



DEPARTMENT OF THE NAVY
OFFICE OF CIVILIAN HUMAN RESOURCES (OCHR)
HUMAN RESOURCES OFFICE (HRO), SIGONELLA, ITALY

EMPLOYMENT APPLICATION
LOCAL NATIONAL (LN) - APPROPRIATED FUNDS

GENERAL INSTRUCTIONS: Prior to completing the Employment Application, carefully read the latest updated "Instructions for Completing the Employment Application" available with the job announcement and on the CNIC Website https://cnreurafcnt.cnic.navy.mil/Installations/NAS-Sigonella/About/Jobs/How-to-Apply/.

Any prior edition of the Employment Application is obsolete and will not be considered. THE APPLICATION FORM MUST BE COMPLETED IN ENGLISH.

DO NOT WRITE IN THIS BLOCK - FOR OFFICE USE ONLY

POSITION APPLIED FOR

ANNOUNCEMENT NUMBER

SECTION I - GENERAL INFORMATION

LAST NAME

FIRST NAME

MIDDLE NAME

DATE OF BIRTH

PLACE OF BIRTH

COUNTRY OF BIRTH

RESIDENCE CITY

PROVINCE

STREET & NUMBER

DOMICILE CITY

PROVINCE

STREET & NUMBER

(If different from residence)

CELLPHONE

HOME PHONE

WORK PHONE

E-MAIL ADDRESS

CITIZENSHIP

ITALIAN

U.S.A.

DUAL - ITALIAN & U.S.A.

OTHER (Specify)

[Empty box for other citizenship specification]

ID CARD

OR

PASSPORT

NUMBER

ISSUING AUTHORITY

EXPIRATION DATE

SECTION II – LICENSES, CERTIFICATIONS, TYPING SPEED, PROFESSIONAL REGISTRATION, ETC.

Must be completed, as applicable, if requested by the vacancy announcement.

DRIVER'S LICENSE:

LICENSE NUMBER

ISSUING AUTHORITY

GRADE OF LICENSE

EXPIRATION DATE

GRADE OF LICENSE

EXPIRATION DATE

GRADE OF LICENSE

EXPIRATION DATE

"A.D.R." LICENSE

ISSUE DATE

EXPIRATION DATE

"C.Q.C." DRIVER QUALIFICATION CERTIFICATION CARD

ISSUE DATE

EXPIRATION DATE

FORKLIFT LICENSE

ISSUING AUTHORITY

ISSUE DATE

EXPIRATION DATE

ENGLISH TYPING SPEED SELF-CERTIFICATION

Indicate your typing speed either in words or strokes per minute

WORDS	
STROKES	

PROFESSIONAL REGISTRATION

BOARD

NUMBER

ISSUE DATE

EXPIRATION DATE

LIST ANY OTHER INFORMATION, SKILLS OR SPECIALIZATIONS.

SECTION III – LANGUAGE PROFICIENCY

Specify Proficiency Level,

LANGUAGE	SPEAKING			UNDERSTANDING			READING			WRITING		
	Excellent	Good	Fair	Excellent	Good	Fair	Excellent	Good	Fair	Excellent	Good	Fair
ITALIAN												
ENGLISH												

SECTION IV – EDUCATION

HIGH SCHOOL

YES

NO

NAME OF SCHOOL

TYPE OF DIPLOMA

YEARS OF STUDY

DATE RECEIVED

COLLEGE/UNIVERSITY EDUCATION

YES

NO

UNDERGRADUATE

UNIVERSITY DEGREE
(3 years = 180 CFUs)

CREDITS ("CFUs")
COMPLETED

NAME OF DEGREE

DATE OF GRADUATION

FINAL GRADING

COLLEGE/UNIVERSITY AND FACULTY

LIST ALL COMPLETED EXAMINATIONS

GRADUATE

4-YEAR UNIVERSITY
DEGREE SYSTEM

I LEVEL UNIVERSITY
MASTER'S DIPLOMA
(60 CFUs)

UNIVERSITY DEGREE
(2 years = 120 CFUs)

UNIVERSITY DEGREE
(5 or 6 years = 300 or 360 CFUs)

