

DRIVER'S SUPPLEMENTAL INFORMATION

(Please Print)

DATE PREPARED

NAME (Last, First, Middle)	SOCIAL SECURITY NO.	DATE OF BIRTH	PLACE OF BIRTH
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A. ADDRESS(ES) DURING THE PAST 7 YEARS *(Use an additional sheet if necessary) (Include house/apt. no., street, city, state, zip)*

- 1)
- 2)
- 3)
- 4)
- 5)

THIS APPLICATION WON'T BE CONSIDERED UNTIL YOU HAVE PROVIDED A COPY OF YOUR DRIVING RECORD FROM EACH STATE IN WHICH YOU LIVED AND/OR HAVE BEEN LICENSED TO DRIVE WITHIN THE PAST 7 YEARS. COPY OF DRIVING RECORD ATTACHED? YES NO

B. LIST ALL MOTOR VEHICLE OPERATOR'S LICENSES OR PERMITS ISSUED TO YOU DURING THE LAST 7 YEARS. YOU MUST INCLUDE BOTH EXPIRED AND CURRENT LICENSES. *(Including issuing state, license number and date of expiration)*

- 1)
- 2)
- 3)
- 4)
- 5)

HAS YOUR DRIVER'S LICENSE, PERMIT, OR PRIVILEGE EVER BEEN SUSPENDED, REVOKED OR DENIED? IF SO, DESCRIBE IN DETAIL THE FACTS AND CIRCUMSTANCES. IF NOT, INDICATE NONE.

IF SUSPENSION, REVOCATION OR DENIAL WAS THE RESULT OF ANY ACCIDENT OR TRAFFIC VIOLATION, DRUG OR ALCOHOLIC ABUSE, INCLUDE IT IN SECTION C.

C. LIST EACH VIOLATION OF MOTOR VEHICLE LAWS OR ORDINANCES (OTHER THAN PARKING) OF WHICH YOU WERE CONVICTED OR FORFEITED BOND OR COLLATERAL DURING THE PAST 7 YEARS *(Include date of violation, police department (city/county/state) and disposition of charge (amount of fine) (report additional violations on a separate sheet)*

- 1)
- 2)
- 3)
- 4)
- 5)

D. HAVE YOU EVER BEEN ARRESTED, PLED GUILTY, ENTERED A NOLO CONTENDERE PLEA, BEEN ACQUITTED OR CONVICTED OF ANY CRIME, FELONY, OR MISDEMEANOR TO INCLUDE TRAFFIC VIOLATIONS? YES NO *(If YES, include nature of offense, date, county, and state of violation & sentence.)*

- 1)
- 2)
- 3)
- 4)
- 5)

E. LIST EACH MOTOR VEHICLE ACCIDENT IN WHICH YOU WERE INVOLVED DURING THE PAST 7 YEARS. *(Include date of accident, location of accident/ police department, nature of accident including severity of all injuries and/or fatalities.) (Report additional accidents on a separate sheet.)*

- 1)
- 2)
- 3)
- 4)
- 5)

List total over-the-road mileage for all employers _____ months, _____ miles

F. DRIVING EXPERIENCE--LIST ALL DRIVING EMPLOYMENT FOR THE PAST 10 YEARS.

EMPLOYER'S NAME <i>(List last employer first)</i>	DATES OF EMPLOYMENT		EMPLOYER'S ADDRESS	1 - S-Straight Trk T-Trac-Trailer 2 - Number of months 3 - Miles driven		
	FROM	TO		1	St-Trk	Trac-Trl
				1		
				2		
				3		
				1	St-Trk	Trac-Trl
				2		
				3		
				1	St-Trk	Trac-Trl
				2		
				3		
				1	St-Trk	Trac-Trl
				2		
				3		
				1	St-Trk	Trac-Trl
				2		
				3		

G. EQUIPMENT (Check Type Operated)

POWER UNIT	CAB			CAB		AXLES		
<input type="checkbox"/> STRAIGHT TRUCK	<input type="checkbox"/> CONVENTIONAL	<input type="checkbox"/> COE	<input type="checkbox"/> SLEEPER	<input type="checkbox"/> GAS	<input type="checkbox"/> DIESEL	<input type="checkbox"/> SINGLE	<input type="checkbox"/> TANDAM	<input type="checkbox"/> TRIPLE
<input type="checkbox"/> TRACTOR	<input type="checkbox"/> CONVENTIONAL	<input type="checkbox"/> COE	<input type="checkbox"/> SLEEPER	<input type="checkbox"/> GAS	<input type="checkbox"/> DIESEL	<input type="checkbox"/> SINGLE	<input type="checkbox"/> TANDAM	<input type="checkbox"/> TRIPLE

OTHER (Describe)

TYPE OF TRANSMISSIONS OPERATED:

TRAILERS (Type and length)

- CLOSED VAN
- OPEN TOP
- FLAT BED
- OTHER (Specify)

LIST THE STATES IN WHICH YOU HOLD A DRIVER'S LICENSE.

