See Privacy Act Statement on reverse.

DEPARTMENT OF THE ARMY

NONAPPROPRIATED FUND (NAF) APPLICATION FOR EMPLOYMENT CHANGE

(For current NAF employees.)

INSTRUCTIONS. Fill in all sections and return address on reverse (print or type). Fold, staple and submit directly to CPO on or before the closing date specified in the Position Vacancy Notice (PVN). If the experience and training record in your Official Personnel Folder is not complete and up-to-date, submit DA Form 3433-1 with this application. If you are applying for a position under an open announcement (no closing date), you must also complete Items 1 and 2 of Inclosure to DA Form 3433; if you resign or are separated from your current position before being selected, you must submit a DA Form 3433 for continued consideration.

NAME *(Last, first, MI)*		SOCIAL SECURITY NUMBER
TITLE AND GRADE OF CURRENT POSITION		DUTY TELEPHONE NUMBER *(Daytime duty hours)*
ORGANIZATION		SUPERVISOR'S NAME AND PHONE NUMBER
TITLE AND GRADE OF POSITION APPLIED FOR	PVN NUMBER/CLOSING DATE	ORGANIZATION IN WHICH VACANCY EXISTS

EMPLOYMENT RECORD

Provide a brief statement of your employment and training which qualified you for this position. If you include your current position, submit this application thru your supervisor for completion of Supervisory Review below.

DATES OF EMPLOYMENT *(Month, Year)* From To	TITLE OF POSITION	GRADE *(if applicable)*

DESCRIPTION OF DUTIES

REASON FOR LEAVING:

SUPERVISORY REVIEW *(required only if current position is included as qualifying experience)*: The above is an accurate description of the duties being performed by this employee.

(Date) *(Supervisor's Signature and Title)*

DATES OF EMPLOYMENT *(Month, Year)*	POSITION	AVG HOURS PER WEEK	EMPLOYER *(Firm, Organization)*

DUTIES:

REASON FOR LEAVING:

DATES OF EMPLOYMENT *(Month, Year)*	POSITION	AVG HOURS PER WEEK	EMPLOYER *(Firm, Organization)*

DUTIES:

REASON FOR LEAVING:

EDUCATION *(Include dates attended, school or college name, and degrees, or if graduated):*

SPECIAL QUALIFICATIONS *(Typing, shorthand, motor vehicle licenses, water safety or lifesaving certification dates, etc.):*

If additional space is needed, use DA Form 3433-1.

I certify that the statements made by me in this application are true, complete and correct to the best of my knowledge and belief and are made in good faith.

(Date) *(Signature)*

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1 OCT 82

ARMY-WP-80-0063-82

TO BE COMPLETED BY NAF PERSONNEL BRANCH

In reference to your application for position, you were rated as checked below:

☐ INELIGIBLE — Reason: .....

☐ NOT QUALIFIED — You do not meet the qualification requirements as stated in the PVN and required by Army and federal regulations. Further information will be provided upon request.

☐ QUALIFIED — You meet the basic qualification requirements of the advertised position. However, when comparing your overall qualifications with others who meet the criteria, it was determined that you did not possess the required qualifications at the same level of those referred as Best Qualified.

☐ BEST QUALIFIED
- ☐ You were rated within the Best Qualified group and referred to the supervisor for selection. Another Best Qualified candidate was selected.
- ☐ Selected, report for duty .....

☐ INACTIVE
- ☐ No longer employed by a NAFI; you must submit a complete application (DA Form 3433).
- ☐ Time period for consideration in accordance with PVN has expired; you must request further consideration if interested.

REMARKS:

DATE	PERSONNEL STAFFING SPECIALIST

ATTACHMENT TO USMA FORM 24-76