

Navy-Marine Corps Relief Society
 875 N. Randolph St., Ste 225
 Arlington, Virginia 22203



Phone: (703) 696-4904
 Fax: (703) 696-1285
 E-mail: hr@nmcrs.org
 Website: www.nmcrs.org

APPLICATION FOR EMPLOYMENT

Please fill in all blanks. Applicants should complete all information on this form. A separate sheet can be used if more space is needed to provide information. Applications with “see attached” or “see resume” will be disqualified.

The Society is an equal opportunity employer. All hiring decisions are based on merit and do not consider race, color, age, sex, religion, national origin, citizenship status, marital status, physical or mental disability or any classification protected under applicable law. Individuals selected for an interview, who may need an accommodation, should contact the Human Resources Director at (800) 654-8364.

PERSONAL INFORMATION -		<i>*OVERSEAS APPLICANTS: Please provide military post office address & phone numbers with international dialing directions. No DSN numbers, please.</i>			
Name:		Date:			
	(LAST, FIRST MIDDLE)				
*Current Address:		SSN:			
		Are you at least 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>			
	STREET	If not, employment is subject to verification that you are of minimum legal age and you supply any required work permit.			
	CITY STATE ZIP	E-mail:			
*Home Phone:		*Work Phone:		*Mobile Phone:	

EMPLOYMENT INFORMATION			
*Position and Location applied for:			Date Available:
<i>(If applying for a Visiting Nurse position, attach a copy of your State Certificate of Registration.)</i>			
Employment desired:	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	If Part Time, how many hours per week can you work? hr/wk
Have you worked with the Navy-Marine Corps Relief Society before, either as a Volunteer, an Employee, or both?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', when, where and in what capacity? <i>(Use separate sheet if necessary.)</i>			

EDUCATION -			
		Diploma	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of High School	City, State	Please select 'Yes' or 'No'.	
Name of College/University	City, State	Major	Degree (Ex: AA, BA, MS)
Name of College/University	City, State	Major	Degree (Ex: AA, BA, MS)
Other Schooling	City, State	Field of Study	Type of Certificate

EMPLOYMENT RECORD – (List most recent first. Include all jobs held within the past 10 years.)

Company Name:		Immediate Supervisor:	
Address:		Supervisor's Title:	
		Telephone Number:	
Type of Business:		May we contact this employer?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Reason for Leaving: _____

Date Hired:		Position:		Salary/Hourly Rate:	\$	/
Date Left:		Position:		Salary/Hourly Rate:	\$	/

Brief description of duties and responsibilities:

Company Name:		Immediate Supervisor:	
Address:		Supervisor's Title:	
		Telephone Number:	
Type of Business:		May we contact this employer?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Reason for Leaving: _____

Date Hired:		Position:		Salary/Hourly Rate:	\$	/
Date Left:		Position:		Salary/Hourly Rate:	\$	/

Brief description of duties and responsibilities:

Company Name:		Immediate Supervisor:	
Address:		Supervisor's Title:	
		Telephone Number:	
Type of Business:		May we contact this employer?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Reason for Leaving: _____

Date Hired:		Position:		Salary/Hourly Rate:	\$	/
Date Left:		Position:		Salary/Hourly Rate:	\$	/

Brief description of duties and responsibilities:

EMPLOYMENT RECORD – (Continued. Use separate sheet if necessary.)					
Company Name:			Immediate Supervisor:		
Address:			Supervisor's Title:		
			Telephone Number:		
Type of Business:			May we contact this employer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Reason for Leaving:					
Date Hired:		Position:		Salary/Hourly Rate:	\$ /
Date Left:		Position:		Salary/Hourly Rate:	\$ /
Brief description of duties and responsibilities:					
Company Name:			Immediate Supervisor:		
Address:			Supervisor's Title:		
			Telephone Number:		
Type of Business:			May we contact this employer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Reason for Leaving:					
Date Hired:		Position:		Salary/Hourly Rate:	\$ /
Date Left:		Position:		Salary/Hourly Rate:	\$ /
Brief description of duties and responsibilities:					
Company Name:			Immediate Supervisor:		
Address:			Supervisor's Title:		
			Telephone Number:		
Type of Business:			May we contact this employer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Reason for Leaving:					
Date Hired:		Position:		Salary/Hourly Rate:	\$ /
Date Left:		Position:		Salary/Hourly Rate:	\$ /
Brief description of duties and responsibilities:					

BUSINESS REFERENCES (MINIMUM OF 3)

Name:		Years Known:	
Title:		Telephone:	
Business Name:		E-mail:	
Business Address:		Contact Preference:	<input type="checkbox"/> Phone <input type="checkbox"/> E-Mail <input type="checkbox"/> Mail
Name:		Years Known:	
Title:		Telephone:	
Business Name:		E-mail:	
Business Address:		Contact Preference:	<input type="checkbox"/> Phone <input type="checkbox"/> E-Mail <input type="checkbox"/> Mail
Name:		Years Known:	
Title:		Telephone:	
Business Name:		E-mail:	
Business Address:		Contact Preference:	<input type="checkbox"/> Phone <input type="checkbox"/> E-Mail <input type="checkbox"/> Mail

PERSONAL REFERENCES (MINIMUM OF 3)

Name:		Years Known:	
Relationship:		Telephone:	
Address:		E-mail:	
Contact Preference:	<input type="checkbox"/> Phone <input type="checkbox"/> E-Mail <input type="checkbox"/> Mail		
Name:		Years Known:	
Relationship:		Telephone:	
Address:		E-mail:	
Contact Preference:	<input type="checkbox"/> Phone <input type="checkbox"/> E-Mail <input type="checkbox"/> Mail		
Name:		Years Known:	
Relationship:		Telephone:	
Address:		E-mail:	
Contact Preference:	<input type="checkbox"/> Phone <input type="checkbox"/> E-Mail <input type="checkbox"/> Mail		

ADDITIONAL INFORMATION

In a **paragraph**, tell us why you want to work for the Navy-Marine Corps Relief Society.