DRIVING AWARDS: (Indicate date received and explain reason for award)

I UNDERSTAND THAT THE INFORMATION I PROVIDE MAY BE USED IN THE INVESTIGATION OF MY BACKGROUND TO DETERMINE MY ELIGIBILITY FOR EMPLOYMENT AS A MOTOR VEHICLE OPERATOR. I CERTIFY THAT THIS INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE _____ DATE _____ CDL NUMBER _____ NO. PAGES ATTACHED _____

FRAGEBOGEN FÜR BEWERBERINNEN/BEWERBER LOCAL NATIONAL EMPLOYMENT APPLICATION - GERMANY ONLY

Stellenbezeichnung/	NUR VOM PERSONALBÜRO AUSZUFÜLLEN/	FOR HR USE ONLY
Datum der Ausschreibung od. Anzeige/Date of posting or advertisement	Eingangsdatum der Bewerbung/Date application received	
Stellenausschreibungsnummer (intern) oder Fundstelle (extern) Vacancy-Announcement # or place of posting or advertisement	Ende der Ausschreibung/Closing Date of Announcement	
Beschäftigungsort/Location	Sonstiges/Other	

TEIL I - ANGABEN ZUR PERSON	SECTION I - PERSONAL DATA
Name, Vorname/Last Name, First Name	Postleitzahl, Ort/Residence Zip, Place
Straße, Hausnummer (c/o) Street, #, (c/o)	Telefon [freiwillige Angabe] Tel# [optional]
Staatsangehörigkeit(en)/Citizenship(s)	Besitzen Sie die US-Staatsbürgerschaft?/Are you also a US citizen?
	<input type="checkbox"/> Ja/Yes US-Sozialversicherungsnr./SSN <input type="checkbox"/> Nein/No
Seit wann sind Sie in der BRD ansässig? Establishment date of residence in FRG	
<small>Haben Sie jemals bei den Entsendestaaten in der Bundesrepublik Deutschland oder im ehemaligen West Berlin gearbeitet (US, Britische, Französische, Kanadische Streitkräfte, Labor Services/Civilian Support Organisation, EES/AAFES-E, NATO, usw.)?/ Have you ever worked for the Sending States Forces in the Federal Republic of Germany or West Berlin (US, British, French, Canadian Forces, Labor Service/Civilian Support Organization, EES/AAFES-E, NATO, etc.)?</small>	
<input type="checkbox"/> Nein/No <input type="checkbox"/> Ja/Yes (Falls Ja, bitte alle Zeiten unter Teil III angeben!)/(If yes, please list all periods in Section III)	

Teil II und III: Nur bei externen Bewerbungen auszufüllen (bei internen Bewerbungen nur wenn nach Einstellung Änderungen eingetreten sind)
Part II and III: Necessary for external applications only (internal if changes after hire occurred)

TEIL II – AUSBILDUNG	SECTION II - EDUCATION										
Art und Ort der Schule/Type and Place of School	Von/From Bis/To Abschluss (Bitte Nachweise beifügen) Are you a graduate? (Please attach certific.)										
	<input type="checkbox"/> Ja/Yes <input type="checkbox"/> Nein/No										
	<input type="checkbox"/> Ja/Yes <input type="checkbox"/> Nein/No										
	<input type="checkbox"/> Ja/Yes <input type="checkbox"/> Nein/No										
Art und Ort der Berufsausbildung/ Vocational Training/ Kind of Training	Von/From Bis/To Abschluss (Bitte Nachweise beifügen) Are you a graduate? (Please attach certific.)										
	<input type="checkbox"/> Ja/Yes <input type="checkbox"/> Nein/No										
	<input type="checkbox"/> Ja/Yes <input type="checkbox"/> Nein/No										
	<input type="checkbox"/> Ja/Yes <input type="checkbox"/> Nein/No										
Fremdsprachen/Foreign Languages											
Bitte Fremdsprachenkenntnisse anführen, zutreffende Kenntnisse ankreuzen (x) /Foreign Languages Skills, please indicate knowledge as appropriate (x)											
Lesen/Reading	Schreiben/Writing	Sprechen/Speaking	Verstehen/Understanding								
Ausgez./ Exc. (3)	Gut/ Good (2)	Anfangsk./ Fair (1)	Ausgez./ Exc. (3)	Gut/ Good (2)	Anfangsk./ Fair (1)	Ausgez./ Exc. (3)	Gut/ Good (2)	Anfangsk./ Fair (1)	Ausgez./ Exc. (3)	Gut/ Good (2)	Anfangsk./ Fair (1)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Berufliche Kenntnisse, andere Fähigkeiten/Professional knowledges, other skills		
<input type="checkbox"/> Fahrerlaubnis Kl. A (Motorrad)/Drivers License Class A (Motorcycle)	<input type="checkbox"/> Erlaubnis zur Beförderung von Gefahrgut/Hazardous Material License	
<input type="checkbox"/> Fahrerlaubnis Kl. B (PKW)/Drivers License Class B (Passenger Car)	<input type="checkbox"/> Kranführerschein/Crane Operator	
<input type="checkbox"/> Fahrerlaubnis Kl. C (LKW)/Drivers License Class C (Truck)	<input type="checkbox"/> Gabelstaplerführerschein/Forklift Operator (License)	
<input type="checkbox"/> Fahrerlaubnis Kl. D (Bus-Personenbeförderung)/Drivers License Class D (Bus-Passenger License)		
<input type="checkbox"/> Microsoft Excel	<input type="checkbox"/> Microsoft Word	
<input type="checkbox"/> Microsoft Powerpoint	<input type="checkbox"/> Microsoft Outlook	Anderer/Other:

Bereitschaft/Einschränkungen zu besonderen Arbeitszeiten/ Willingness/restrictions for special work hours	
<input type="checkbox"/> Nachtschicht/Nightshift	<input type="checkbox"/> Schichtarbeit/Shiftwork
<input type="checkbox"/> Sonn-und Feiertagsarbeit/Sunday/Holiday work	Anderer/Other:

TEIL III - BERUFSERFAHRUNG	SECTION III - PROFESSIONAL EXPERIENCE
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Bitte geben Sie Ihre Arbeitsverhältnisse an. Beschäftigungsverhältnisse bei den US Streitkräften sind alle anzugeben und ggf. auf weiterem Blatt vervollständigen. Bitte Nachweise beilegen. Please state positions you have occupied, if necessary, continue on additional sheet. List all employments with the US Forces. Add documentation please.

