

**NONAPPROPRIATED FUNDS (NAF) APPLICATION
HUMAN RESOURCES OFFICE**

56 FSS/FSMH
7383 N Litchfield Rd, Ste 3090
LUKE AFB, AZ 85309
(623) 856-7755
(623) 856-3846 (fax)

Visit Our Website for Current Employment Vacancies and Applications www.lukeevents.com

Applications and Resumes may be emailed to 56fss.fsmh@luke.af.mil

APPLICATION PACKET INCLUDES:

- ❖ Application for Federal Employment, OF 612
- ❖ Declaration for Federal Employment, OF 306
- ❖ Consent to Release Records
- ❖ Motor Vehicle Operator Form
- ❖ Physical Fitness for Motor Vehicle Operators Form OF 345
- ❖ Statement of Physical Ability AF Form 243

NOTE: Use Black Ink Pen When Filling Out Forms

REQUIREMENTS WHEN SUBMITTING APPLICATION:

- ❖ A Resume may be submitted with the completed application.
- ❖ **Spouse Preference:** A copy of your spouse's PCS orders to Luke AFB (or commuting vicinity) is required to be considered for spouse preference. You must be included as a dependent on the PCS orders.
- ❖ **Veteran Preference:** A copy of your DD-214 Member Copy 4 must be submitted to be considered for Veteran's Preference. The National Personnel Records Center (NPRC) has provided the following website for veterans to gain access to their DD-214 online: <http://vetrecs.archives.gov/>.

ADDITIONAL REQUIREMENTS:

FOR CHILD DEVELOPMENT CENTER APPLICANTS:

- ❖ Must be at least 18 years of age.
- ❖ Must have a High School Diploma or equivalent (must submit copy with application or fax).

FOR YOUTH CENTER APPLICANTS:

- ❖ Must be at least 18 years of age.
- ❖ Must have a High School Diploma or equivalent (must submit copy with application or fax).
- ❖ Must submit a current copy of your driving record.

FOR POSITIONS WHICH INVOLVE DRIVING A MOTOR VEHICLE:

- ❖ Must submit a current copy of your driving record.

- ❖ Application(s) will remain active for 90 days. You may renew it before the end of 90 days if you have not been selected.
- ❖ CURRENT Luke AFB NAF employees must submit an AF Form 2550, NAF Application for Promotions or other Positions

Human Resources Office Hours of Operation

Monday – Friday: 7:30 a.m. to 4:30 p.m.

Weekends & Holidays: Closed

Employment information is available at the Human Resources Office, located in Bldg.1150, Room 1171 or at www.lukeevents.com. An application drop box is also available across the hall from the HRO if you are unable to come in during hours of operation.

“All Federal NAF employees are required by PL 104-134 to have salary payments made by electronic funds transfer/direct Deposit.”

LUKE AIR FORCE BASE IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

Arts & Crafts Center	Auto Hobby Shop	Bowling Center
Child Development Center	Community Center	Family Child Care
Financial Management Offices	Fitness Center	Off Base Recreation and Lodging Area, Flagstaff (Fort Tuthill)
Golf Course	Golf Course Maintenance	Library
Human Resources Office	Information, Tickets & Travel	Club Thunderbolt
Lodging (AF Force Inns)	Marketing & Publicity	Aquatics Center
Outdoor Recreation	Crustano's Plaza Deli	Youth Activities Center
Veterinary Clinic	Wood Hobby Shop	

NAF HUMAN RESOURCES OFFICE

56 FSS/FSMH
7383 N. Litchfield Road, Room 1171
Luke AFB AZ 85309-1566
(623) 856-7755 (623) 856-3846 (Fax)
Email the NAF Human Resources Office: 56fss.fsmh@luke.af.mil

Non-appropriated fund (NAF) positions support the Morale, Welfare and Recreation programs. We offer a variety of full and part time positions which include but not limited to the following: Child and Youth Program Assistants (child and youth caregivers), Recreation Assistants, Accounting Technicians, Mechanics, Food Service Workers, Waiters/Waitresses, Cooks, Bartenders, Custodial Workers (janitorial & housekeeping) and Laborers. Other positions may be available within Human Resources, Marketing and Publicity, Library, Fitness Center, Golf Course or the Veterinary Clinic. Management support and professional occupations include: Managers and Assistant Managers for Clubs, Lodging, Golf Course, Outdoor Recreation, Bowling Center and Automotive Skills.

