

NONAPPROPRIATED FUND (NAF) EMPLOYMENT QUESTIONNAIRE

(To be used in conjunction with DA Form 3433)

LAST:	FIRST:	MI:	DATE:
TELEPHONE NUMBER: HOME: ()		WORK PHONE:	
IF MESSAGE NUMBER, NAME OF PERSON:		E-MAIL ADDRESS:	
POSITION APPLYING FOR:	VACANCY ANNOUNCEMENT NUMBER:	GRADE OF POSITION:	

Check all boxes below to indicate your availability for the position, which you are applying- note the proposed work schedule as listed on the vacancy announcement. **YOU WILL ONLY BE CONSIDERED BASED UPON YOUR AVAILABILITY.**

FLEXIBLE (SCHEDULED)
 FLEXIBLE (ON-CALL)
 PART-TIME (NLT 20 HRS)
 FULL TIME ONLY

<input type="checkbox"/> YES <input type="checkbox"/> NO CAN YOU WORK DAYTIME HOURS?	<input type="checkbox"/> YES <input type="checkbox"/> NO HAVE YOU APPLIED WITH US BEFORE?
<input type="checkbox"/> YES <input type="checkbox"/> NO CAN YOU WORK WEEKENDS?	IF SO, WHEN? _____
<input type="checkbox"/> YES <input type="checkbox"/> NO CAN YOU WORK EVENINGS AND LATE NIGHTS?	FOR WHAT POSITION: _____ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO CAN YOU WORK HOLIDAYS?	
<input type="checkbox"/> YES <input type="checkbox"/> NO CAN YOU WORK ROTATING SHIFTS?	

FOR USE OF PERSONNEL OFFICE ONLY

NAF REHIRE	ODM	OAV	OANV	SEP	ISM	REINSTATEMENT ELIGIBLE
INCOMPLETE	QUALIFIED		NOT QUALIFIED		INITIAL OF RATER	DATE

REMARKS:
