APPLICATION FOR EMPLOYMENT
NAS Jacksonville
(Please Print - Use Ink)

NAME (Last, First, Middle) | DATE

STREET ADDRESS OR RFD (include apartment # if any) | HOME PHONE

CITY | STATE | ZIP CODE | OFFICE PHONE

BIRTHPLACE (City & State or Foreign Country) | BIRTH DATE (month, day, year) | SEX ☐ MALE ☐ FEMALE

Position/s Applying For: | SALARY DESIRED | Other Last Names ever used

U. S. CITIZEN
☐ YES ☐ NO IF NO, OF WHAT COUNTRY:

IF ON ACTIVE DUTY, LIST:
DEPARTMENT RATE DUTY PHONE AVAILABLE HOURS

MILITARY DEPENDENT ☐ YES ☐ NO IF YES, GIVE SPONSORS:

NAME RATE/RANK

DO YOU HAVE RELATIVES EMPLOYED BY MWR:
GIVE NAME, POSITION AND RELATIONSHIP:

IN CASE OF ILLNESS OR EMERGENCY NOTIFY:
NAME & ADDRESS: PHONE:

ARE YOU RECEIVING A GOVERNMENT PAY, PENSION OR DISABILITY CHECK?
☐ YES ☐ NO IF YES, EXPLAIN:

WOULD YOU ACCEPT EMPLOYMENT: NIGHTS WEEKENDS PART-TIME TEMPORARY
(Circle items that apply)

Have you ever been arrested, charged, convicted or held by law-enforcement authorities (other than minor traffic violations?)
☐ Yes ☐ No If YES, explain:

Have you now or have you ever been a member of
an organization that advocates the overthrow of the U.S. Government? ☐ Yes ☐ No If YES, explain:

EDUCATION

TYPE SCHOOL	NAME & ADDRESS OF SCHOOL	NO. YEARS COMPLETED	DATE GRADUATED	COURSE TAKEN OR DEGREE RECEIVED
High School				
Business, Technical, Vocational				
COLLEGE				

References: List three persons who are not related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under experience.

FULL NAME	PRESENT BUSINESS OR HOME ADDRESS	TELEPHONE # (include AREA CODE)	BUSINESS OR OCCUPATION

I CERTIFY THAT THE STATEMENTS MADE HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE THE DIRECTOR OF MWR ACTIVITIES OR THE DIRECTOR OF THE NAVY EXCHANGE TO CONTACT PAST EMPLOYERS AND REFERENCES TO OBTAIN INFORMATION ABOUT ME. I AGREE TO SUPPLY ADDITIONAL INFORMATION AS REQUIRED, AND TO SUBMIT TO ANY PHYSICAL EXAMINATION THAT MAY BE REQUIRED. I ALSO AGREE TO OBSERVE ALL RULES AND REGULATIONS OF NAVAL AIR STATION JACKSONVILLE. I UNDERSTAND THAT IF ANY STATEMENTS OR INFORMATION ARE FOUND TO BE FALSE OR MISLEADING, SUCH FALSIFICATION MAY BE CAUSE FOR MY IMMEDIATE DISMISSAL

SIGNATURE DATE