Army Installation Management Command

JOB APPLICATION		
POSITION INFORMATION		
VACANCY NUMBER 10305601	ANNOUNCEMENT NUMBER OPEN PERIOD NENAFBR1810305601 09/17/2018 to 10/29/2018	
PAY PLAN / SERIES / GRADE NF-0189-2	POSITION TITLE Recreation Assistant (Range Operations) NF-02	
BIOGRAPHIC INFORMATION		* Required
Name		
First *		
Middle		
Last (Family/Surname) *		I
Suffix (Sr, Jr, III, etc.)		
Mailing Address		
Use Standard State Postal Code (ab do not have a military address, prin	breviations). If outside the United States of America, and you t "OV" in State and fill in Country, leaving Postal Code blank.	
Street Address * (House Numer, Stree	t, Apartment, Company, Suite, Unit)	
City *		
State / Territory / Province Post	tal Code *	
Country		

Phone * (at least one is required)

Day	Evening
Mobile	DSN
Country of Citizenship *	
Email Address * (e.g., my_email@domain.com) Date of Birth * (mm/dd) Last 4 Digits of SSN *	

Eligibilities

* Required

* Required

1. Have you been involuntarily separated from the Armed Services with an honorable or general under honorable conditions discharge within the last year? If claiming yes, a copy of the DD 214 (member 4 or service 2 copy) or equivalent must be uploaded with your application to receive preference. For additional information, please go to: http://cpol.army.mil/employ/NAF/NAF_Applicant_Information_Kit.pdf *

- 🔿 Yes
- () No

2. Are you a spouse of an active duty military member? A military spouse is defined as the wife or husband of an active duty member of the US Armed Forces, including the US Coast Guard and the full time National Guard or Reserves. For the purposes of this preference, the marriage must have occurred PRIOR to the service member's relocation via a Permanent Change of Station (PCS) move to the military sponsor's new duty station. If claiming yes, a copy of your Sponsor's Permanent Change of Station (PCS) Orders (along with proof of marriage if applicant's name does not appear on sponsor's orders) must be uploaded with your application to receive preference.

For additional information, please go to: http://cpol.army.mil/employ/NAF/NAF_Applicant_Information_Kit.pdf *

() Yes

() No

3. Are you a Department of Defense (DoD) Nonappropriated Fund (NAF) employee separated by a business-based action within the last year? If claiming yes, a copy of the DA Form 3434 or notice of separation due to business based action must be uploaded with your application to receive priority consideration. For additional information, please go to: http://cpol.army.mil/employ/NAF/NAF_Applicant_Information_Kit.pdf *

⊖ Yes

() No

4. Are you a current Department of the Defense (DoD) Appropriated Fund employee serving in a continuous position with at least one year of continuous Department of the Defense (DoD) APF service? If claiming yes, a copy of your most recent Personnel Action (e.g. SF 50 or equivalent) will be requested to validate this claim.

Note: If you cannot provide a copy of your recent personnel action at the time of application, then your resume must clearly support your claim. For additional information, please go to: http://cpol.army.mil/employ/NAF/NAF_Applicant_Information_Kit.pdf *

1)	Vo
C)	16:

🔿 No

5. Are you a current or former Department of the Defense (DoD) Nonappropriated Funds (NAF) employee? If claiming yes, a copy of your most recent Personnel Action (e.g. DA Form 3434, or equivalent) will be requested to validate this claim.

Note: if you cannot provide a copy of the DA Form 3434 with your application, your resume must clearly indicate your NAF experience.

For additional information, please go to: http://cpol.army.mil/employ/NAF/NAF_Applicant_Information_Kit.pdf *

⊖ Yes

()	No

6. Are you a Veteran? If claiming yes, a copy of the DD 214 (member 4 or service 2 copy) or equivalent must be uploaded with your application to receive priority consideration.

For additional information, please go to: http://cpol.army.mil/employ/NAF/NAF_Applicant_Information_Kit.pdf

*

 \bigcirc

🔵 No

7. Are you the spouse, widow/widower or parent of a veteran who was disabled or killed in action? If claiming yes, If claiming yes, you will need to provide proof to validate this claim prior to a tentative job offer.

For additional information, please go to: http://cpol.army.mil/employ/NAF/NAF_Applicant_Information_Kit.pdf *

🔵 No

Highly Preferred

* Required

* Required

1. Do you possess a valid instructor level certification for Pistol or Riffle from a recognized national governing body? This certification must be reflected on your resume and your certification uploaded at the time of application to be considered a highly preferred candidate. *

\sim	7	Vac
	J	162

🔿 No

AOC

1. Do you reside within a 30 mile commuting distance of West Point, NY?

(Military Spouses moving to the area within 30 days from the closing date of this announcement and Involuntarily Separated Military (ISM) members claiming ISM Preference are included in this area of consideration.) *

🔵 Yes

🔿 No

Assessment 1

* Required

Thank you for your interest in the Recreation Assistant (Range Operations) position with the Nonappropriated Funds Instrumentalities. Please respond to the question(s) below.

1. Do you have experience working with the general public?

This experience must be reflected on your resume to be considered eligible for this position.

() A. Yes

🔿 B. No

2. Do you have experience with firing range operations?

This experience must be reflected on your resume to be considered eligible for this position.

A. Yes

🔿 B. No

3. Do you have experience with firearm safety?

This experience must be reflected on your resume to be considered eligible for this position.*

🔿 A. Yes

🔵 B. No

4. Do you have cashier skills to include receiving payment and providing change to others?*

This experience must be reflected on your resume to be considered eligible for this position.

A. Yes

🔵 B. No

🔵 A. Yes

🔿 B. No

6. Can you lift up to 45 pounds without assistance and heavier loads with assistance?

🔿 A. Yes

O B. No

7. Do you meet the local age restriction (21 years or older) for handling of firearms? *

🔿 A. Yes

O B. No

8. Are you available to work an irregular schedule to include nights, weekends, and holidays? *

A. Yes

O B. No

9. Your responses to the Eligibility Assessment and Occupational Questionnaire, along with your resume and all supporting documentation are subject to evaluation and verification to ensure accuracy. Please take this opportunity to review your responses to ensure their accuracy.*

A. Yes, I verify that all of my responses to this questionnaire are true and accurate. I accept that if my supporting documentation and/or later steps in the selection process do not support one or more of my responses to the questionnaire that my application may be rated lower and/or I may be removed from further consideration.

O B. No, I do not accept this agreement and/or I no longer wish to be considered for this position.

Documents * Required Select the supporting documents you wish to include in your application. (Choose all that apply) The following is a list of supporting documents accepted for this position. You may include one or more documents for each document type. Please note that while you may submit an application without submitting all required documents, failure to submit required documents may adversely affect your consideration for this position. Accepted Documents Over Letter DD-214 Other Resume * SF-50

I certify, to the best of my knowledge and belief, all the information submitted by me with my application for employment is true, complete, and made in good faith, and that I have truthfully and accurately represented my work experience, knowledge, skills, abilities and education (degrees, accomplishments, etc.). I understand that the information provided may be investigated. I understand that misrepresenting my experience or education, or providing false or fraudulent information in or with my application may be grounds for not hiring me or for firing me after I begin work. I also understand that false or fraudulent statements may be punishable by fine or imprisonment (18 U.S.C. 1001).

Applicant Signature