For employment opportunities, access Luke NAF Human Resources Office Website at the World Wide Web: <http://www.lukeevents.com>
For additional employment opportunities with the AF Services Career Program, access their website at the World Wide Web: <http://afnafcareers.com>

OTHER FEDERAL EMPLOYMENT AT LUKE AIR FORCE BASE

CIVILIAN PERSONNEL OFFICE

56 FSS/FSMC
7383 N. Litchfield Road, Suite 1172
Luke AFB AZ 85309-1514
24-Hour Job Line: (623) 856-7745 Other Info (623) 856-7747

Fills federal civil service positions that support the Luke AFB mission. Positions include professional, administrative, technical, clerical, and blue collar occupations.

FOR VACANCIES OPEN TO THE GENERAL PUBLIC AND NON-AIR FORCE FEDERAL EMPLOYEES, VISIT:

<http://www.afpc.randolph.af.mil/afcivilianjobs/>

or <http://www.usajobs.gov> or call Office of Personnel Management Employment Job Line 1-703-724-1850
TTY/TDD Line 1-978-461-8404

Current permanent Air Force employees should apply through the Air Force Personnel Center (AFPC) at
<https://ask.afpc.randolph.af.mil/>

or call AFPC at 1-800 616-3775 TYY/TDD Line 1-800 382-0893

Interested in an Air Reserve Technician (ART) position? Visit: www.afreserve.com or <http://www.afrc.af.mil>.
Call commercial (487) 327-0113 or DSN 497-0113.

ARMY AND AIR FORCE EXCHANGE SERVICE (AAFES)

Luke AFB Exchange Office,
ATTN: Human Resources Office
7123 N. 138th Avenue
Luke AFB AZ 85307
(623) 935-2671 Option 5

Fills non-appropriated fund (NAF) AAFES positions involved with the sale of products/services to military members and their families. Positions include sale associates, cashier checkers, food service workers, and stocker positions located at the Base Exchange (BX). The Optical Shop, Flower Shop, Beauty/Barber Shop, and Laundry are concessionaires of AAFES. Apply directly with each concessionaire.

For additional employment opportunities, access AAFES World Wide Web: <http://www.aafes.com>

COMMISSARY

Contact the Luke AFB Commissary at (623) 935-3821 for information on employment.

OPTIONAL APPLICATION FOR FEDERAL EMPLOYMENT - OF 612

You may apply for all jobs with a resume, this application or other written forms to include an email.

1 Job title in announcement	2 Grade(s) applying for	3 Announcement Number
4 Last name	First and middle names	5 Social Security Number
6 Mailing address		7 Phone numbers (include area code)
City	State	ZIP Code
Daytime ()		Evening ()
Email:		

WORK EXPERIENCE

8 Describe your paid and nonpaid work experience related to the job for which you are applying. Do **not** attach job descriptions.

1) Job title (if Federal, include series and grade)

From (MM/YY)	To (MM/YY)	Salary	per	Hours per week
		\$		
Employer's name and address				Supervisor's name and phone number
				()
Describe your duties and accomplishments				

2) Job title (if Federal, include series and grade)

From (MM/YY)	To (MM/YY)	Salary	per	Hours per week
		\$		
Employer's name and address				Supervisor's name and phone number
				()
Describe your duties and accomplishments				

9 May we contact your current supervisor?

YES

NO

If we need to contact your current supervisor before making an offer, we will contact you first.

EDUCATION

10 Mark highest level completed.

Some HS

HS/GED

Associate

Bachelor

Master

Doctoral

11 Last high school (HS) or GED school. Give the school's name, city, State, ZIP Code (if known), and year diploma or GED received.

12 Colleges and universities attended. Do not attach a copy of your transcript unless requested.

1)	Name	Total Credits Earned		Major(s)	Degree - (if any)	Year Received
		Semester	Quarter			
	City	State	ZIP Code			
2)						
3)						

OTHER QUALIFICATIONS

13 Job-related training courses (give title and year). Job-related skills (other languages, computer software/hardware, tools, machinery, typing speed, etc. Job-related certificates and licenses (current only). Job-related honors, awards, and special accomplishments (publications, memberships in professional/honor societies, leadership activities, public speaking, and performance awards.) Give dates, but do not send documents unless requested.