Von-Bis (MMM/JJ)/ From-To (MMM/YY)	Arbeitgeber und Anschrift/ Name and address of employer	Tätigkeitsbezeichnung und-beschreibung/ Position title and description of work

TEIL IV - ERKLÄRUNG	SECTION IV - CONFIRMATION
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Vorstrafen/Previous Convictions !!-Nur für externe Bewerber/only for external applicants-!!

Sind Sie jemals zu einer Geld- oder Freiheitsstrafe verurteilt worden?/Have you previously been convicted (Fine/imprisonment)?

Nein/No Ja/Yes - (Geben Sie an, von welchem Gericht, wann, wo und aus welchem Grund)/
(State by what court, when, where and for what reason)

Die Beantwortung dieser Frage ist grundsätzlich freiwillig, wobei Sie bei tätigkeitsbezogenen Vorverurteilungen zur Angabe verpflichtet sind. Eine Einstellung hängt jedoch von der Vorlage eines aktuellen polizeilichen Führungszeugnisses sowie der Bereitschaft, sich der einfachen Sicherheitsüberprüfung zu unterziehen, ab./The answer to this question is voluntary. However, convictions directly related to the position you apply for must be listed. Furthermore, employment depends on submission of a valid Police Good Conduct Certificate and the willingness to undergo the simple security check.

Bemerkungen, Ergänzungen, sonstige freiwillige Angaben (z.B. Behindertenstatus)/
Remarks, amendments, other voluntary information (e.g. Handicapped Status)

Bitte beachten Sie, dass Ihre Bewerbung ohne die vollständigen Nachweise (Schul- und Arbeitszeugnisse) nicht berücksichtigt werden kann. Die in diesem Formular gemachten Angaben werden ausschliesslich zum Zwecke Ihrer Bewerbung für ein Beschäftigungsverhältnis bei AAFES in Deutschland verwendet.
I Please note: without all certificates (employment and school certificates) your application can not be considered. Data in this form will be used exclusively in conjunction with your application for employment with AAFES Germany.

Ich erkläre, dass alle meine Angaben in dieser Stellenbewerbung richtig und vollständig sind. Mit Übersendung der Bewerbungsunterlagen bin ich mit der elektronischen Erfassung, Vervielfältigung, Aufbewahrung und bis zu 3-monatiger Verwahrung derselben einverstanden.
I certify that all the information provided in this application is correct and complete. With transmittal of this application I agree with electronic capturing, copying and storage of the application, as well as archiving for up to 3 months.

Ort/Location Datum/Date Unterschrift/ Signature



EXCHANGE
ARMY AND AIR FORCES EXCHANGE SERVICE
AAFES - TURKEY

İŞE GİRİŞ TALEPNAME Sİ
APPLICATION FOR EMPLOYMENT
(MUST BE FILLED IN ENGLISH)
(İNGİLİZCE OLARAK DOLDURULACAKTIR)

Fotoğraf
Photograph

I. ŞAHSİ MALÜMAT - Personal Information

Üsse Giriş İzni: Var: Yok:
(İşaretleyiniz)

TARİH / Date :

İsim Name	: _____ Soyadı/Last Name Adı/First Name Göbek Adı/MNI	Doğum Tarihi Date of Birth	: _____	Yaşı Age	: _____
Adres Address	: _____	Doğum Yeri Place of Birth	: _____	Cinsiyeti Sex	: _____
Tabiyeti Citizenship	: _____	Telefon Telephone	: _____	Göz Rengi Color of Eyes	: _____
				Saç Rengi Color of Hair	: _____
				Boy Height	: _____
				Ağırlık Weight	: _____
Teşhise yarayacak hususiyetler veya izler Scars or distinctive marks to help identification : _____					

II. MEDENİ HALİ - Marital Status

Bekar Single	<input type="checkbox"/>	Evli Married	<input type="checkbox"/>	Dul Widow(er)	<input type="checkbox"/>	Boşanmış Divorced	<input type="checkbox"/>	Baba İsmi Father's Name	: _____
Kaza vukuunda temas edilecek şahıs ve adresi Person to be notified in case of emergency								Anne İsmi Mather's Name	: _____
İsim (Name)								Eş Spouse	: _____
Adresi (Address)								Çocuklar Children	: _____
Telefon (Telephone)								Akrabalık derecesi (Relationship)	: _____

III. TAHSİL DURUMU - Education Okuduğunuz en yüksek sınıfı işaretleyiniz. - Circle highest school grade attended.

	İLKOKUL Primary School	ORTA OKUL Secondary School	LİSE High School	ÜNİVERSİTE College	Devam ettiğiniz mesleki ve hazırlayıcı okul veya kurslar. Other professional or preparatory schools or courses attended.						
İsmi Name											
Mahalli Location											
Seneler Years											
Mezuniyet Graduated											
YABANCI DİLLER - Foreign Languages					Kullandığınız araç ve makineler List of vehicles or machines you can operate	Ehliyet License					
İngilizce English	Anlarım Understand	<input type="checkbox"/>	Konuşurum Speak	<input type="checkbox"/>	Okurum Read	<input type="checkbox"/>	Yazarım Write	<input type="checkbox"/>	Mükemmel Perfect	<input type="checkbox"/>	
	"	<input type="checkbox"/>	"	<input type="checkbox"/>	"	<input type="checkbox"/>	"	<input type="checkbox"/>	"	<input type="checkbox"/>	
	"	<input type="checkbox"/>	"	<input type="checkbox"/>	"	<input type="checkbox"/>	"	<input type="checkbox"/>	"	<input type="checkbox"/>	

