

APPLICANTS APPLYING FOR CHILD AND YOUTH PROGRAM ASSISTANT POSITIONS

You are applying for a position that involves working with children under the age of 18; therefore, additional information is needed with the original application Optional Form 612 (OF 612) and Declaration for Federal Employment Optional Form 306 (OF 306). Your application will be kept on file for 90 days, unless you request to extend it for an additional 90 days. The following documentation must be included with your application, as applicable:

1. Acknowledgment of Rights and Consent to Release Records (attached)
2. Worksheet for Investigation (attached)
3. NAF Application Continuation Form (attached)
4. References Form (Attached)
5. Copy of High School Diploma or equivalent (**if your diploma is from another country, you must submit a notarized Foreign High School Diploma Certification Form**) (attached)
6. College Transcript (only if substituting for required training and/or experience)
7. Copy of DD-214 (**Member 4**) if claiming Veterans' Preference and/or prior military
8. Copy of PCS orders if claiming Military Spouse Preference (MSP) **with applicant named as spouse.**
9. If prior CDC/Youth Program employee, copy of training records and/or last personnel action
10. Must provide proof of age. (i.e. Drivers license, passport, Military or Dependent ID card, etc.)

Child and Youth Development Program Assistants Grade-Specific Qualifications

(CY-01) High School graduate or equivalent, 18 years of age.

(CY-02) 15 semester hours above high school in child development, early childhood education or a directly related field **official transcript required**, or completion of three AF CDC Modules **and** copy of high school diploma **and** 6 months experience working in a group program for young children, 18 years of age.

(CY-03) Child Development Associate Credential, CDAC or 30 semester hours above high school that included at least 15 semester hours in child development, early childhood education or a directly related field, **official transcript required**, or completion of CDPA Certification Program Modules **and** high school diploma **and** 6 months experience, equivalent to the CY-02 level, working in a group program for young children.

Additional Qualification Requirements

Applicants must satisfactorily complete an Installation Records Check (IRC), National Agency Check (NAC) and State Criminal History Repository Check (SCHRC). MacDill IRC's must be favorably completed **prior** to appointment, a favorable completion of prior installation IRC's is a condition of employment. Be sure that **all** of the sponsor's information is **accurate and complete**. Must pass a physical examination and have or obtain required immunizations.

**** OTHER PERTINENT INFORMATION ****

It is **your responsibility** to make copies of your application, forms, diploma, orders, etc.; HRO is unable to make copies for you. Prior military will need to submit a copy of their DD Form 214 (**Member 4 copy**). Current employees must complete and submit an AF Form 2550. Applications can be mailed to 6FSS/FSMH, 8011 Tampa Point Blvd, 3rd Floor, MacDill AFB, FL 33621. You may also submit your applications in person to our office; we are located in Building 373 on the 3rd floor across from the MacDill Inn. To fax your applications, please fax to DSN 968-5450 or Commercial (813) 828-5450. **Required documents from the list above as it pertains to you must be included with your application. All incomplete applications will not be accepted and will be returned to the applicant.** For additional information visit our website at www.MacDillFSS.com or call the Human Resources Office at (813) 828-2911.

6TH FORCE SUPPORT SQUADRON IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER



**DEPARTMENT OF THE AIR FORCE
6TH AIR MOBILITY WING (AMC)
MACDILL AIR FORCE BASE, FLORIDA**

MEMORANDUM FOR APPLICANTS

FROM: 6 FSS/FSMH

SUBJECT: Positive Education Requirements

1. Some non-appropriated fund positions have a positive education requirement, e.g., a requirement for a minimum amount of education, while others allow education above the high school level to substitute for required training and/or experience. It is the applicant's responsibility to provide the required documentation that shows they meet all the applicable educational provisions at the time of application.
2. Due to many on-line degrees and other education programs available that do not meet the requirements of the U.S. Department of Education the following applies:
 - At the time the you obtained your education, the entire institution, applicable school within the institution, or the applicable curriculum must have been accredited by an accrediting organization recognized by the Secretary, U.S. Department of Education.
3. The Directory of Postsecondary Institutions, U.S. Department of Education, National Center for Education Statistics list these institutions accredited by these organizations and can be reviewed on the internet or by directly contacting one of these or agencies for further information.
4. **Foreign Education:** Education completed in foreign high schools, colleges or universities may be used to meet the education requirements. However, you must submit a notarized Foreign High School Diploma Certification Form stating that the education gained has met the academic requirements equivalent of an American high school education. (Attached)
5. Education gained in U.S. Territories or U.S. schools abroad are excluded. However, if the credentials are in a foreign language, an English translation of the credentials or a notarized Foreign High School Diploma Certification Form must be provided.
6. The Human Resources Office will determine if the credentials submitted meet the education requirements. If you should have any questions, please contact our office at (813) 828-2911.