CREDITS (CFUs)
COMPLETED

NAME OF DEGREE

DATE OF GRADUATION

FINAL GRADING

COLLEGE/UNIVERSITY AND FACULTY

LIST ALL COMPLETED EXAMINATIONS

**II LEVEL UNIVERSITY
MASTER'S DIPLOMA
(60 CFUs)**

SPECIALIZATION DIPLOMA

DOCTORATE

**YEARS/CREDITS
(CFUs) COMPLETED**

NAME OF DEGREE

DATE COMPLETED

FINAL GRADING

COLLEGE/UNIVERSITY AND FACULTY

LIST ALL COMPLETED EXAMINATIONS

OTHER DEGREES/DIPLOMAS/CERTIFICATIONS/FOREIGN EDUCATION

YES

NO

**YEARS OF STUDY
COMPLETED**

FIELD OF STUDY AND TYPE OF CERTIFICATION

DATE AWARDED

FINAL GRADING

NAME AND TYPE OF INSTITUTION/ORGANIZATION, CITY AND STATE

LIST ALL COMPLETED EXAMINATIONS

ADDITIONAL INFORMATION

SECTION V – EMPLOYMENT HISTORY

EMPLOYMENT HISTORY: Describe the more relevant positions you have held, beginning with your **MOST RECENT** position.
ALL POSITIONS WITH THE U.S. GOVERNMENT (TEMPORARY AND PERMANENT) MUST BE LISTED.

Can contact be made with your current employer?	YES	NO
Can contact be made with your previous employers?	YES	NO

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DATE OF EMPLOYMENT (mmyyyy) FROM	TO	EXACT TITLE OF POSITION & GRADE LEVEL	GROSS MONTHLY SALARY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME & ADDRESS OF EMPLOYER	HOURS WORKED PER WEEK	REASON FOR LEAVING	

DETAILED DESCRIPTION OF WORK

DATE OF EMPLOYMENT (mmyyyy)
FROM

TO

EXACT TITLE OF POSITION AND GRADE LEVEL

GROSS MONTHLY SALARY

NAME & ADDRESS OF EMPLOYER

HOURS WORKED PER WEEK

REASON FOR LEAVING

DETAILED DESCRIPTION OF WORK

Large empty rectangular box for detailed description of work.

DATE OF EMPLOYMENT (mmyyyy)
FROM

TO

EXACT TITLE OF POSITION AND GRADE LEVEL

GROSS MONTHLY SALARY

NAME & ADDRESS OF EMPLOYER

HOURS WORKED PER WEEK

REASON FOR LEAVING

DETAILED DESCRIPTION OF WORK

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EXACT TITLE OF POSITION AND GRADE LEVEL

GROSS MONTHLY SALARY

NAME & ADDRESS OF EMPLOYER

HOURS WORKED PER WEEK

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GROSS MONTHLY SALARY

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GROSS MONTHLY SALARY

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TO

EXACT TITLE OF POSITION AND GRADE LEVEL

GROSS MONTHLY SALARY

NAME & ADDRESS OF EMPLOYER

HOURS WORKED PER WEEK

REASON FOR LEAVING

DETAILED DESCRIPTION OF WORK

Large empty rectangular area for detailed description of work.

Answer each question listed below by checking the proper box and provide an explanation below as applicable.	YES	NO
1. Are you a U.S. citizen?		
2. Have you ever worked for the U.S. Government? If yes, provide agency name, date, and location below.		
3. Have you ever been removed/terminated or forced to resign for misconduct or unsatisfactory service from any position? If yes, explain below.		
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.		

EXPLANATIONS:

6. Do you have any spouse/domestic partner or relative/relative-in-law employed on board U.S. Naval Air Station (NAS), Sigonella?		
If yes, provide name, relationship, department and division where employed.		

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 Legislative Decree 196/2003, 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.

LAST & FIRST NAME	DATE
<p>A false or misleading statement on this application is cause for non-consideration and/or removal, as applicable.</p> <p>I do solemnly affirm that the information contained herein is correct to the best of my knowledge.</p>	
LAST & FIRST NAME	DATE