IV. TALEP ETTİĞİNİZ İŞ - Employment Desired

İstenilen vazife Position applied for	: _____	Talep edilen maaş Salary desired	: _____
(Sadece bir pozisyon - one position only)		İhbar süresi Notice required	: _____
Diğer ihtisaslar Also qualified as	: _____	Halen çalışıyorsunuz? Are you employed now	: _____

V. ESKİ İŞVERENLER

En son işverenle başlayarak son altı işinizi yazınız.

FORMER EMPLOYERS

List below last six employers starting with the most recent

ÇALIŞMA MÜDDETLERİ TARİH, AY VE YIL Employment periods dates, month and year	İŞVERENİN ADI VE ADRESİ Name and address of employers	MAAŞ Salary	YAPTIĞINIZ İŞ Work Performed	AYRILIŞINIZIN SEBEBİ Reason for leaving
Tarihten: From				
Tarihe: To				
Tarihten: From				
Tarihe: To				
Tarihten: From				
Tarihe: To				
Tarihten: From				
Tarihe: To				
Tarihten: From				
Tarihe: To				
Tarihten: From				
Tarihe: To				

VI. REFERANS.

Asgari üç senedir tanımakta olduğunuz üç şahsı (akraba ve işverenler hariç) referans olarak gösteriniz.

REFERANCES.

List below the names of three persons other than relatives and employers whom you have known for at least three years

ADI - Name	ADRESİ - Address	İŞİ - Business	TANIŞMA SÜRESİ Years acquainted

VII. SIHHi DURUMU - Physical record

Sihhi durumunuz iyimidir ? Are you in good health ?	:	
30 günden fazla hasta olduğunuzmu? Any illness over 30 days?	:	
Ameliyat olduğunuz mu? Ne ameliyatı ? Have you ever been operated on ? Type of operation ?	:	

VIII. SABİKA KAYDI - Police record

Hiç tutuklandınız mı? Have you ever been arrested ?	:	
Herhangi bir suçtan dolayı cezalandırıldınız mı? Have you ever been convicted of a crime ?	:	
Trafik cezası aldınız mı? Any traffic charges ?	:	

IX. ASKERLİK DURUMU - Military status

Askere duhul ve terhis tarihi : Dates drafted and discharged from military _____	Silahlı Kuvvetler: Armed Forces _____	Sınıfı: Branch _____
Görev Yeriniz: Place of duty _____		Kara - Deniz - Hava: Army - Navy - Air Force
	Terhisteki rütbe: Rank held at discharge _____	

Yukarıda belirtilen bütün bilgilerin doğru olduğunu teyid ederim. Vermiş olduğum bütün bilgilerin tahkik edilmesine müsaade eder ve herhangi bir yanlış bilgilendirmeden dolayı derhal ipten çıkarılmama icap ettirecek bir durumun bütün sorumluluğunu kabul ederim.

I confirm that all information herein is true. I authorize investigation of all statements contained herein above, and I assume full responsibility for any misrepresentation of facts, which may cause my immediate dismissal.

Tarih
Date: _____İMZA
Signature: _____



Army & Air Force Exchange Service
Italy Consolidated Exchange
Ufficio del Personale
Via Aldo Moro – Caserma Ederle – Edificio 367
36100 Vicenza

OGGETTO: Domanda di Lavoro.

A: Candidati Italiani

1. Vi ringraziamo per aver considerato la nostra Azienda per un impiego. L'Exchange offre lavori nelle vendite e nella ristorazione.
2. La domanda e' generica e deve contenere i seguenti requisiti:
 - a) La domanda deve essere compilata interamente in inglese in modo leggibile. Gli impieghi precedenti devono essere completi di indirizzo. Indicare con precisione la conoscenza di lingue straniere. Soltanto i candidati che hanno gia' compiuto il diciottesimo anno di eta' verranno presi in considerazione. Elencare inoltre tre persone, senza legami di parentela, come referenze personali.
 - b) Documentazione da allegare:
 - Fotocopia fronte/retro leggibile di un documento di identita' valido
 - 1 foto formato tessera recente con data e firma sul retro
 - Fotocopia del codice fiscale
 - Fotocopie di attestati o diplomi conseguiti. (Gli studenti universitari dovranno allegare un certificato di frequenza in carta semplice comprovante gli esami sostenuti).
 - Fotocopie dei certificati di servizio rilasciati dalle ditte/aziende presso le quali si sono maturate eventuali esperienze di lavoro o fotocopia del libretto di lavoro.
 - Fotocopia di eventuali patenti speciali.
 - Fotocopia del congedo militare.
3. Il candidato potra' essere contattato telefonicamente per chiarimenti o per un eventuale colloquio in inglese.
4. La validita' della domanda e' di mesi sei (6) dalla data di presentazione. Trascorsi sei mesi dalla data della domanda iniziale, il candidato potra' rinnovarla telefonicamente contattando i seguenti numeri: 0444-717729 o 715478.
5. Le domande di lavoro saranno accettate da lunedi' a venerdi' dalle ore 08.00 alle ore 17.00 presso gli uffici in base, palazzina 367. Per coloro che non hanno accesso alla base, le domande potranno essere inviate per posta al seguente indirizzo:
Via Aldo Moro – Caserma Ederle – Edificio 367 – 36100 Vicenza.