A handwritten signature in black ink, appearing to read "ESMERALDA HERNANDEZ".

ESMERALDA HERNANDEZ
Human Resources Officer

OF 612 SUPPLEMENTAL QUESTIONNAIRE

Print Name: _____

Position Applying For: _____

The following information will be used to determine your eligibility for the position(s) currently being filled.

1. What hours will you accept?

- 40 only
- 25 -35 only
- 20 or less
- Any of the above
- Other be specific _____

2. What shifts or hours are you willing to work?

- Days only
- Afternoons only
- Evenings only
- Any of the above
- Other be specific _____

3. What type of employment category are you interested in?

- Regular only (Benefits)
- Flexible only (No Benefits)
- Any of the above

4. What is the lowest pay you will accept? \$ _____ Negotiable

5. In the past 12 months have you ever worked for 6th Force Support Squadron?

- Yes
- No

If "YES" please provide supervisor's name and the facility for which you worked at.

Supervisor: _____

Facility: _____

SIGNATURE: _____ **DATE:** _____

OF 306 Supplemental Questionnaire Background Information and Acknowledgement

The Air Force as a result of its national defense responsibilities, and the sensitive nature of its work, has a compelling obligation to assure that all federal employees meet the high standards of performance, discipline, and readiness necessary to accomplish the Air Force mission. Applicants are subject to reference checks, suitability determinations, physicals, drug testing, and a satisfactory completion of a National Agency Check with FBI fingerprint check.

If you answered “Yes” to any questions 9 – 13 on the OF -306 you must answer all the questions below in detail. Failure to complete as requested will result in your application not being processed timely. Failure to answer the questions truthfully will result in being considered not suitable for employment. Please read the questions on the OF306 carefully to assure you understand each question. If in doubt please ask a HR representative for clarification.

If you had prior military service and your DD214 member 4 copy states that you were separated for a reason that is adverse in nature please complete items #12 - #17.

You can omit (1) traffic fines of less than \$300 (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) and conviction set aside under the Federal Youth Corrections Act or similar state law (5) any conviction for which the record was expunged under federal or state law. Your answers should also include convictions resulting from a plea of *nolo contendere* (no contest). In the last 10 years

1. Have you ever been convicted of a felony/misdemeanor Yes _____ No _____
2. Have you ever been imprisoned? Yes _____ No _____
3. Have you ever been on probation/parole? Yes _____ No _____
4. Have you been convicted of a military court martial? Yes _____ No _____
5. Are you now under any charges for any violation of law? Yes _____ No _____
6. During the past 5 years have you been fired from any job? Yes _____ No _____
7. Have you quit after being told you would be fired? Yes _____ No _____
8. Did you leave under mutual agreement because of problems? Yes _____ No _____
9. Are you debarred from Federal Employment? Yes _____ No _____
10. Are you delinquent on any federal debt? Yes _____ No _____

(student loans, taxes, overpayment, insured loans and debts to the federal government)
Please provide specific details as requested:

11. City, State and full address where incident occurred: _____

12. Type and date of incident/violation: _____

13. Name/address of Police Dept or Court: _____

14. Full specific details/facts of incident: (use plain bond paper for additional space)

15. Outcome of incident:

16. Attach supporting official documents in support of the outcome.

I have carefully read items 9-13 on the OF 306 and fully understand the question (s). I understand that failure to answer the questions truthfully is falsification of a federal form and will disqualify me for NAF employment at MacDill AFB Florida. I also fully understand that if hired I must obtain a satisfactory background check and if any information is disclosed during the investigation that was not disclosed at this time it is cause for immediate removal from employment.

Printed name

Signature

HRO Representative

Date

NOTICE FOR NAF APPLICANTS CLAIMING MILITARY SPOUSE PREFERENCE

WHAT IS MILITARY SPOUSE PREFERENCE (MSP)?