GENERAL

14 Are you a U.S. citizen?

YES

NO

Give the country of your citizenship.

15 Do you claim veterans' preference?

NO

YES

Mark your claim of 5 or 10 points below.

5 points

Attach your DD 214 or other proof.

10 points

Attach an Application for 10-Point Veterans' Preference (SF 15) and proof required.

16 Were you ever a Federal civilian employee?

NO

YES

For highest civilian grade give:

Series Grade From (MM/YY) To (MM/YY)

17 Are you eligible for reinstatement based on career or career-conditional Federal status?

NO

YES

If requested, attach SF 50 proof.

APPLICANT CERTIFICATION

18 I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete and made in good faith.

I understand that false or fraudulent information on or attached to this application may be grounds for not hiring me or firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated.

SIGNATURE

DATE SIGNED

Declaration for Federal Employment

FORM APPROVED:
OMB No. 3206-0182

GENERAL INFORMATION

1. Full Name <i>(First, middle, last)</i> ◆ <hr/> 3. PLACE OF BIRTH <i>(Include city state or country)</i> ◆ <hr/> 5. OTHER NAMES USED <i>(For example, maiden name, nickname, etc.)</i> ◆ ◆	2. SOCIAL SECURITY NUMBER ◆ <hr/> 4. DATE OF BIRTH <i>(MM/DD/YYYY)</i> ◆ <hr/> 6. PHONE NUMBER <i>(Include area codes)</i> ◆ Day ◆ Night
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Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

- 7a. Are you a male born after December 31, 1959? YES NO If "NO" skip 7b and 7c. If "YES" go to 7b.
 7b. Have you registered with the Selective Service System? YES NO If "NO" go to 7c.
 7c. If "NO," Describe your reason(s) in item #16.

Military Service

8. Have you ever served in the United States military? If "YES" provide information below NO
 If you answered "YES," list the branch, dates, and type of discharge for all active duty.
 If your only active duty was training in the Reserves or National Guard, answer "NO."

BRANCH	FROM <small>MM/DD/YYYY</small>	TO <small>MM/DD/YYYY</small>	Type of Discharge

Background Information

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9, 10, 11, your answers should include convictions resulting from a plea of *nolo contendere* (no contest), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or State law.

- | | | |
|--|--|---------------------------------------|
| 9. During the last 10 years, have you been convicted, be imprisoned, been on probation, or been on parole? (Include felonies, firearms or explosives violations, misdemeanors, and all other offenses.) <i>If "YES," use item 16 to provide the date, explanation of the violation, place of occurrences, and the name and address of the police department or court involved.</i> | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| 10. Have you been convicted by a military court-martial in the past 10 years? <i>(If no military, answer "NO.") If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.</i> | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| 11. Are you now under the charges for any violation of law? <i>If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.</i> | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| 12. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency? <i>If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.</i> | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| 13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) <i>If "YES," use item 16 to provide the types, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.</i> | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |

Declaration for Federal Employment

FORM APPROVED:
OMB No. 3206-0182

Additional Questions

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) *If "YES," use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative works.*

Yes No

15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service?

Yes No

Continuation Space / Agency Optional Questions

16. Provide details requested in items 7 through 18c in space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP codes in all addresses. If any questions are printed below, please answer as instructed (*these questions are specific to your position and your agency is authorized to ask them*).

Certifications / Additional Questions

APPLICANT: If you are applying for a position and have not yet been selected, carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

APPOINTEE: If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. I **certify** that, to the best of my knowledge and belief, all of the information on and attached to the Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. **I understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment.** I understand, that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. **I consent** to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators personnel specialists, and other authorized employees or representative of the Federal Government. **I understand** that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

17a. Applicant's Signature: _____ Date _____
(Sign in ink)

17b. Appointee's Signature: _____ Date _____
(Sign in ink)

Appointing Officer:
Enter Date of Appointment or Conversion
MM/DD/YYYY

18. Appointee (only respond if you have been employed by the Federal Government before): Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

18a. When did you leave your last Federal Government employment? DATE: (MM/DD/YYYY)