Army & Air Force Exchange Service
Italy Consolidated Exchange
Human Resources Office
Via Aldo Moro – Caserma Ederle – Building 367
36100 Vicenza

SUBJECT: Application for Employment.

TO: Italian applicants (or applicants from the European Community).

1. Thank you for your interest in a position with the Exchange (AAFES) in Vicenza. The Exchange hires individuals for positions in retail or food jobs.
2. Applications must be:
 - a) In English, legible, completely filled out and signed. Previous jobs must be included with the complete address. The language proficiency must be indicated. Also, a list of three personal references (not family members) is requested. Only applicants that are 18 years old or older are eligible for employment.
 - b) Documents to attach:
 - Copy of a valid Italian ID card (both sides)
 - Passport size picture
 - Copy of the "codice fiscale"
 - Copy of high school diplomas (college students must provide certificate of attendance showing the courses already completed)
 - Copy of certificates of previous jobs
 - Copy of any special license
 - Copy of military discharge
3. When a position becomes available, this office will eventually contact the candidate for an interview in English.
4. The application with the Exchange will be valid for six months and can be renewed by calling the following numbers: 0444-717729 or 0444-715478.
5. Applications are accepted Monday through Friday from 0800 – 1700 hours in the Human Resources Office located at Building 367 or can be mailed to the following address:
Via Aldo Moro – Caserma Ederle – Building 367 – 36100 Vicenza.

TAX CODE



EXCHANGE

Army & Air Force Exchange Service
Italy Consolidated Exchange
Human Resources Office
Via Aldo Moro – Caserma Ederle – Building 367
36100 Vicenza

REPLY TO
ATTENTION OF

Ufficio del Personale

DATA _____

DICHIARAZIONE

IL/LA SOTTOSCRITTO/A _____ IN _____
(Cognome e nome) (Nome del coniuge)

NATO/A IL _____ A _____
(Data di nascita) (Luogo di nascita)

DICHIARA CON LA PRESENTE DI NON POSSIEDERE CITTADINANZA/PASSAPORTO
STATUNITENSI, E PERTANTO DESIDERA ESSERE ASSUNTO/A SOLAMENTE COME
CITTADINO/A COMUNITARIO/A.

(Cognome e nome)

(Firma)

**EMPLOYMENT APPLICATION FOR EXTERNAL CANDIDATES
DOMANDA D'IMPIEGO PER CANDIDATI ESTERNI**

GENERAL INSTRUCTIONS/ISTRUZIONI GENERALI

All questions must be answered fully. Answers must be typed or printed. If questions are not answered, applicant will not be considered.
Rispondere in modo esauriente a ciascuna domanda. Scrivere a macchina o in stampatello. In mancanza di risposte, la domanda non verrà presa in considerazione.

NAME (Last, First, Middle)/ COGNOME E NOME _____	DATE AND PLACE OF BIRTH/ DATA E LUOGO DI NASCITA _____	DATE OF APPLICATION / DATA DI COMPILAZIONE _____
ADDRESS (Street, number, city)/ RESIDENZA (Via, n. civico, CAP, città o paese, provincia) _____ _____ _____	E-MAIL ADDRESS/ INDIRIZZO E-MAIL _____ _____	PHONE NUMBER(S)/ NUMERO/I DI TELEFONO _____ _____
CITIZENSHIP/ CITTADINANZA <input type="checkbox"/> ITALIAN <input type="checkbox"/> DUAL CITIZENSHIP OTHER/ALTRA: _____	ID CARD/ PASSPORT NUMBER N. CARTA D'IDENTITÀ O PASSAPORTO _____ _____	FIELD PREFERENCE/ SETTORE DI PREFERENZA <input type="checkbox"/> FOOD/RISTORAZIONE <input type="checkbox"/> RETAIL/VENDITE <input type="checkbox"/> STOCKROOM/MAGAZZINO <input type="checkbox"/> ADMIN/AMMINISTRATIVO
N. AND TYPE OF DRIVER'S LICENCE N. E TIPO DI PATENTE _____		

REFERENCES: List three character references with present address and length of time known
REFERENZE: Elencare tre persone per referenze e a quando risale la conoscenza

FULL NAME/ COGNOME, NOME	ADDRESS & PHONE N./ INDIRIZZO E N. DI TELEFONO	TIME KNOWN/ A QUANDO RISALE LA CONOSCENZA
_____	_____	_____
_____	_____	_____
_____	_____	_____

DO YOU HAVE ANY RELATIVES WORKING FOR THE US GOVERNMENT? LIST NAMES, RELATIONSHIP AND ACTIVITY, DEPARTMENT AND DIVISION WHERE EMPLOYED
AVETE FAMILIARI CHE LAVORANO PER IL GOVERNO STATUNITENSE? ELENCARE NOMI, GRADO DI PARENTELA E LUOGO (COMANDO, DIPARTIMENTO E DIVISIONE) DOVE PRESTANO SERVIZIO.

