



Morale, Welfare And Recreation

Application for Employment

(Please print requested information in ink.)

Date: _____

MWR is an Equal Opportunity Employer and does not discriminate against any individual in any phase of employment in accordance with the requirements of local, state, and federal law. In addition, MWR has adopted an Affirmative Action Program with the goal of ensuring equitable representation of qualified women, minorities, Vietnam Era and disabled veterans, and other disabled individuals, at all job levels.

Applicants may be subject to testing for illegal drugs. In addition, applicants for certain positions that receive a conditional offer of employment must pass a medical examination prior to receiving a confirmed offer of employment.

Personal Information

| | | | |
|-------------------------------|------------|-------------|---------------------------|
| Last Name | First Name | Middle Name | Social Security No. |
| Street Address | City | State | Zip code |
| E-mail Address (if available) | | | Telephone No. () |
| Country of Citizenship | | | |

Answer the following questions only if the position for which you are applying requires driving.

Are you licensed to drive a car? Yes No Are you licensed for government vehicles? Yes No

Have you ever been employed by the U.S. government? Yes No

If Yes, note unit name and address

Termination Date

Position

Do you have any relatives employed by the U.S. government?
 Yes No

If Yes, Name/Relationship:

In order to assure proper placement of all associates, please list any special skills, training, or experience which qualify you for the position for which you are applying:

Availability

I am applying for the position:

Date you are available to start work:

Lowest pay you will accept:

(You will not be considered for jobs which pay less than you indicated.)

\$ _____ per _____ /Grade _____

I am seeking (check only one):

- Regular full-time employment (40 hours per week)
- Regular part-time employment (20-34 hours per week)
- Flexible employment (0-40 hours per week for civilians)
- Flexible employment (0-34 hours per week for active duty)
- Seasonal employment (one season, e.g. summer)
- Temporary employment

I am willing to work:

- weekends
- holidays
- shifts
- rotating shifts

If temporary, indicate dates available: _____

Miscellaneous

Within the past seven years, have you been convicted of a crime involving dishonesty or violence?
(A conviction record will not necessarily be a bar to employment.)

Yes No

If Yes, explain:

Education

| Name and location of school attended | Did you graduate? | Courses of study | |
|--------------------------------------|--|------------------|--------|
| High School | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| College | <input type="checkbox"/> Yes <input type="checkbox"/> No | Major | Degree |
| Other (Name and type) | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Work Experience

List below your three most recent employers, starting with your present or last employer. List under company name any periods of unemployment. If you were employed under another name, please enter under the company name. Use additional sheets if necessary.

| Company Name | Address & Phone | Mo./Yr. | Rate of Pay | Job title (If federal, include series & grade) | Reason for leaving |
|--------------|-----------------|---------|-------------|--|--------------------|
| 1 | | From | Starting | | |
| | | To | Final | Name of supervisor | |

Description of work:

| | | | | | |
|---|--|------|----------|--------------------|--|
| 2 | | From | Starting | | |
| | | To | Final | Name of supervisor | |

Description of work:

| | | | | | |
|---|--|------|----------|--------------------|--|
| 3 | | From | Starting | | |
| | | To | Final | Name of supervisor | |

Description of work:

Please read the following paragraph before signing this application:

I certify that the information contained in this application is correct to the best of my knowledge and understand that any misstatement or omission of information is grounds for dismissal in accordance with MWR Department policy. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. In consideration of my employment, **I agree to conform to the rules and regulations of MWR and my employment and compensation can be terminated with or without cause, and with the required 14-day notice, at the option of either the Department or myself.** I understand that no unit manager or representative of MWR other than the Personnel of the Department, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. I hereby authorize MWR to obtain background reports on me.

Applicant's signature _____ Date _____

| Office use only | | | |
|----------------------|----------|--|------------------------------------|
| Employment Date | Facility | <input type="checkbox"/> Regular full-time | <input type="checkbox"/> Flexible |
| | | <input type="checkbox"/> Regular full-tme | <input type="checkbox"/> Temporary |
| Job Title | Job Code | Job Grade | |
| Authorized Signature | Date | | |

Questionnaire

Name (Last, First, Middle)

1. Are you a U.S. Forces Family Member? Yes No If yes, please check one Civilian Military

A. If answer to No 1. (above) is YES, provide name, rank and duty station of sponsor:

Rank and Name

Duty Station

B. If civilian, does sponsor have transportation agreement? Yes No

C. Are you applying for military spouse preference? Yes No

**You will lose this preference even when you check NO if you receive any offer for a USGS/NAFI position lasting longer than one year.*

D. Have you been employed in or declined a job offer for an appropriated or a non-appropriated fund permanent position since you arrived in this area? (This includes temporary positions of one year or longer in duration) Yes No

E. What was your departure date from the United States? _____

F. If answer to No 1. (above) is No, what type of visa do you have, passport number and expiration date:

Visa

Passport Number

Expiration Date

2. What is your expected departure date from Japan?

3. Legal address in the U.S.A.

4. Resident address in local area

5. Mailing address

6. Were you formerly or are you presently employed in a civilian capacity with the U.S. Government?

(Includes non-appropriated fund instrumentalities). Yes No

A. Type of appointment Career Career Conditional Expected

Permanent Temporary

Attach a copy of your latest Notification of Personnel Action (SF-50) or equivalent personnel action notification.

B. Beginning and ending dates of last government employment:

From:

To:

C. Grade:

Step:

D. Your last job title/series/grade:

7. Do you have a Notice of Rating from the U.S. Civil Service Examination? Yes No If YES, please attach a copy

8. Will you work in Atsugi? Yes No

Will you work in Kamiseya? Yes No

Signature

Date

Name: _____

SSN: _____

The purpose of MWR is to provide recreational, fitness/sports, youth, food, beverage and entertainment services that contribute primarily to the readiness of personnel attached to and tenant of U.S. Naval Air Facility, Atsugi, Japan.

To fulfill this mission, all MWR Employees shall possess the following minimum qualifications:

1. Desire to make decisions that yield a high customer satisfaction level.
2. Initiative to accomplish job independently and efficiently.
3. Motivation to perform responsibilities that benefit you!

Do you possess the above minimum qualifications?

Yes No

Employee Signature and Date

NOTE: This questionnaire must be attached to your application. This will become a permanent record in your official personnel folder in the event of selection for a job at MWR.