18b. When you worked for the Federal Government at the last time, did you have Basic Life Insurance or any type of optional life insurance? YES NO Do Not Know

18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If you answer to item 18c is "NO," use item 16 to identify the types(s) of insurance for which waivers were not canceled. YES NO Do Not Know

**ACKNOWLEDGEMENT OF RIGHTS
And
CONSENT TO RELEASE RECORDS**

AUTHORITY: 42 U.S.C. 13041 AND 10 U.S.C. 8013

PRINCIPAL PURPOSE: To obtain information necessary to determine suitability for Non-Appropriated fund (NAF) employment and to comply with Public Law 101-647, Section 231, and DoDI 1402.5, Criminal History Background Checks on Individuals in Child Care Services.

ROUTINE USES: This information is used by NAF Human Resources to determine suitability for NAF employment.

DISCLOSURE: Mandatory. Refusal to sign this form shall result in the employer's refusal to consider application for employment. In the case of an incumbent of a position involved with children under the age of 18, refusal to sign this form shall result in removal from such position.

APPLICANT/EMPLOYEE ACKNOWLEDGEMENT:

1. I have been advised and understand that the United States Air Force, as a Federal employer, has an obligation to require installations records checks as a condition of my employment. I have been advised that I have a right to obtain a copy of any derogatory report made available to such employer or potential employer and to challenge the accuracy and completeness of any information included in such report.
2. I understand that as a condition of NAF employment at Luke AFB, satisfactory completion of the following applies:
 - a. An Installation Records Check (IRC) through base Security Forces is required.
 - b. For all positions considered Positions of Trust to include positions requiring access to the Local Area Network (LAN): a local IRC, a State Criminal History Repository Check (SCHRC) in the state where I reside and in states where I have formally resided, and a National Agency Check with Inquiries (NAC), including a Federal Bureau of Investigation fingerprint name check are required.
 - c. For all positions working with children under the age of 18: an IRC at all installations I have identified as residences during the preceding two years, SCHRC, and a NAC are required. The installation records check will include, as a minimum, inquiries of the Security Forces, Medical Treatment Facility, the Family Housing, Social Actions, and the Family Advocacy.
3. I hereby authorize any Federal, state, or local agency or office to release any record relating to me which is necessary to complete the record checks described above. I release all persons from any liability arising out of or resulting from the release of such record or information.
4. I understand that by submitting this application, the employer will conduct a background check/investigation as described above and I consent to such background check/investigation. I further understand that copies of this authorization which show my signature are as valid as the original release signed by me and this authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner.

SIGNATURE: _____

DATE: _____

PRINT NAME: _____

FOR APPLICANTS/EMPLOYEES UNDER THE AGE OF 18: Applicants under the age of 18 will not work with children under the age of 18 and minor's juvenile records are generally sealed unless juveniles are charged as an adult. A parent or legal guardian consent is required for all applicants and/or employees under the age of 18.

NAME OF PARENT/LEGAL GUARDIAN: _____

SIGNATURE OF PARENT/LEGAL GUARDIAN: _____ **DATE:** _____

FOR POSITIONS REQUIRING MOTOR VEHICLE OPERATION

NAME: _____

DOB: _____

As an applicant for a position involving the operation of a motor vehicle, you must answer the following questions:

A. Have you ever been charged with driving while under the influence of alcohol or a controlled substance? **YES** _____ **NO** _____

B. If your answer to **A** is "**YES**", at a minimum provide the date and location of the incident giving rise to the charge; the name of the law enforcement agency which investigated the incident; the name and address of the court which adjudicated the charge, and the disposition of the charge.

C. Have you ever refused a law enforcement official's request to submit to a test (e.g.; a blood alcohol test or urinalysis) related to the official's suspicion that they were driving under the influence of alcohol or a controlled substance? **YES** _____ **NO** _____

D. If your answer to **C** is "**YES**", at a minimum provide the date and location of the incident; the name of the law enforcement agency which made the request; the name and address of the court which adjudicated any charge which resulted from the refusal; and the disposition of any charge which resulted from the refusal.

E. During the past 10 years, have you been involved in a traffic accident for which you were found to be at fault? **YES** _____ **NO** _____

F. If your answer to **E** is "**YES**", at a minimum provide the date and location of the accident; the name of the law enforcement agency which investigated the accident; the name and address of the court which adjudicated any charge which resulted from the accident; and the disposition of any charge which resulted from the accident.