FULL NAME/ COGNOME, NOME	RELATIONSHIP/ GRADO DI PARENTELA	ORGANIZATION/ DIPARTIMENTO	TITLE & GRADE/ TITOLO E GRADO
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION: Provide full information on education (attach copies of all diplomas and study plan) for credit to be awarded.
 ISTRUZIONE: Fornire dettagliate informazioni sugli studi effettuati, allegando copia dei diploma, piani di studio e certificati con esami sostenuti. Non verranno accettate autocertificazioni sostitutive.

ELEMENTARY SCHOOL/SCUOLA PRIMARIA: _____

JUNIOR HIGH SCHOOL/SCUOLA MEDIA INFERIORE: _____

HIGH SCHOOL/SCUOLA MEDIA SUPERIORE: _____

YEARS ATTENDED/ANNI FREQUENTATI: : _____ DIPLOMA CONFERRED/DIPLOMA CONSEGUITO YES NO

UNIVERSITY-COLLEGE/UNIVERSITÀ: _____ 3 YEAR DEGREE/LAUREA TRIENNALE YES NO

_____ 4/5 YEAR DEGREE/LAUREA QUADRI/QUINQUENNALE YES NO

YEARS ATTENDED/ANNI FREQUENTATI FROM/DAL: _____ TO/AL: _____

FACULTY/FACOLTÀ: _____ DEGREE CONFERRED/LAUREA CONSEGUITA YES NO

ALTRI CORSI (MASTER, SPECIALIZZAZIONE, ETC):

LANGUAGE PROFICIENCY: Excellent, good, fair/CONOSCENZA LINGUISTICA: Eccellente, buona, mediocre

LANGUAGE/ LINGUA	WRITTEN/ SCRITTA	SPOKEN/ PARLATA	READING/ LETTURA	UNDERSTANDING/COMPRESIONE

EMPLOYMENT HISTORY

INSTRUCTIONS: In the spaces below, please provide a description of every position held since your first employment. Start with PRESENT position. Provide specific and detailed information describing your work assignments.

ISTRUZIONI: Negli appositi spazi, descrivete i vari lavori svolti. Iniziate con l' IMPIEGO ATTUALE e risalite fino al primo incarico. Fornite informazioni specifiche e dettagliate riguardo le mansioni svolte.

DATE OF EMPLOYMENT/PERIODO LAVORATIVO FROM (Month & Year): _____ TO (Month & Year): _____ DAL (Mese e Anno): _____ AL (Mese e Anno): _____	TYPE OF POSITION, GRADE AND SALARY QUALIFICA, GRADO E STIPENDIO	REASON FOR LEAVING MOTIVO CESSAZIONE LAVORO
NAME AND ADDRESS OF EMPLOYER NOME ED INDIRIZZO DEL DATORE DI LAVORO _____ _____ _____	KIND OF BUSINESS RAMO D'AFFARI	WEEKLY HOURS ORE SETTIMANALI
DESCRIPTION OF WORK/DESCRIZIONE DEL LAVORO SVOLTO		

DATE OF EMPLOYMENT/PERIODO LAVORATIVO FROM (Month & Year): _____ TO (Month & Year): _____ DAL (Mese e Anno): _____ AL (Mese e Anno): _____	TYPE OF POSITION AND GRADE QUALIFICA E GRADO	REASON FOR LEAVING MOTIVO CESSAZIONE LAVORO
NAME AND ADDRESS OF EMPLOYER NOME ED INDIRIZZO DEL DATORE DI LAVORO _____ _____ _____	KIND OF BUSINESS RAMO D'AFFARI	WEEKLY HOURS ORE SETTIMANALI
DESCRIPTION OF WORK/DESCRIZIONE DEL LAVORO SVOLTO		

DATE OF EMPLOYMENT/PERIODO LAVORATIVO FROM (Month & Year): _____ TO (Month & Year): _____ DAL (Mese e Anno): _____ AL (Mese e Anno): _____	TYPE OF POSITION AND GRADE QUALIFICA E GRADO	REASON FOR LEAVING MOTIVO CESSAZIONE LAVORO
NAME AND ADDRESS OF EMPLOYER NOME ED INDIRIZZO DEL DATORE DI LAVORO _____ _____ _____	KIND OF BUSINESS RAMO D'AFFARI	WEEKLY HOURS ORE SETTIMANALI
DESCRIPTION OF WORK/DESCRIZIONE DEL LAVORO SVOLTO _____ _____ _____		
DATE OF EMPLOYMENT/PERIODO LAVORATIVO FROM (Month & Year): _____ TO (Month & Year): _____ DAL (Mese e Anno): _____ AL (Mese e Anno): _____	TYPE OF POSITION AND GRADE QUALIFICA E GRADO	REASON FOR LEAVING MOTIVO CESSAZIONE LAVORO
NAME AND ADDRESS OF EMPLOYER NOME ED INDIRIZZO DEL DATORE DI LAVORO _____ _____ _____	KIND OF BUSINESS RAMO D'AFFARI	WEEKLY HOURS ORE SETTIMANALI
DESCRIPTION OF WORK/DESCRIZIONE DEL LAVORO SVOLTO _____ _____ _____		

ARE YOU ABLE TO TYPE?/SIETE IN GRADO DI DATTILOGRAFARE?

YES NO

If yes, indicate number of words per minute/In caso affermativo indicate il numero di parole al minuto _____

ARE YOU OR HAVE YOU BEEN LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION, SUCH AS A DRIVER, BOILER FIREMEN, MEDICAL DOCTOR, ATTORNEY, etc?

