

# NAF EMPLOYMENT APPLICATION PACKET

36TH FORCE SUPPORT SQUADRON  
ANDERSEN AFB, GUAM  
Tel: 366-6141

- OF612, Application for Federal Employment
- OF306, Declaration for Federal Employment

\*\*NAF Employment Application Packet may be downloaded from our website at <http://www.36fss.com/naf.html>\*\*

## **REQUIREMENTS WHEN SUBMITTING APPLICATION PACKET:**

1. **TYPE OR PRINT CLEARLY IN BLACK / BLUE INK**
2. **AGE:** Minimum age for NAF employment is 16 years. Parental/guardian authorization to work is required for ages 16-17 years. Form may be obtained from our Customer Service Counter at the Human Resources Office.
3. **ATTACHED FORMS:** An OF612 (Application for Federal Employment) and OF306 (Declaration for Federal Employment) is required for each position applied. **Please Note:** You may submit a resume containing the information required on the OF612. If your resume does not include the information required you may lose consideration for a job.
4. **SUPPLEMENTAL FORMS FOR CHILD / YOUTH POSITIONS:** Must be submitted if applying for Child / Youth positions. Forms may be obtained from our Customer Service Counter at the Human Resources Office.
5. **PRIOR MILITARY:** Prior military members are required to submit a copy of their DD214 (Member-4 Copy).
6. **MILITARY SPOUSE PREFERENCE CLAIM FORM:** Military spouses who are claiming military spouse preference (MSP) must submit a Spouse Preference Claim Form. Form may be obtained from our Customer Service Counter at the Human Resources Office.
7. **CURRENT NAF EMPLOYEES ON LWOP FROM FORMER BASE:** Attach a copy of your LWOP personnel action report (PAR) or AF2545.
8. **DoD / OPM INTERCHANGE AGREEMENT:** Attach a copy of your most recent personnel action (SF50).

**If you accept or decline a position through a valid offer, your application will be removed from the applicant supply file (ASF). If you wish to reapply for the same position at a later date, you may do so by submitting a new application packet to the Human Resources Office.**

**DEPARTMENT OF THE NAVY IS AN EQUAL OPPORTUNITY EMPLOYER**

## General Information Optional Application for Federal Employment - OF 612

You may apply for most Federal jobs with a résumé, an Optional Application for Federal Employment (OF 612), or other written format. If your résumé or application does not provide all the information requested on this form and in the job vacancy announcement, you may lose consideration for a job. Type or print clearly in black ink. Help speed the selection process by keeping your application brief and sending only the requested information. If essential to attach additional pages, include your name and job announcement number on each page. • Information on Federal employment and the latest information about educational and training provisions are available at or via interactive voice response system: (703) 724-1850 or TDD (978) 461-8404. • Upon request from the employing Federal agency, you must provide documentation or proof that your degree(s) is from a school accredited by an accrediting body recognized by the Secretary, U.S. Department of Education, or that your education meets the other provisions outlined in the OPM Operating Manual. It will be your responsibility to secure the documentation that verifies that you attended and earned your degree(s) from this accredited institution(s) (e.g., official transcript). Federal agencies will verify your documentation. For a list of postsecondary educational institutions and programs accredited by accrediting agencies and state approval agencies recognized by the U.S. Secretary of Education, refer to the U.S. Department of Education Office of Postsecondary Education website at For information on Education and Training Provisions or Requirements, refer to the OPM Operating Manual available at • If you served on active duty in the United States Military and were discharged or released from active duty in the armed forces under honorable conditions, you may be eligible for veterans' preference. To receive preference, if your service began after October 15, 1976, you must have a Campaign Badge, Expeditionary Medal, or a service-connected disability. Veterans' preference is not a factor for Senior Executive Service jobs or when competition is limited to status candidates (current or former career or career-conditional Federal employees). • Most Federal jobs require United States citizenship and also that males over age 18 born after December 31, 1959, have registered with the Selective Service System or have an exemption. • The law generally prohibits public officials from appointing, promoting, or recommending their relatives. • Federal annuitants (military and civilian) may have their salaries or annuities reduced. Every employee must pay any valid delinquent debt or the agency may garnish their salary. • Send your application to the office announcing the vacancy. If you have questions, contact the office identified in the announcement.