Military spouse preference is a benefit given to a qualifying military spouse seeking employment within the Department of Defense (includes Nonappropriated Funds and Civil Service). It gives MSP applicants a higher hiring priority for government positions. Military spouses may be eligible to apply for employment preference for DoD NAF positions in conjunction with their active duty military sponsor's transfer to a new duty station.

WHO IS ELIGIBLE FOR MILITARY SPOUSE PREFERENCE?

A military spouse who entered into marriage with an Active Duty Military member prior to a Permanent Change of Station (PCS) to MacDill AFB. Military spouse preference does not apply when the sponsor's move is a PCS in conjunction with retirement or separation.

HOW DO I REQUEST MILITARY SPOUSE PREFERENCE?

Documents depicting proof of military spouse preference eligibility are the sponsor's Permanent Change of Station (PCS) orders where the spouse is named as the dependent of the military member. If the dependent is not named on the PCS orders, provide a copy of the Command Sponsorship Letter together with a copy of the sponsor's PCS orders.

HOW MANY TIMES CAN I USE MILITARY SPOUSE PREFERENCE?

Under new provisions, military spouses are permitted to accept an unlimited number of non-continuing positions without losing preference. For purposes of the new MSP program, all NAF flexible positions and any other temporary positions, regardless of work schedule (e.g., a Regular position with a Not-To-Exceed (NTE) date) are identified as non-continuing positions.

OTHER PERTINENT INFORMATION:

- Military spouse preference only applies when the grade/pay band for which the spouse has applied is no higher than that previously held in federal service. On initial appointment in the federal service, military spouse preference applies to all positions in pay bands NF I-III, CC positions, and equivalent hourly paid Crafts and Trades positions for which qualified.
- Military spouses must apply for preference in the commuting area of the military sponsor's new duty station.
- The time period of spouse preference eligibility begins 30 days before the military sponsor's reporting date to the new duty location.
- Military spouses seeking preference with less than six months time remaining in the area may be nonselected for permanent continuing positions.

Does your Spouse have more than 6 months remaining time for this PCS? Yes No

I am claiming Military Spouse Preference Yes No

SPOUSE PREFERENCE CERTIFICATION: I understand the Military Spouse Program as it pertains to Federal employment. I certify that I have not **accepted placement** in or **declined** any Appropriated Fund (APF) or Nonappropriated Fund (NAF) position at MacDill AFB or in the commuting areas during this PCS. I further understand that if I am selected for a permanent NAF position, I will no longer be eligible for a Civil Service position under the Military Spouse Program, if applicable.

PRINT NAME: _____

SIGNATURE: _____ **DATE:** _____

**ACKNOWLEDGMENT OF RIGHTS
AND
CONSENT TO RELEASE RECORDS**

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

PRINCIPAL PURPOSE: To comply with Public Law 101-647, Section 231, and DoDI 1402.5, Criminal History Background Checks on Individuals in Child Care Services.

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

1. I have been advised and understand that the United States Air Force, as a Federal employer, has an obligation to require a record check as a condition of my employment in a position involved with children under the age of 18. I have been further advised that I have a right to obtain a copy of any criminal history 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 the record check will include the following:
 - a. A State Criminal History Repository Check in the state where I currently reside and in states where I have formally resided;
 - b. An Installation Records Check at all installations I have identified as residences during the preceding two years. This records check will include, as a minimum, inquiries of the Security Police, Medical Treatment Facility, the Family Housing Office, the Social Actions Office, and the Family Advocacy Office; and
 - c. A National Agency Check with Inquiries, including a Federal Bureau of Investigation fingerprint check.
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.

PRINT NAME: _____

SIGNATURE: _____ **DATE:** _____

NAF APPLICATION CONTINUATION FORM

1. Applicants for positions that require working with children under the age of 18 must complete the following:

a. Have you ever been arrested for or charged with a crime involving a child?

YES NO

b. If your answer is yes, provide a description of the disposition of the arrest or charge:

c. Have you ever been arrested for or charged with a crime involving drugs or alcohol?

YES NO

d. If your answer is yes, provide a description of the disposition of the arrest or charge:

2. This is to advise you that if you are accepted for employment, the Air Force is required to request a State Criminal History Repository Check as a condition of employment. You have a right to obtain a copy of the criminal history report and to challenge the accuracy of any information contained in the report.

3. You are signing this application under penalty of perjury. The penalty for perjury is a \$2,000 fine, or 5 years in jail, or both.