G. During the past five years, have you been cited for any moving traffic violation?
YES _____ **NO** _____

H. If your answer to **G** is "**YES**", at a minimum provide the date and location of this violation; the name of the law enforcement agency which issued the citation; the name and address of the court which adjudicated the citation; and the disposition of the citation.

Note: A check of your driving record is required as a condition of employment. You are responsible for obtaining a copy at your own expense.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT. I UNDERSTAND THAT THE PENALTY OF PERJURY IS A FINE OF UP TO \$250,000 OR IMPRISONMENT FOR UP TO 5 YEARS, OR BOTH.

Signature: _____

Date of Application: _____

Driver's License # _____

Expiration Date: _____

Verified By: _____

Date Verified: _____

Only for positions which require operating a Motor Vehicle -
Complete the following forms and attach a current driving record.

OF 345
(11/85)
Office of Personnel Management
FPM Chapter 930 (EF-V11)(PerFarm Pro)

PHYSICAL FITNESS INQUIRY FOR MOTOR VEHICLE OPERATORS

1. Name (Last, First, Middle)	2. Date of Birth (Month, Day, Year)	3. Title of Position
4. Home Address (Number, Street or RFD, City, State and Zip Code)	5. Employing Agency	

6. Have you ever had or have you now: (Place check at left of each item.)

YES	NO		YES	NO	
		Poor vision in one or both eyes			Arthritis, rheumatism, swollen or painful joints
		Eye disease			Loss of hand, arm, foot, or leg
		Poor hearing in one or both ears			Deformity of hand, arm, foot, or leg
		Diabetes			Nervous or mental trouble of any kind
		Palpitation, chest pain, or shortness of breath			Blackouts or epilepsy
		Dizziness or fainting spells			Sugar or albumin in urine
		Frequent or severe headaches			Excessive drinking habit (Alcohol)
		High or low blood pressure			Other serious defects or diseases
		Drug or narcotic habit			

7. If your answer is "Yes" to one or more of the above questions, explain fully in this space, indicating date of original condition and current status:

8. (A) Do you wear glasses (or contact lenses) while driving? YES NO

(B) Do you wear a hearing aid? YES NO

PRIVACY ACT STATEMENT

Solicitation of this information is authorized by 40 U.S.C. 491 and 5 CFR Part 930 Subpart A, which require OPM to regulate Federal employees use of Government-owned or -leased motor vehicles. It is used to ascertain the physical fitness of Federal employees, whose jobs require authorization to drive Government-owned or -leased vehicles. It is also used in the renewal of authorizations for all such employees.

Based on the information provided, employees may be referred for a medical examination before being granted an initial authorization or a renewal. The disclosure of this information is mandatory when an employee's job requires driving a Federal motor vehicle and is voluntary otherwise. However, failure to complete when requested may result in you not being permitted to operate a Government vehicle.

Certification: I certify that my answers to the above are full and true, and I understand that a willfully false statement or dishonest answer may be grounds for cancellation of my eligibility or my dismissal from the service and is punishable by law.	9. Signature	10. Date Signed (Month, Day, Year)
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REVIEW AND CERTIFICATION BY DESIGNATED OFFICIAL

I certify that I have reviewed this physical fitness inquiry form and other available information regarding the physical condition of the applicant, and that I have made the following determination:

- 1. There is no information on this form or otherwise available to indicate that the applicant should be referred for physical examination.
- 2. On the basis of items checked on this form or other information, this applicant must be referred for physical examination before authorized to operate a Government-owned or -leased motor vehicle or current authorization is renewed.
- 3. Items checked on this form or otherwise available do not warrant referral for medical examination because of the following facts:

Signature of Designated Official	Date Signed (Month, Day, Year)
----------------------------------	-----------------------------------

50345-101

NSN: 7540-00-634-4000

FOR ACTIVITY MANAGER AND HRO USE

I have reviewed this individual's attached driving record and there is no disqualifying information.