YES NO

(if yes, explain below)

Siete o siete stato in possesso di particolari abilitazione/patenti professionali, ad esempio Autista mezzi "speciali", Conduttore di Caldaie, Vigile del Fuoco, Procuratore legale, Medico Chirurgo o altro? (Se affermativo, spiegate qui di seguito).

SPECIAL SKILLS AND/OR EXPERIENCE directly related to the position you are applying for/ABILITA' PARTICOLARI E/O SPECIALIZZAZIONI inerenti alla posizione per cui si sta presentando domanda:

ANSWER EACH QUESTION LISTED BELOW BY PLACING "X" IN THE PROPER BOX AND PROVIDE AN EXPLANATION WHEN REQUESTED.
RISPONDETE A CIASCUNA DOMANDA BARRANDO L'APPOSITA CASELLA E FORNENDO MAGGIORI DETTAGLI SE RICHIESTI.

1. Are you a U.S. citizen? Siete cittadino americano?

YES NO

2. Have you ever worked for the U.S. Government (if yes, provide name, date and location of employer below) YES NO
Avete mai lavorato per il Governo Statunitense? (In caso affermativo, indicate nome, data e indirizzo del datore di lavoro)

3. HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION? (If yes, explain below)
SIETE MAI STATI LICENZIATI O COSTRETTI A DARE LE DIMISSIONI DA UN IMPIEGO PER CATTIVA CONDOTTA O SCARSO RENDIMENTO? (In caso affermativo, spiegate i motivi). YES NO

4. MILITARY SERVICE RECORD (IF ANY), INCLUDE DATES, BRANCH OF SERVICE, MILITARY SPECIALITY AND TYPE OF DISCHARGE. YES NO
SERVIZIO MILITARE. INDICATE IL PERIODO, L'ARMA DI APPARTENENZA, LA SPECIALITÀ ED IL TIPO DI CONGEDO.

DICHIARAZIONE DI CONSENSO AL TRATTAMENTO DEI DATI PERSONALI

IL/LA SOTTOSCRITTO/A _____ DICHIARA DI AVER VISIONATO L'INFORMATIVA DI CUI ALL'ART 13 D.LGS 196/2003 IN PARTICOLARE RIGUARDO AI DIRITTI RICONOSCIUTI DALLA LEGGE EX. ART. 7 D.LGS.196/2003, ACCONSENTE AL TRATTAMENTO DEI PROPRI DATI CON LE MODALITÀ E PER LE FINALITÀ INDICATE NELLA INFORMATIVA STESSA, COMUNQUE STRETTAMENTE CONNESSE E STRUMENTALI ALLA GESTIONE DEL RAPPORTO CONTRATTUALE.

DECLARATION OF CONSENT FOR THE HANDLING OF PERSONAL DATA

I, THE UNDERSIGNED, _____ DECLARE HAVING SEEN THE INFORMATION AS PER ARTICLE 13 OF LEGISLATIVE DECREE 196/2003 WITH PARTICULAR REFERENCE TO THE RIGHTS OUTLINED IN ARTICLE 7 OF LEGISLATIVE DECREE 196/2003. I HEREBY GIVE MY CONSENT FOR THE HANDLING OF PERSONAL DATA WITH THE MEANS AND FOR THE PURPOSES INDICATED IN THE INFORMATION ITSELF, AND IN ANY CASE STRICTLY CONNECTED AND INSTRUMENTAL TO THE HANDLING OF THE LABOR RELATIONS.

COGNOME E NOME _____ FIRMA _____ DATA _____

A FALSE STATEMENT ON THIS APPLICATION IS CAUSE FOR REMOVAL/QUALSIASI DICHIARAZIONE FALSA IN QUESTA DOMANDA D'IMPIEGO PUÒ COSTITUIRE MOTIVO DI LICENZIAMENTO.

I DO SOLEMNLY AFFIRM THAT THE INFORMATION CONTAINED HEREIN IS CORRECT TO THE BEST OF MY KNOWLEDGE.
IO, SOTTOSCRITTO/A AFFERMO CON PIENA RESPONSABILITÀ, CHE LE INFORMAZIONI QUI CONTENUTE SONO VERITIERE E CONFORMI A TUTTO QUANTO È DI MIA CONOSCENZA.



EXCHANGE

INITIAL APPLICATION FOR LOCAL NATIONAL EMPLOYMENT with the Army & Air Force Exchange Service (AAFES)

RAF Feltwell Human Resources Office

Bldg. 94 RAF Feltwell, Thetford, Norfolk IP264HL
Telephone: 01842-829946 / Fax #: 01842-827651

Hours of Operation:
0730-1600 Monday-Friday

*Applications should be sent by post or fax or email to RAF Feltwell Human Resources Office for review. As the military forces on the RAF bases require all visitors to be escorted on and off the base, pre-screening interviews will be held during normal business hours,
BY APPOINTMENT ONLY.

PLEASE PROVIDE PHOTOCOPIES OF THE FOLLOWING DOCUMENTATION WITH YOUR COMPLETED APPLICATION (DO NOT SEND ORIGINAL DOCUMENTS):

British Citizen, EU Member, or TCN:

Current Passport or two other forms of ID (including Driver's License, Government issued ID card, Birth Certificate, National Insurance Card, etc.)

British Citizen, EU Member, or TCN who are ALSO a Military Family Member:

Dependant ID card, Sponsor's PCS Orders, Current Visa (*if not from EU member country*)
-In Addition To- Current Passport or two other forms of ID (including Driver's License, Government issued ID card, Birth Certificate, National Insurance Card, etc.)