PRINT NAME: _____

SIGNATURE: _____ **DATE:** _____

REFERENCES FOR APPLICANTS WORKING WITH CHILDREN

Print Name: _____

It is Air Force policy that Non-Appropriated Fund (NAF) applicants and all volunteers working with or near children under 18 years of age must provide 2 references (2 professional or 1 professional and 1 personal) prior to their selection. Applicants with no employment history are encouraged to provide the name of a school counselor, church minister, school teacher or any other authoritative figure that know them in a professional capacity. Please refrain from using family members.

1. Name: _____

Occupation: _____

Work/Cell Phone Number: _____

Email Address: _____

2. Name: _____

Occupation: _____

Work/Cell Phone Number: _____

Email Address: _____

Human Resources Office Worksheet for Installation Records Check (IRC)

Check the box that applies:

NAF

Volunteer

Contractor

When working with children under the age of 18, an Installation Records Check (IRC) must be conducted on all individuals with DoD affiliation, such as living or working on an installation or as an active duty member or family member. The IRC must be conducted on all installations for a period of 2 years prior to the date of appointment.

1. NAME (First Middle Last): _____
2. MAIDEN/FORMER NAME: _____
3. SSN: _____ DATE OF BIRTH: _____
4. CURRENT ADDRESS: _____
5. SPONSOR'S NAME AND RANK: _____
6. SPONSOR'S SSN: _____ BRANCH OF SERVICE: _____
7. PREVIOUS ORGANIZATION: _____
8. CONTACT PHONE NUMBER: _____

PLEASE PRINT "N/A" IN THE SPACES PROVIDED FOR ITEM #9. IF YOU HAVE NOT LIVED OR WORKED ON A MILITARY INSTALLATION IN THE LAST 2 YEARS.

9. List the **complete** physical address of all residences on a military installation (include on-base and off-base military housing) where you lived, and/or worked in the last 2 years.

A. MILITARY INSTALLATION: _____

Address City State Zip Code

DATES: _____ TO _____
(MM/YYYY) (MM/YYYY)

B. MILITARY INSTALLATION: _____

Address City State Zip Code

DATES: _____ TO _____
(MM/YYYY) (MM/YYYY)

I certify that the above information is true and correct to the best of my knowledge. I understand that a satisfactory completion of Installation Records Check is a condition of employment.

SIGNATURE: _____ **DATE:** _____

REQUEST FOR INSTALLATION RECORDS CHECK (IRC)

Medical Treatment Facility Records

Name of Requesting Agency: _____

POC at Requesting Agency: _____ Duty Phone: _____

A. It is Air Force policy that Non-Appropriated Fund (NAF) employees and all volunteers working with or near children under 18 years of age must have an IRC. The following individual is being considered for either employment or a volunteer position in a DoD-sanctioned activity:

a. APPLICANT NAME: _____

b. APPLICANT SSN: _____

c. APPLICANT DATE OF BIRTH: _____

d. PROSPECTIVE POSITION: _____

e. NAME OF MILITARY SPONSOR: _____

f. SSN OF MILITARY SPONSOR: _____

g. CURRENT ADDRESS: _____

B. The Privacy Act protects the information in this letter. Air Force personnel (military or civilian) must conduct this IRC. Information contained herein should be protected as sensitive medical information.

C. The applicant and the applicant's sponsor acknowledge that both of the social security numbers provided will be submitted for an Air Force Central Registry check to verify the applicant has no documented history of perpetrating child maltreatment.

Signature of Applicant (date)

Signature of Sponsor (date)

D. For Family Advocacy Program – A Medical Facility Records Check of AHLTA, Mental Health Records and Family Advocacy Program Records, to include an Air Force Central Registry Check reveals:

_____ No pertinent information exists

_____ Information exists that requires review

Date

Name & Position of FAP Official

Signature



DEPARTMENT OF THE AIR FORCE
6TH AIR MOBILITY WING (AMC)
MACDILL AIR FORCE BASE, FLORIDA

MEMORANDUM FOR 6 FSS/FSMH

FROM:

SUBJECT: Foreign High School Diploma Certification

I, _____, certify the high school diploma received from
(Name)

_____ has met the academic
(Name of School) (Address)

requirements equivalent of an American high school education.

(Signature of Applicant)

Subscribed and sworn (or affirmed) before me this _____ day of _____,

At _____
(City) (State)

(Signature of Notary)

(SEAL)

Commission expires _____

(Title)