

SUMMER EMPLOYMENT APPLICATION (Side A)

Application should be typed

PART A. APPLICANT INFORMATION

| | | |
|--|---|---------------------------|
| 1. NAME (Last, First, MI) | 2. DATE OF BIRTH (MMDDYY) | 3. SOCIAL SECURITY NUMBER |
| 4. MAILING ADDRESS | 5. RESIDENCE ADDRESS | |
| 6a. APPLICANT'S E-MAIL ADDRESS | 6b. SPONSOR'S WORK E-MAIL ADDRESS | |
| 7. PHONE NUMBER | 8. DRIVER'S LICENSE YES NO | |
| 9. TYPE OF POSITIONS: Clerk and Laborer positions are available. Please indicate the type of position you are willing to accept and your 1st and 2nd choice: CLERK _____ LABORER _____ | 10. LOCATION OF POSITIONS: Employees are required to provide their own transportation to and from work. Positions are located on Kadena Air Base. | |
| 11. Indicate if any special accommodations are needed or if allergies exist Requires Sponsor's signature _____ | | |

12. APPLICANT'S CERTIFICATION

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 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.

NOTE: APPLICANT IS REQUIRED TO SUMBIT A COMPLETE APPLICATION PACKAGE INCLUDING ALL REQUIRED DOCUMENTS AS LISTED ON THE SUMMER HIRE PROGRAM APPLICATION CHECKLIST. APPLICANTS MUST HAVE A BANK ACCOUNT FOR DIRECT DEPOSIT OF PAY BEFORE BEGINNING EMPLOYMENT (may be a parent's account). U.S. CITIZEN MALES WHO WILL BE 18 BY THE BEGINNING OF THE PROGRAM MUST BRING CERTIFICATION OF REGISTRATION WITH THE SELECTIVE SERVICE SYSTEM. FOR SELECTIVE SERVICE REGISTRATION INFORMATION CONTACT THE KADENA LAW CENTER AT 634-3300.

APPLICANT'S SIGNATURE

DATE

PART B. SPONSOR INFORMATION AND APPROVAL

| | | | |
|---|----------------------|---------------|----------|
| 1. SPONSOR'S NAME/RANK | 2. ORGANIZATION/BASE | 3. DUTY PHONE | 4. DEROS |
| 5. SPONSOR'S CERTIFICATION AND APPROVAL I certify I (or my spouse) am employed by the U.S. Military, Civil Service, NAF, or AAFES and the above applicant is my dependent. I authorize my dependent to participate in the Summer Employment Program. My dependent has permission to perform the types of work listed, and to the best of my knowledge, is physically able to perform the duties required. I further authorize emergency medical care for any job-related injury or illness sustained while my dependent is employed as a summer hire employee. I understand work hours are established by the organization employing my dependent and may include weekends or early evenings. I further understand I may not request/specify a particular organization in which my dependent may work. _____ SPONSOR'S (OR SPONSOR'S SPOUSE) SIGNATURE | | | |
| _____ DATE | | | |

SUMMER EMPLOYMENT APPLICATION (Side B)

PART C. EXPERIENCE AND EDUCATION

1. DESCRIBE PAID AND NONPAID WORK EXPERIENCES.

| | | | |
|-----------------|--------------------|-----------------|----------------|
| Job Title | From (month/year) | To (month/year) | Salary |
| Employer's Name | Employer's Address | | Hours per Week |

Describe your duties and accomplishments.

| | | | |
|-----------------|--------------------|-----------------|----------------|
| Job Title | From (month/year) | To (month/year) | Salary |
| Employer's Name | Employer's Address | | Hours per Week |

Describe your duties and accomplishments.

2. HIGH SCHOOL/COLLEGE INFORMATION

| | |
|--|---------------------|
| Name of School | College Major/Minor |
| Highest Grade Completed: Some HS HS/GED Some College Associate Bachelor | |

3. OTHER QUALIFICATIONS (Include typing, computer skills, honor roll, awards/accomplishments, membership in National Honor Society, etc.)

FOR OFFICIAL USE ONLY

| | | |
|--|---|---|
| SOFA STATUS VERIFIED YES (<input checked="" type="checkbox"/>) NO (<input type="checkbox"/>) | BIRTH DATE VERIFIED YES (<input checked="" type="checkbox"/>) NO (<input type="checkbox"/>) | PLACEMENT CATEGORY Clerk |
| SSN VERIFIED YES (<input checked="" type="checkbox"/>) NO (<input type="checkbox"/>) | ORDERS VERIFIED YES (<input checked="" type="checkbox"/>) NO (<input type="checkbox"/>) | PERSONNELIST INITIALS JM |

PRIVACY ACT AND PUBLIC BURDEN STATEMENTS

- Where the applicant's identification number is a Social Security Number, collection of this information is authorized by Executive Order 9397. Furnishing the information on this form, including your Social Security Number, is voluntary, but failure to do so may prevent the application from being considered.
- We may give information from your records to officials in litigation or administrative proceedings where the Government is a party; law enforcement agencies concerning violations of law or regulation; Federal agencies for statistical reports and studies.
- We may also give information from your records to: prospective nonfederal employers concerning tenure of employment, civil service status, length of service, and date and nature of action for separation as shown on personnel action forms of specifically identified individuals; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and nonfederal agencies for use in computer matching.