

# 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:  <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">                     CLERK _____                       LABORER _____                 </div> <div style="width: 55%; text-align: center;"> <p style="font-size: 1.2em; font-weight: bold; margin: 0;"><u>ALL positions are located on Yokota Air Base.</u></p> </div> </div>	10. LOCATION OF POSITIONS: Employees are required to provide their own transportation to and from work.		
11. Indicate if any special accommodations are needed or if allergies exist			
Requires Sponsor's signature _____			
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			
<p>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.</p>			
SPONSOR'S (OR SPONSOR'S SPOUSE) SIGNATURE		DATE	

# SUMMER EMPLOYMENT APPLICATION (Side B)

PART C. EXPERIENCE AND EDUCATION			
<b>1. DESCRIBE PAID AND NONPAID WORK EXPERIENCES.</b>			
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.			
<b>2. HIGH SCHOOL/COLLEGE INFORMATION</b>			
Name of School		College Major/Minor	
Highest Grade Completed:    Some HS            HS/GED            Some College            Associate            Bachelor			
<b>3. OTHER QUALIFICATIONS (Include typing, computer skills, honor roll, awards/accomplishments, membership in National Honor Society, etc.)</b>			
FOR OFFICIAL USE ONLY			
SOFA STATUS VERIFIED YES ( ) NO ( )	BIRTH DATE VERIFIED YES ( ) NO ( )		PLACEMENT CATEGORY
SSN VERIFIED YES ( ) NO ( )	ORDERS VERIFIED YES ( ) NO ( )		PERSONNELIST INITIALS
<p><b>PRIVACY ACT AND PUBLIC BURDEN STATEMENTS</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul>			