

## 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 16<sup>th</sup> birthday (3) any violation of law committed before your 18<sup>th</sup> 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:** \_\_\_\_\_

## 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:** \_\_\_\_\_