

Supplemental Form for NAF Employment

AUTHORITY: 10 U.S.C. 8013

PRINCIPAL PURPOSE: To obtain information necessary to determine suitability for nonappropriated fund (NAF) employment. ROUTINE USES: This information is used by human resources staff to determine suitability for NAF employment.

DISCLOSURE IS VOLUNTARY: Failure to provide information may result in erroneous suitability determination and may be grounds for not employing you or dismiss after you begin work if omission causes the information on this questionnaire to be false and misleading.

APPLICANTS' NAME (Last, First, Middle Initial)

Date of Birth (mm/dd/yr):

JOB REFERRAL INFORMATION

YES

NO

- | | | |
|---|--------------------------|--------------------------|
| 1. I am willing and able to accept full time employment (40 hours per week). | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I am willing and able to accept employment with 20 to 34 hours per week. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I am willing and able to accept employment with less than 20 hours per week. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I am willing and able to work days. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I am willing and able to work weekends and holidays. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I am willing and able to work shifts or evenings. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I will accept the lowest rate of pay or grade of _____. | | |

REFERENCES:

Must have a total of three references. You may substitute a personal reference for employer reference if not available.

Employer Name:

Address: _____

Phone: () _____

Personal Reference:

Address: _____

Phone: () _____

Employer Name:

Address: _____

Phone: () _____

AUTHORIZATION TO RELEASE RECORDS OR INFORMATION

1. I have been advised and understand that the United States Air Force, as a federal employer, has the right and obligation to obtain information necessary to determine my suitability for NAF employment.
2. Therefore, I hereby authorize any federal, state, or local agency or office to release any record or information relating to me.
3. I release all persons from any liability arising out of or resulting from the release of such record or information.
4. I understand that by submitting this application, the employer may conduct a full background check/investigation and I consent to such background check/investigation.

Signature _____ Date _____