment by most recent or present employer

1. Employer _____ Telephone# _____
Address _____
Position _____ **Salary** _____ Supervisor _____
Job title and brief description of duties _____

Dates Employed: (Month, Day, Year) **FROM:** _____ **TO:** _____

Reason for leaving _____ May we contact employer? Yes / No If "No" explain.

2. Employer _____ Telephone# _____
Address _____
Position _____ **Salary** _____ Supervisor _____
Job title and brief description of duties _____

Dates Employed: (Month, Day, Year) **FROM:** _____ **TO:** _____

Reason for leaving _____ May we contact employer? Yes / No If "No" explain.

3. Employer _____ Telephone# _____
Address _____
Position _____ Salary _____ Supervisor _____
Job title and brief description of duties _____

Dates Employed: (Month, Day, Year) FROM: _____ TO: _____
Reason for leaving _____ May we contact employer? Yes / No If "No" explain.

USE ADDITIONAL SHEETS IF NECESSARY

OTHER PERSONAL INFORMATION

CRIMINAL RECORD

A conviction does not necessarily mean that you cannot be employed. The circumstances of the occurrences and how long ago it 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 offences committed before your 18th birthday, which was finally adjudicated in a juvenile court or under a youth offender law, [3] any convictions set aside under the Federal Youth Correction Act or similar authority.

Have you ever been convicted, forfeited collateral **OR** are you now under any charges for any felony, firearms or explosives offenses against the law? Yes / No

During the **past seven years**, have you been convicted, imprisoned, on probation **OR** are you now under charges for **ANY** offence against the law

[This includes worthless check, simple assault, shoplifting, crime involving child, etc. or any misdemeanor] Yes / No

If you are applying for a children and youth position, have you ever been arrested for or charged with a crime involving a child? Yes / No If "Yes", provide a description of the disposition of the arrest or charge.

While in military service, were you ever convicted by a Court Martial? Yes / No

If you answer "Yes" to any of the above questions, give details for each offense:

[1] date [2] charge [3] place [4] court [5] action taken

ATTENTION – THIS APPLICATION MUST BE SIGNED

Read the following paragraphs carefully before signing this application. A false answer to any of the questions on this application may be grounds for not employing you or for dismissing you after employment. All information will be considered in reviewing your application.

AUTHORITY FOR RELEASE OF INFORMATION

I have completed this 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, educational institutions, law enforcement agencies and other individuals and agencies to duly accredited investigators, Human Resources Personnel and other authorized employees of the Federal Government for that purpose.

CERTIFICATION

I make these statements and sign this Application under penalty of perjury and understanding the penalty for perjury is a fine or imprisonment for not more than five years, or both pursuant to 18 U.S.C. Sec. 1621 and 18 U.S.C. Sec 3571

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.

SIGNATURE

DATE

BACKGROUND VERIFICATION DISCLOSURE

As part of the employment process, the Marine Corps Community Services (MCCS) may obtain a criminal Record Check and/or an investigative Consumer Report. The Fair Credit Reporting Act, codified at 15 U.S.C. sec. 1681 et. seq., as amended by the Fair and Accurate Credit Transactions Act of 2003, Pub. L. No. 108-159, requires that we advise you, that for purposes of employment only, a Consumer Report may be made. This report may include information about your character, general reputation, personal characteristics, or mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided in the event that the report contains information regarding your character, general reputation, personal characteristics, or mode of living.

AUTHORIZATION AND RELEASE

During the application process, and at the time during any subsequent employment, I hereby authorize ChoicePoint Services, Inc, on behalf of the Marine Corps Community Services, to procure a Consumer Report, which I understand may include information regarding my character, general information, personal characteristics, or mode of living. This report may be compiled with information from court record repositories, department of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entries, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification to the extent such investigation includes information bearing on my character, general reputation, personal characteristics, or mode of living.

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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. If an applicants fails to furnish information requested on the form sufficient to conduct a background investigation and make a determination as to your suitability for employment, your employment application will not be processed. Applicants must provide a Social Security Number (SSN) in order to identify them for personnel record keeping purposes because other people may have the same name and birth date. The SSN may also be used to make requests for information about applicants from employers, schools, banks and other/references, but only as allowed by law. The information we collect by using a SSN will be used for employment purposes and for studies and statistics that will not identify the applicant. Information provided on the form may also be given to federal, state, and other local agencies for checking on law violations or for other lawful purposes. If a background investigation reveals unfavorable information, the application may be disqualified or if relevant to an employee, may result in termination. **ROUTINE USES(S):** The Department of the Navy Blanket Routine Uses posted at <http://www.privacy.navy.mil/> apply.

Applicant/Employee Name and Signature

Date

Social Security Number

Date of Birth

HUMAN RESOURCE SECTION

SELECTING OFFICIAL AUTHORIZATION TO HIRE

Position Title _____ Series/Grade _____ FT PT Flexible

Starting Wages _____ CC# _____ Div/Activity _____

Selecting Official Signature _____

Comments:

Selecting Official Signature _____

REV 11/2009

Human Resource USE ONLY

Application sent to _____ Date _____

Application returned to HR _____
