

DEPARTMENT OF THE NAVY
Fleet and Family Readiness Non-Appropriated Fund (NAF) Human Resources Office
US Naval Air Station Sigonella, Italy

EMPLOYMENT APPLICATION
LOCAL NATIONAL (LN)

GENERAL INSTRUCTIONS: Prior to completing this form, carefully read the instructions attached to each vacancy announcement or posted on the website <https://cnreurafcenr.cnic.navy.mil/Installations/NAS-Sigonella/About/Jobs/MWR-Jobs>

THE APPLICATION FORM MUST BE COMPLETED IN ENGLISH.

All questions must be fully answered. If a question does not apply to you, write "Not Applicable" or "N/A" in the appropriate space. If questions are not answered, applicant may not be considered. Any prior edition of the Employment Application is obsolete and will not be considered.

POSITION APPLIED FOR		ANNOUNCEMENT NUMBER	
LAST NAME	FIRST NAME	MIDDLE NAME	
RESIDENCE (Street, number, city, province & Zip code)		DOMICILE (Street, number, city, province & Zip code) IF DIFFERENT FROM RESIDENCE	
TELEPHONE NO.	E-MAIL ADDRESS	DATE OF BIRTH	PLACE OF BIRTH
CITIZENSHIP	ID CARD, PASSPORT NUMBER	NUMBER & GRADE OF LICENSE HELD	
Can contact be made with your current employer?		YES	NO
Can contact be made with your previous employers?		YES	NO

EMPLOYMENT HISTORY

INSTRUCTIONS: In the spaces provided below describe your work experience; start with your present or most recent position and work back to the first. Describe also military service, if applicable. Should you need additional space, use a continuation sheet.

DATE OF EMPLOYMENT (month & year)	EXACT TITLE OF POSITION	GROSS SALARY
FROM: TO:		
NAME & ADDRESS OF EMPLOYER	HOURS WORKED PER WEEK	REASON FOR LEAVING
DETAILED DESCRIPTION OF WORK		

DATE OF EMPLOYMENT (month & year)	EXACT TITLE OF POSITION	GROSS SALARY	
FROM: TO:			
NAME & ADDRESS OF EMPLOYER	HOURS WORKED PER WEEK	REASON FOR LEAVING	
DETAILED DESCRIPTION OF WORK			

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FROM: TO:			
NAME & ADDRESS OF EMPLOYER	HOURS WORKED PER WEEK	REASON FOR LEAVING	
DETAILED DESCRIPTION OF WORK			

Do you have any relative/relative-in-law or spouse/domestic partner working for the U.S. Navy? ____YES ____ NO

If yes, provide name, relationship, department and division where employed.

If the question does not apply write "Not Applicable"

A FALSE OR MISLEADING STATEMENT ON THIS APPLICATION MAY BE CAUSE FOR NON-CONSIDERATION OR REMOVAL, AS APPLICABLE.

I DO SOLEMNLY AFFIRM THAT THE INFORMATION CONTAINED HEREIN IS CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE & DATE

DECLARATION OF CONSENT FOR THE HANDLING OF PERSONAL DATA

I _____ in accordance with article 13 of Legislative Decree 196/2003, with particular reference to the rights outlined in article 7 of the same Decree, 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.

SIGNATURE & DATE