## 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)

<b>GENERAL INSTRUCTIONS:</b> Prior to completing					vacancy announcement or posted	
on the website https://cnreurafcent.cnic.navy.m			lla/About/Jobs/	MWR-Jobs		
THE APPLICATION FORM MUST BE COMPL						
All questions must be fully answered. If a quest						
are not answered, applicant may not be conside	ered. <u>Any prior</u>	edition of th	e Employment	Application is obse	olete and will not be considered.	
POSITION APPLIED FOR			ANNOUNCEMEN	NUMBER	<u>_</u>	
LAST NAME	FIRST NAM	IE		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, PA	SSPORT NUMBER		NUMBER & GRADE OF LICENSE HELD	
	_					
Can contact be made with your current emplo		YES	NO			
Can contact be made with your previous empl	loyers?	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 EMPLOYN	IENT (month & year)	EXACT TITLE OF POS	TION		GROSS SALARY
FROM:	TO:				
NAME & ADDRESS	OF EMPLOYER		HOURS WORKED PER WEEK	REASON FO	R LEAVING
DETAILED DESCRI	PTION OF WORK				

DATE OF EMPLOYMENT (month & year)	EXACT TITLE OF POSI	TION		GROSS SALARY
FROM: TO:				
NAME & ADDRESS OF EMPLOYER	I	HOURS WORKED PER WEEK	REASON FO	R 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		

DATE OF EMPLOYMENT (month & year)	EXACT TITLE OF POSITION		GROSS SALARY
FROM: TO:			
NAME & ADDRESS OF EMPLOYER	HOURS WOR	KED PER WEEK REASON FO	DR LEAVING

DETAILED DESCRIPTION OF WORK

## LANGUAGE PROFICIENCY: Level of your proficiency: Excellent, Good, Fair.

LANGUAGE	SPE	AKING		UNDERST	UNDERSTANDING Exc. Good Fair			READING			WRITING		
	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair	
ITALIAN													
ENGLISH													
EDUCATION: Provide full i	nformation	on educati	on (attach	conies of d	linlomas der	nrees certifi	cate with co	n nnleted ex	ams etc.)	<u> </u>	1	<u>I</u>	

EDUCATION: Provide full information on education (attach copies of diplomas, degrees, certificate with completed exams, etc.) I

Did you graduate high school?	YES	<u>NO</u>		
If yes, indicate school name, course of study	y, years of study and	graduation date.		

Do you have college education?

\_\_\_YES \_\_\_NO

If yes, indicate name of college, course of study, date of degree or list of completed exams/number of credits

Answer each question listed below clicking in the proper box and provide an explanation when requested.		
	YES	NO
1. Are you a U.S. citizen?		
2. Have you ever worked for the U.S. Government? (If yes provide agency name, dates and location below.)		
<ol> <li>Have you ever been removed/terminated or forced to resign for misconduct or unsatisfactory performance from any position? If yes, explain below.</li> </ol>		
4. Have you ever been arrested or detained by any police or military authority? If yes, explain below.		
5. Have you ever been convicted for felony? If convicted, give reason below.		

EXPLANATIONS FOR ANSWERS ABOVE SHOULD BE WRITTEN IN DETAIL BELOW.

**Do you have any relative/relative-in-law or spouse/domestic partner working for the U.S. Navy?** \_\_\_\_YES If yes, provide name, relationship, department and division where employed.

\_\_\_\_ NO

\_\_\_\_\_

\_\_\_\_\_

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