### How to Apply:

**1. Review** the listing of current vacancies. **2. Decide** which jobs, pay range, and locations interest you. **3. Follow instructions** provided in the vacancy announcement including any additional forms that are required. • You may apply for most jobs with a résumé, this form, or any other written format; **all applications must include the information requested in the vacancy announcement as well as information required for all applications for Federal employment** (see below): • The USAJOBS website features an online résumé builder. This is a free service that allows you to create a résumé, submit it electronically (for some vacancy announcements), and save it online for use in the future. Certain information is required to evaluate your qualifications and determine if you meet legal requirements for Federal employment. If your résumé or application does not include all the required information as specified below, the agency may not consider you for the vacancy. Help speed the selection process - submit a concise résumé or application and send only the required material. **Information required for all applications for Federal employment: Job Vacancy Specifics** • Announcement number, title and grade(s) of the job you are applying for **Personal Information** • Full name, mailing address (with zip code) and day and evening phone numbers (with area code) and email address, if applicable • Social Security Number • Country of citizenship (most Federal jobs require U.S. citizenship.) • Veterans' preference • Reinstatement eligibility (for former Federal employees) • Highest Federal civilian grade held (including job series and dates held.) • Selective Service (if applicable). **Work Experience** • Provide the following information for your paid and volunteer work experience related to the job you are applying for ► job title (include job series and grade if Federal) ► duties and accomplishments ► employer's name and address ► supervisor's name and telephone number - indicate if supervisor may be contacted ► starting and ending dates (month and year) ► hours per week ► salary

U.S. Office of Personnel Management Previous edition usable

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#### \*\*\*\*\*Privacy Act Statement for NAF Applicants\*\*\*\*\*

"Authority to request this information is derived from 5 U.S.C. 301, Departmental Regulations. The purpose of this information is to determine the qualifications, suitability, and availability of applicants for employment with a NAF activity, and of current employees for reassignment, reinstatement, transfer, or promotion. The information will be used to assess qualifications, entitlement, and overall employment suitability. Completion of information on this form is voluntary. Failure to provide this information may prevent you from receiving full consideration for the position you seek."

# OPTIONAL APPLICATION FOR FEDERAL EMPLOYMENT - OF 612

Form Approved  
OMB No. 3206-0219

<b>Section A – Applicant Information</b>			
Use Standard State Postal Codes (abbreviations). If outside the United States of America, and you do not have a military address, type or print "OV" in the State field (Block 6c) and fill in the Country field (Block 6e) below, leaving the Zip Code field (Block 6d) blank.			
1. Job title in announcement		2. Grade(s) applying for	3. Announcement number
4a. Last name	4b. First and middle names		5. Social Security Number <b>Not Required (leave blank)</b>
6a. Mailing address			7. Phone numbers (include area code, if within the United States of America)
6b. City	6c. State	6d. ZIP Code	7a. Daytime
			7b. Evening
6e. Country (if not within the United States of America)			
8. Email address (if available)			

<b>Section B - Work Experience</b>			
Describe your paid and non-paid work experience related to the job for which you are applying. Do not attach job description.			
1. Job title (if Federal, include series and grade)			
2. From (mm/yyyy)	3. To (mm/yyyy)	4. Salary per \$	5. Hours per week
6. Employer's name and address			7. Supervisor's name and phone number
			7a. Name
			7b. Phone
8. May we contact your current supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/> If we need to contact your current supervisor before making an offer, we will contact you first.			
9. Describe your duties, accomplishments and related skills (if you need to attach additional pages, include your name, address, and job announcement number)			

<b>Section C – Additional Work Experience</b>			
1. Job title (if Federal, include series and grade)			
2. From (mm/yyyy)	3. To (mm/yyyy)	4. Salary per \$	5. Hours per week
6. Employer's name and address			7. Supervisor's name and phone number
			7a. Name
			7b. Phone
8. May we contact your current supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/> If we need to contact your current supervisor before making an offer, we will contact you first.			
9. Describe your duties, accomplishments and related skills (if you need to attach additional pages, include your name, address, and job announcement number)			

### Section D – Education

Upon request from employing Federal agency, you must provide documentation or proof that your degree(s) is from a school accredited by an accrediting body recognized by the Secretary, U.S. Department of Education, or that your education meets the other provisions outlined in the OPM Operating Manual. It will be your responsibility to secure the documentation that verifies that you attended and earned your degree(s) from this accredited institution(s) (e.g., official transcript). Federal agencies will verify your documentation.

For a list of postsecondary educational institutions and programs accredited by accrediting agencies and state approval agencies recognized by the U.S. Secretary of Education, refer to the U.S. Department of Education Office of Postsecondary Education website at <http://www.ope.ed.gov/accreditation/>.

For information on Educational and Training Provisions of Requirements, refer to the OPM Operating Manual available at <http://www.opm.gov/qualifications/SEC-II/s2-e4.asp>

Do not list degrees received based solely on life experience or obtained from schools with little or no academic standards.

1. Last High School (HS)/GED school. Give the school's name, city, state, ZIP Code (if known), and year diploma or GED received:

2. Mark highest level completed: Some HS  HS/GED  Associate  Bachelor  Master  Doctoral

3. Colleges and universities attended. Do not attach a copy of your transcript unless requested.			Total Credits Earned		Major(s)	Degree (if any), Year Received
			Semester	Quarter		
3a. Name						
City State		Zip Code				
3b. Name						
City State		Zip Code				
3c. Name						
City State		Zip Code				

### Section E - Other Education Completed

Do not list degrees received based solely on life experience or obtained from schools with little or no academic standards.

### Section F – Other Qualifications

License or Certificate	Date of Latest License or Certificate	State or Other Licensing Agency
1f.		
2f.		

