

DEPARTMENT OF HOMELAND SECURITY
U.S. COAST GUARD

NONAPPROPRIATED FUND EMPLOYMENT APPLICATION

Privacy Notice

Authority: The U.S. Coast Guard rates applicants under the authority of Title 5 of U.S. Code, Sections 301, 1104, 1302, 2103, 3301, 3304, Executive Order 9397, and Departmental Regulations.

Principal Purpose: To collect information needed to determine how well an applicant's education and work experience qualify them for the job they are applying for.

Routine Use: This information provided will be shared with the hiring manager and Interview panel members. It may also be shared in response to a request for discovery or for appearance of a witness, information that is relevant to the subject matter involved in a pending judicial or administrative proceeding.

Disclosure: Voluntary, however, failure to disclose requested information may result in an applicant not receiving consideration for a position in which the information is needed.

Agency Disclosure Notice

An agency may not conduct or sponsor an information collection and a person is not required to respond to this information unless it displays a current valid OMB control number and an expiration date. The control number for this collection is OMB 1625-0120, expiration 10/31/2021. The estimated average time to complete this application is 40 minutes. If you have any comments regarding the burden estimate, you can write to U.S. Coast Guard, Community Services Command, 510 Independence Parkway, Suite 500, Chesapeake, VA 23320.

APPLICANT INFORMATION

First Name	Middle Name	Last Name	Position Applied for	Announcement #	Date
Street Address		City		State	Zip Code
Personal Email Address <i>(if available)</i>			Daytime Phone	Evening Phone	

EDUCATION

Mark highest level education completed.

School	Name and City/State	Course of Study	Credit Hours Completed	Degree or Diploma Received <i>(if any)</i>
High School				
College				
Graduate				
Other Education or Training				

List any certifications or licenses you hold that may qualify you for employment.

List any job-related professional or technical organizations to which you belong.

MILITARY SERVICE

Branch of Service	Date Entered Service	Date of Discharge/Retirement	Final Rank	Honorable Discharge
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Describe briefly major duties and responsibilities.

If previous military service *(discharge or retirement)*, please attach a copy of the DD-214: Attached N/A

PREVIOUS FEDERAL GOVERNMENT EMPLOYMENT

Have you ever been employed by this or any other NAF (Coast Guard MWR, Exchange or Department of Defense, AAFES, NEXCOM, DECA, Marine Corps Exchange)? Yes No

Name of NAF:

Location	Job Title	Employment Dates From: To:
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Have you ever been employed as Federal Civil Service Employee? Yes No

Location	Job Title	Employment Dates From: To:
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WORK EXPERIENCE

List most recent employment first. Account for all gaps in employment. **Please, note: if you are in a non-management position, you only need to complete 5 years of work history. If you are in a management position, you only need 7 years of work history.** Complete all fields.

Job Title	Employer	From (mm/yyyy)	To (mm/yyyy)
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Street Address	City	State	Zip Code
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Supervisor's First Name	Supervisor's Last Name	Supervisor's Phone
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Description of Duties:

Reason for Leaving:

May we contact your supervisor? Yes No

If we need to contact your current supervisor before making an offer, we will contact you first.

Job Title	Employer	From (mm/yyyy)	To (mm/yyyy)
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Street Address	City	State	Zip Code
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Supervisor's First Name	Supervisor's Last Name	Supervisor's Phone
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Description of Duties:

Reason for Leaving:

May we contact your supervisor? Yes No

WORK EXPERIENCE (continued)				
Job Title	Employer	From (mm/yyyy)	To (mm/yyyy)	
Street Address	City		State	Zip Code
Supervisor's First Name	Supervisor's Last Name		Supervisor's Phone	
Description of Duties:				
Reason for Leaving:				
May we contact your supervisor? Yes No				
Job Title	Employer	From (mm/yyyy)	To (mm/yyyy)	
Street Address	City		State	Zip Code
Supervisor's First Name	Supervisor's Last Name		Supervisor's Phone	
Description of Duties:				
Reason for Leaving:				
May we contact your supervisor? Yes No				
<i>Please attach additional pages as needed for job history.</i>				
GENERAL				
Are you a U.S. Citizen? Yes No		If no, provide country of citizenship:		
Are you eligible for military spouse employment preference? Yes No				
Are you eligible for military spouse, widow/widower, or mother's derived preference? Yes No <i>If yes, attach Standard Form 15 and applicable documentation.</i>				
Spouse's report station			Reporting Date (mm/dd/yyyy)	
APPLICANT CERTIFICATON				
I certify that, to the best of my knowledge and belief, all of 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 his application may be ground for not hiring me or for terminating me after I begin work. I understand that any information I give may be investigated.				
Signature			Date (mm/dd/yyyy)	