Supervisor

Date

HRO

Date

STATEMENT OF PHYSICAL ABILITY -- (NAF)

INSTRUCTIONS AND PRIVACY ACT INFORMATION FOR APPLICANT

Please read instructions for each section carefully before answering the questions. Type or print answers in ink. If additional details are required, use Section D. After completing this statement, be sure to sign your name and give the date in Section E. Your replies will be evaluated in terms of the particular position for which you are applying. (AT THE DISCRETION OF THE APPOINTING OFFICER, ADDITIONAL MEDICAL INFORMATION OR A PHYSICAL EXAMINATION MAY BE REQUIRED.)

AUTHORITY: Solicitation of this information is authorized by Title 10 U.S.C. Section 8013, the authority for the Secretary of the Air Force to provide regulation to govern the Department of the Air Force. PURPOSE: This information will be used in determining your eligibility for NAF employment. ROUTINE USES: May be provided to sources, such as physicians, prior employers, in order to identify you and to obtain an evaluation of your fitness and ability to perform the duties of the position for which you are applying.

Under Executive Order 9397, Federal agencies were required to use the Social Security Number (SSN) as the means of identifying individuals in personnel record systems. Furnishing your SSN or any of the other data is voluntary, but failure to supply complete and accurate information may limit consideration or jeopardize eligibility to be hired or retained.

IDENTIFICATION OF APPLICANT

NAME (Last, First, Middle)	BIRTHDATE (Month, Day, Year)	SSN
ADDRESS (Number, Street, City, State and ZIP Code)	TITLE OF POSITION APPLIED FOR	

SECTION A -- PHYSICAL LIMITATIONS

Answer each circled item "YES" or "NO" by placing an "X" in the proper box.
If you answer "YES" to any circled item, give additional details in Section D.

	YES	NO
1. Do you have any problem:		
(a) Reading small newspaper print (glasses permitted)?		
(b) Reading ordinary newspaper headlines without glasses?		
(c) Seeing distant objects with either eye (glasses permitted)?		
2. Do you have difficulty in distinguishing basic colors (red, green, blue)?		
3. Do you have difficulty in distinguishing shades of colors?		
4. Do you have any hearing problem, including hearing telephone conversations (hearing aid permitted)?		
5. Do you wear a hearing aid?		
6. Do you have any speech impairment which hinders:		
(a) Person-to-person conversation?		
(b) Telephone conversation?		
7. Do you have an amputation or abnormality of a leg, foot, arm, hand, and/or finger?		
8. Do you have difficulty in using arms, hands, or fingers for reaching in any direction, grasping, handling, or fingering?		
9. Do you have any disease or disability which would make your employment a hazard to yourself or others?		
10. Have you had any surgery of any extremity or spine at any time?		
11. Have you had medical/hospital care in the past 5 years for problems to:		
(a) Extremities (hands, arms, legs)?		
(b) Back?		
(c) Heart or lungs?		
12. Are you taking any perscription medicine now?		
13. Are you allergic to any substances?		
14. Have you previously received any disability rating? (If yes, answer a, b, and c below).		

(a) **WHEN?**

(b) **HOW MUCH?**

(c) **FOR WHICH BODY PARTS?**

SECTION B – PHYSICAL ENDURANCE FACTORS

For an 8-hour work day, check the highest level you are able to do for each activity noted below:

1. STAND/WALK	<input type="checkbox"/> NONE	<input type="checkbox"/> 1-4 HOURS	<input type="checkbox"/> 4-6 HOURS	<input type="checkbox"/> 6-8 HOURS
2. SIT	<input type="checkbox"/> 1-3 HOURS	<input type="checkbox"/> 3-5 HOURS	<input type="checkbox"/> 5-8 HOURS	
3. DRIVE	<input type="checkbox"/> 1-3 HOURS	<input type="checkbox"/> 3-5 HOURS	<input type="checkbox"/> 5-8 HOURS	
4. USE HANDS FOR REPETITIVE (Check all which you can do)	<input type="checkbox"/>	<input type="checkbox"/> SIMPLE GRASPING	<input type="checkbox"/> FINE MANIPULATION	<input type="checkbox"/> PUSHING & PULLING
5. WORK AT SHOULDER LEVEL WITH	<input type="checkbox"/>	<input type="checkbox"/> BOTH HANDS	<input type="checkbox"/> ONLY LEFT HAND	<input type="checkbox"/> ONLY RIGHT HAND
6. USE FEET FOR REPETITIVE MOVEMENT AS IN OPERATING FOOT CONTROLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO

