

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard
NONAPPROPRIATED FUND EMPLOYMENT APPLICATION

OMB No. 1625-New
Expires: mm/dd/yyyy

PRIVACY ACT 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.

Paperwork Reduction Act Statement: 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-new, expiration xx-xx-xxxx. 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

Name	Position Applied for	Announcement Number	Date
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 or 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.

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 Corp Exchange)? Y N	Name of NAF		
Location	Job Title	Salary per /	Employment Dates
Have you ever been employed as a Federal Civil Service Employee? Y N			
Location	Job Title	Salary per /	Employment Dates

WORK EXPERIENCE List most recent employment first. Account for all gaps in employment. Complete all fields.			
Job Title		Employer	
From (mm/yyyy)	To (mm/yyyy)	Address	
Final Salary		Supervisor's Name	Supervisor's Phone
Description of Duties			
Reason for Leaving			
May we contact your current supervisor? Y N			
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)	Address	
Final Salary		Supervisor's Name	Supervisor's Phone
Description of Duties			
Reason for Leaving			
May we contact your former supervisor? Y N			
Job Title		Employer	
From (mm/yyyy)	To (mm/yyyy)	Address	
Final Salary		Supervisor's Name	Supervisor's Phone
Description of Duties			
Reason for Leaving			
May we contact your former supervisor? Y N			

WORK EXPERIENCE CONTINUED

Job Title		Employer
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From (mm/yyyy)	To (mm/yyyy)	Address
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Final Salary	Supervisor's Name	Supervisor's Phone
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Description of Duties

Reason for Leaving

May we contact your former supervisor? Y N

WORK EXPERIENCE CONTINUED

Job Title		Employer
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From (mm/yyyy)	To (mm/yyyy)	Address
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Final Salary	Supervisor's Name	Supervisor's Phone
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Description of Duties

Reason for Leaving

May we contact your former supervisor? Y N

Please attach additional pages as needed for job history.

GENERAL

Are you a U.S. citizen? Y N	If no, give the country of your citizenship:
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Are you eligible for military spouse employment preference? Y N	Are you eligible for military spouse, widow/widower, or mother's derived preference? Y N <i>If so, attach Standard Form 15 and applicable documentation.</i>
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Spouse's report station	Reporting Date (mm/dd/yyyy)
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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 terminating me after I begin work. I understand that any information I give may be investigated.

Signature	Date (mm/dd/yyyy)
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