ADDITIONAL INFORMATION (Continued)

Indicate any educational background, experience, training, skills, and/or outstanding features of your past employment which you believe will assist us in evaluating your capability to perform the position(s) desired. Give details and dates. **(Attach separate paper if necessary.)**

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Have you ever been discharged from a job?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please explain:
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Is there any reason why you cannot perform the essential functions of the position which you are applying?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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*Have you ever been convicted of murder, manslaughter, rape, any other sexual offense, robbery, assault, battery or any crime of the above nature which has not been sealed, annulled, or expunged by a court?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, please give the particulars and fully explain:	
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*Within the past 7 years, have you been convicted of a felony, including larceny, forgery, embezzlement, dishonesty, breach of trust, unlawful possession, use or sale of illegal drugs or controlled substances, or any crime of the above nature which conviction has been sealed, annulled, or expunged by a court?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, please give the particulars and fully explain:	
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**In evaluating applicants, we consider such factors as how long it has been since the offense occurred, seriousness, and nature of the violation; rehabilitation will also be taken into account.*

How did you hear about this position?	<input type="checkbox"/> NMCRS Website <input type="checkbox"/> Local NMCRS Office <input type="checkbox"/> NMCRS Employee <input type="checkbox"/> Military Spouse Career Center	<input type="checkbox"/> Fleet & Family Support Center or Personal Services Center <input type="checkbox"/> Military Spouse Club	<input type="checkbox"/> Base Newspaper – Classified Ad <input type="checkbox"/> Other Newspaper – Classified Ad <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Other: _____
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JOB APPLICANT'S AGREEMENT AND CERTIFICATION

- I. I certify that the information given by me in and in connection with this application is true and complete in all respects, and I agree that if employed and it is found to be false or incomplete in any way, at any time, I may then be subject to dismissal without notice, if and when discovered.
- II. I authorize the use of any information in this application to enable **the Navy-Marine Corps Relief Society** ("the Society") to verify my statements. I authorize past employers, all references, law enforcement agencies, any other persons, and governmental authorities to supply any information specified or requested in this application and to answer all questions asked by the Society concerning my ability and previous employment record. I release all such persons and entities from any liability or damages on account of having furnished such information, and I release the Society from any liability or damages arising out of its use of and reliance on such information.
- III. I authorize the Society to conduct a criminal background investigation, in connection with my application for employment. I agree to cooperate in any such investigation, and I understand that any offer of employment by the Society or continued employment, if already employed, is contingent on the results of such investigation. I further understand that I have a continuing duty to immediately disclose to the Society any and all unexpunged criminal charges and convictions as requested in this application that pertain to me both prior to and subsequent to my initial criminal background investigation and at any time during my employment with the Society.
- IV. I authorize the Society to conduct a credit profile investigation, in connection with my application for employment.

V. I understand and agree, if employed, that:

- (1) This employment application is not an offer of employment and nothing contained in this or any other Society employment application, any Society employee handbook, policy manual, policy statement, administrative manual, operating procedures, performance appraisal, or other Society correspondence or document, or in granting an interview, is intended to create a contract between the Society and myself for either employment or the provision of any benefit;
- (2) No promises regarding employment have been made to me, and no such promises or guarantees are binding on the Society unless made in writing and signed by its President. I also understand that no Society official, officer, supervisor, or representative of the Society, except its President, has the authority to enter into any agreement for employment for any period of time or to make any agreement contrary to the foregoing;
- (3) I understand and agree that my employment is "at-will" and for no definite period and that, regardless of the time and manner of payment of my wages or salary, my employment and compensation may be terminated at any time by either the Society or myself, with or without cause and with or without any previous notice;
- (4) I further understand that any offer of employment is conditional on my being able to perform the essential functions of the position desired with any appropriate reasonable accommodation;
- (5) I understand that all present and future Society policies, rules, procedures, programs, positions, wages, salaries, and benefits may from time to time be changed, revised, added to, or eliminated, as the Society believes changing business needs require. If employed, I agree to abide by all present and subsequently issued policies and rules of the Society; to work faithfully and diligently; to be careful and avoid accidents; to come to work promptly; and to not be absent for any reason without prior notice to and permission from my supervisor;
- (6) I understand that the Society intends to maintain a drug-free workplace for the health and safety of its employees and others. To this end, I voluntarily consent and agree to participate in and cooperate with this program to the extent requested by the Society. I further understand and agree that I may be required by the Society to undergo and successfully complete testing for alcohol and controlled substances as a condition of initial employment with the Society and, if employed, whenever requested by the Society;
- (7) All Society employees have a moral and ethical responsibility to safeguard the confidential information concerning the Society. No Society employee shall disclose confidential information to any third party or to any Society employee, unless it is on an approved, need-to-know basis. Confidential information includes, but is not limited to, military manning or deployment information, casework files, data, family information (including finances and earnings), Society funding, resources, distributions, future plans, suppliers, business arrangements, medical records, personnel matters, policies, benefits, salaries, compensation, records, and litigation. It is critical that the information you possess and develop in the course of your work does not become available to outside parties, on or off Society premises, and at no time should any unauthorized person have access to any confidential Society information. Violation of this policy can result in appropriate legal action and disciplinary measures, including termination.
- (8) Upon termination of employment, the Society may answer all questions asked by a prospective employer concerning my ability and employment record, and I release the Society from any liability or damages arising out of its response to any such questions.

I have read the above Agreement and Certification and fully understand it, and agree to its terms.

Signature of Applicant

Date