### Section G – Other Qualifications

**Job-related** training courses (give title and year). **Job-related** skills (other languages, computer software/hardware, tools, machinery, typing speed, etc.). **Job-related** honors, awards, and special accomplishments (publication, membership in professional/honor societies, leadership activities, public speaking and performance awards). Give dates, but do **not** send documents unless requested.

### Section H - General

1a. Are you a U.S. citizen? Yes <input type="checkbox"/> No <input type="checkbox"/> →		1b. If no, give the country of your citizenship.	
2a. Do you claim veterans' preference? Yes <input type="checkbox"/> No <input type="checkbox"/> →		If yes, mark your claim of 5 or 10 points below.	
2b. 5 points <input type="checkbox"/> →		Attach your <i>Report of Separation from Active Duty</i> (DD 214) or other proof.	
2c. 10 points <input type="checkbox"/> Attach		an <i>Application for 10-Point Veterans' Preference</i> (SF 15) and proof required.	
3. Check this box if you are an adult male born on or after January 1 <sup>st</sup> 1960, and you registered for Selective Service between the ages of 18 through 25 → <input type="checkbox"/>			
4. Were you ever a Federal civilian employee? Yes <input type="checkbox"/> No <input type="checkbox"/> →		If yes, list highest civilian grade for the following:	
4a. Series	4b. Grade	4c. From (mm/yyyy)	4d. To (mm/yyyy)
5a. Are you eligible for reinstatement based on career or career-conditional Federal status? Yes <input type="checkbox"/> No <input type="checkbox"/> If requested in the vacancy announcement, attach <i>Notification of Personnel Action</i> (SF 50), as proof.			
5b. Are you eligible under the ICTAP*? Yes <input type="checkbox"/> No <input type="checkbox"/> *ICTAP (Interagency Career Transition Assistance Plan): A participant in this plan is a current or former employee displaced from a Federal agency. To be eligible, you must have received a formal notice of separation such as a RIF separation notice. If you are an ICTAP eligible, normally you will be provided priority consideration for vacancies within your commuting area for which you apply and are well qualified.			

### Section I – Applicant Certification

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 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.

1a. Signature	1b. Date (mm/dd/yyyy)
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# Declaration for Federal Employment

Form Approved:  
OMB No. 3206-0182

## GENERAL INFORMATION

1. FULL NAME (First, middle, last) ◆	2. SOCIAL SECURITY NUMBER ◆
3. PLACE OF BIRTH (Include city and state or country) ◆	4. DATE OF BIRTH (MM/DD/YYYY) ◆
5. OTHER NAMES EVER USED (For example, maiden name, nickname, etc) ◆ ◆	6. PHONE NUMBERS (Include area codes) Day ◆
	Night ◆

## Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

- 7a. Are you a male born after December 31, 1959?  YES  NO *If "NO" skip 7b and 7c. If "YES" go to 7b.*  
 7b. Have you registered with the Selective Service System?  YES  NO *If "NO" go to 7c.*  
 7c. If "NO," describe your reason(s) in item #16.

## Military Service

8. Have you ever served in the United States military?  YES Provide information below  NO  
*If you answered "YES," list the branch, dates, and type of discharge for all active duty.  
 If your only active duty was training in the Reserves or National Guard, answer "NO."*

Branch	From MM/DD/YYYY	TO MM/DD/YYYY	Type of Discharge

## Background Information

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each event. you list will be considered, However, in most cases you can still be considered for Federal jobs.

For questions 9,10, and 11, your answers should include convictions resulting from a plea of nolo contendere (no contest), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law.

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 |                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------|
| 9. During the last 10 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) <i>If "YES," se item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.</i>                                                                                    | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| 10. Have you been convicted by a military court-martial in the past 10 years? <i>(If no military service, answer "NO.") If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.</i>                                                                                                                                                                        | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| 11. Are you now under charges for any violation of law? <i>If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.</i>                                                                                                                                                                                                                                      | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| 12. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency? <i>If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.</i> | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| 13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) <i>If "YES," use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.</i>                     | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |

# Declaration for Federal Employment

Form Approved:  
OMB No. 3206-0182

## Additional Questions

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) If "YES," use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative works.

YES  NO

15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal, civilian, or District of Columbia Government service?

YES  NO

## Continuation Space / Agency Optional Questions

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position and your agency is authorized to ask them).

## Certifications / Additional Questions

**APPLICANT:** If you are applying for a position and have not yet been selected, carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

**APPOINTEE:** If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments 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 for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

17a. Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(Sign in ink)

17b. Appointee's Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(Sign in ink)

**Appointing Officer:**  
Enter Date of Appointment or Conversion  
MM / DD / YYYY

18. **Appointee (Only respond if you have been employed by the Federal Government before):** Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

18a. When did you leave your last Federal job? DATE: \_\_\_\_\_  
MM / DD / YYYY

18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance?

YES  NO  Do Not Know

18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled.

YES  NO  Do Not Know