THANK YOU FOR APPLYING FOR A JOB WITH AAFES!

Your **Initial Application** will be kept on file for 90 days. You are required to put in the **job specific application** when you see any vacancy on www.applymyexchange.com that you are interested in. You may be automatically considered for the applicant pools if we are lack of internal candidates for the job and you match the job's requirements. Please call 01842-829946 to check the status of your application.

Remember, LN applicants may use www.applymyexchange.com for job information. However, As LN applicants, you cannot submit the application on the above website. You have to submit **Job Specific Application** (paper application) to RAF Feltwell Human Resources Office by mail, email, or fax.



**INITIAL APPLICATION FOR LOCAL NATIONAL EMPLOYMENT
with the Army & Air Force Exchange Service (AAFES)**

Full Name (Last, First, Middle, Maiden): _____

Date of Birth:	E-mail:
UK Physical Address:	Post/Mailing Address (if different):
Home Phone:	Mobile Phone:
Nationality:	Date began residing in UK:
Do you have a valid Driver's License? YES NO	National Insurance Number: _____
Do you have a current Passport/Visa? YES NO	Passport #: _____ Visa type: _____
Do you have any relatives that currently work for AAFES?? YES NO	If yes, please provide name(s) and facilities: _____
Have you ever worked for AAFES? YES NO	If yes, what facility and year? _____

We are glad you have decided to apply for a job with the Exchange ! We would like to match the hours you are available to work, with the business hours of the facilities that currently have vacancies. Please be sure to mark days or times that you CANNOT work. If you can only work during particular times, please be specific with the hours that you CAN work, and circle either AM or PM. If you are fully flexible with no restrictions, you may write "ANY" in both the Earliest and Latest time you can work.

DAY OF THE WEEK	EARLIEST Time you can work:	(Please circle one)	LATEST Time you can work:	(Please circle one)	Number of hours you're AVAILABLE to work each week:
Sunday		AM PM		AM PM	Date available to begin work: Positions of interest: (Please circle 1 or more) Positions in Retail Positions in Food Positions in Warehouse Other: _____
Monday		AM PM		AM PM	
Tuesday		AM PM		AM PM	
Wednesday		AM PM		AM PM	
Thursday		AM PM		AM PM	
Friday		AM PM		AM PM	
Saturday		AM PM		AM PM	

Which Categories are you willing to accept: ("Hours per week"—Circle 1 or more)

FULL-TIME (35-39hrs.) PART-TIME (17-34hrs.)

INTERMITTENT (0-16hrs.) TEMP (not to exceed 1 year)

Applicant Initials: _____

FOR HRO USE ONLY:
 Received by: POST/COURIER —or— IN PERSON
 HRA:
 Date Received:
 Expires(90 days):
 Date Renewed:
 Expires(90 days):

EDUCATION & QUALIFICATIONS:		
School/College/University:	Examination/Subject:	Date:
Please list special skills and/or Experience:		

MOST RECENT EMPLOYMENT:	PREVIOUS EMPLOYMENT:
Name of Company: _____	Name of Company: _____
Position within company: _____	Position within company: _____
Date started: _____ Date Left: _____	Date started: _____ Date Left: _____
Reason for leaving: _____	Reason for leaving: _____
Business Telephone Number: _____	Business Telephone Number: _____

Do you have any un-spent criminal records? (Please circle)
Other than minor traffic offences **YES NO**

If "yes", please answer questions below.

Date of Offence/Violation:	Age at the time of the offence:
Nature of Offence/Violation:	Location of Court:
Penalty/Disposition:	

PERSONAL REFERENCES:

Please provide two:
(Other than immediate family members, and you have known for a minimum of 1 year)

Full Name: _____	Full Name: _____
Address: _____	Address: _____
Telephone: _____	Telephone: _____
Length of association: _____	Length of association: _____
Relationship: _____	Relationship: _____

Remarks, work restrictions, allergies, or other voluntary information:

I declare that all the information I have provided on this application form is true and correct to the best of my knowledge. I understand that my application may be rejected and/or I may be dismissed if I have given false information or withheld relevant information.

Applicant Signature: _____ Date: _____

JOB SPECIFIC APPLICATION



JOB SPECIFIC APPLICATION

JOB SPECIFIC APPLICATION FOR LOCAL NATIONAL EMPLOYMENT
with the Army & Air Force Exchange Service (AAFES) at United Kingdom

RAF Feltwell Human Resources Office

Bldg. 94 RAF Feltwell, Thetford, Norfolk IP264HL

Telephone: 01842-829946 / **Fax #:** 01842-827651

Hours of Operation: 0730-1600 Monday-Friday

*If you have not placed **Initial Application** within the last 90 days, you are required to do so. Applications should be sent by **post** or **fax** or **email** to RAF Feltwell Human Resources Office for review **BEFORE** the job closing date.

You are required to put in the **Job Specific Application** (paper application) **EVERYTIME** when you see any vacancy on www.applymyexchange.com that interests you.

As LN applicants, you cannot submit the application on the above website.

Multiple JOB SPECIFIC APPLICATIONs can be submitted.

You may be automatically considered for the applicant pools if we are lack of internal candidates for the job and you match the job's requirements.

Full Name (Last, First, Middle, Maiden):

Vacancy Announcement Numbers for the positions that you would like to apply for:
(It starts as H-)

- 1.
- 2.
- 3.
- 4.
- 5.

Applicant Signature: _____

Date: _____