7–10, Check the level which correctly tells your ability to:

	None	Seldom (5-15 minute cycle)	Moderate (1-5 minute cycle)	Frequent (30-60 second cycle)
7. BEND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. SQUAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. CLIMB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. WORK ABOVE SHOULDER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Lifting (Check only one; the highest level you can now do):

<input type="checkbox"/>	(a) Lifting 10 lbs maximum and occasionally lifting and/or carrying such articles and dockets, ledgers and small tools.
<input type="checkbox"/>	(b) Lifting 20 lbs maximum with frequent lifting and/or carrying of objects weighing up to 10 lbs.
<input type="checkbox"/>	(c) Lifting 50 lbs maximum with frequent lifting and/or carrying of objects weighing up to 25 lbs.
<input type="checkbox"/>	(d) Lifting 75-80 lbs maximum with frequent lifting and or carrying of objects weighting up to 40 lbs.
<input type="checkbox"/>	(e) Lifting 100 lbs maximum with frequent lifting and/or carrying of objects weighing up to 50 lbs.

12. What level of activity described in 11 above was involved in your present or previous employment? (Insert letter, 11 ())

REMARKS

SECTION C – ENVIRONMENTAL FACTORS

Some positions may involve unusual work conditions or working outside. Answer each circled item "YES" or "NO" by placing an "X" in the proper box. If you answer "NO" to any circled item give additional details in Section D.

Can you work under the following conditions:	YES	NO		YES	NO
1. Outside (frequently)	<input type="checkbox"/>	<input type="checkbox"/>	10. Some exposure to fumes, smoke, or gases	<input type="checkbox"/>	<input type="checkbox"/>
2. Severe heat	<input type="checkbox"/>	<input type="checkbox"/>	11. Some contact with solvents, greases, and oils	<input type="checkbox"/>	<input type="checkbox"/>
3. Severe cold	<input type="checkbox"/>	<input type="checkbox"/>	12. Occasional walking over rough terrain	<input type="checkbox"/>	<input type="checkbox"/>
4. Severe humidity	<input type="checkbox"/>	<input type="checkbox"/>	13. Some climbing of short ladders (For example, to reach upper supply shelves)	<input type="checkbox"/>	<input type="checkbox"/>
5. Severe dampness or chilling	<input type="checkbox"/>	<input type="checkbox"/>	14. Working below ground surface	<input type="checkbox"/>	<input type="checkbox"/>
6. Dry atmospheric conditions	<input type="checkbox"/>	<input type="checkbox"/>	15. Working alone	<input type="checkbox"/>	<input type="checkbox"/>
7. Severe noise	<input type="checkbox"/>	<input type="checkbox"/>	16. Occasional travel	<input type="checkbox"/>	<input type="checkbox"/>
8. Constant noise	<input type="checkbox"/>	<input type="checkbox"/>	17. Frequent travel	<input type="checkbox"/>	<input type="checkbox"/>
9. Dusty atmospheres	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

SECTION D – ADDITIONAL DETAILS

This space is for detailed answers to Sections A, B, and C. (Give item No. & Section letter) (If you need more space, attach additional sheets)

ITEM NO.

ITEM NO.

ITEM NO.

ITEM NO.

ITEM NO.

ITEM NO.

ITEM NO.

ITEM NO.

SECTION E – CERTIFICATION BY APPLICANT

I CERTIFY that all the information I have furnished is correct to the best of my knowledge and belief.

APPLICANT'S SIGNATURE

DATE SIGNED (Month, Day, Year)

SECTION F – FOR AGENCY USE ONLY

1. POSITION TO WHICH APPLICANT ASSIGNED

2. OTHER ACTION TAKEN

3. DATE (Month, Day, Year)

APPOINTED

4. SIGNATURE OF APPOINTING OFFICER

5. OFFICIAL TITLE

HUMAN RESOURCES ASSISTANT

6. DEPARTMENT OR AGENCY

DoD-USAF

7. ADDRESS OF AGENCY

56 FSS/FSMH
7383 N LITCHFIELD ROAD, STE 3090, LUKE AFB AZ 85309

REMARKS