

CIVILIAN PERSONNEL ADVISORY CENTER (CPAC) NON-APPROPRIATED FUND APPLICATION INSTRUCTIONS

USE THE FOLLOWING CHART TO DETERMINE THE FORMS YOU ARE REQUIRED TO SUBMIT BASED ON YOUR APPLICANT CATEGORY

REQUIRED FORMS	MILITARY SPOUSE PREFERENCE (MSP)	FAMILY MEMBER (FM)	IN-SERVICE (CURRENTLY WORKING FOR FEDERAL SERVICE ON PERMANENT APPOINTMENT)	INVOLUNTARILY SEPARATED MILITARY MEMBER, OUTSIDE APPLICANT VETERAN	EXTERNAL (INCLUDES FORMAL APF OR NAF EMPLOYEE, AND PERSONS NOT AFFILIATED TO THIS INSTALLATION)
APPLICATION DA FORM 3433	YES	YES	YES	YES	YES
DA 3434 (NAF PERSONNEL ACTION) AND/OR SF 50 (APF PERSONNEL ACTION)	YES (IF ON LWOP)	YES (IF ON LWOP)	YES (IF ON LWOP)	YES (IF ON LWOP)	YES (IF ON LWOP)
TRANSCRIPTS	YES IF APPLICABLE	YES IF APPLICABLE	YES IF APPLICABLE	YES IF APPLICABLE	YES IF APPLICABLE
SPONSOR'S ORDERS	YES	YES	NO	NO	NO
LETTER FROM COMMANDER AUTHORIZING WORK	NO	NO	IF OFF DUTY MILITARY MEMBER	NO	NO
DD FORM 214 MEMBER 4 COPY	YES IF APPLICABLE	YES IF APPLICABLE	YES IF APPLICABLE	YES	YES IF APPLICABLE
LOCAL APPLICANT QUESTIONNAIRE	YES	YES	YES	YES	YES
SUPPLEMENTAL SHEET	YES	YES	YES	YES	YES
PASSPORT/VISA COPY	YES	YES	YES	YES	YES

FOR NON-SOFA VISA HOLDERS - BE SURE TO LIST ALL ENTRIES AND EXITS FROM KOREA ON THE LOCAL APPLICANT QUESTIONNAIRE

AFFILIATION MEANS THAT YOU ARE EITHER: CURRENTLY EMPLOYED ON THIS INSTALLATION, A FAMILY MEMBER/DEPENDANT TO SOMEONE THAT IS CURRENTLY EMPLOYED ON THIS INSTALLATION, A MILITARY SPOUSE IN THE PROCESS OF RELOCATING TO THIS INSTALLATION AND ARE WITHIN 30 DAYS OF MOVING, OR AN INVOLUNTARILY SEPARATED MILITARY MEMBER.

LOCAL APPLICANT QUESTIONNAIRE (NON-FAMILY MEMBER/NON-MILITARY)

AUTHORITY: Title 5, Code of Federal regulations, Section 5.2 and 5.3 Title 5, USC Section 1303, 1304 and 3301, Section 8(b), 8(c) and 9(c) of Executive order 10450, Title 42, USC, Section 1434 and 2585.

PURPOSE: Used by Civilian Personnel specialist to make determinations regarding eligibility for employment with the US Forces and employment referral priorities.

NOTE: COMPLETION OF THIS FORM IS NOT MANDATORY, FAILURE TO COMPLETE THIS FORM WILL NOT IN ITSELF BE GROUNDS FOR DENIAL OF EMPLOYMENT; HOWEVER, FAILURE TO PROVIDE INFORMATION REQUESTED ON THIS FORM RESULT IN THE CIVILIAN PERSONNEL OFFICE BEING UNABLE TO DETERMINE ELIGIBILITY FOR EMPLOYMENT.

ROUTINE USES: Records from this system of records may be disclosed for any of the blanket routine uses published by the Department of Defense. Furnishing the information is voluntary. If you do not give the requested information or give erroneous information, it may result in erroneous employment determinations and may be grounds for not employing you or dismissal after you begin work.

NAME:	SSN:
PLACE OF BIRTH(CITY, STATE):	DATE OF BIRTH:

SECTION A: TO BE COMPLETED BY ALL APPLICANTS

1. STATUS & REASONS FOR BEING IN THE OVERSEAS AREA (Mark "x" and complete information where applicable).

a.		RETIRING/RETIRED (Complete Section B. and C.)
b.		OTHER: (Explain, e.g., tourist, student, employed by private company, at cetera. If employed by a private company or a dependent of a person employed by a private company, be sure to include the company name including address. Complete Section C.) _____

2. US CITIZEN BY _____ BIRTH _____ NATURALIZATION (Give original citizenship) _____

3. PASSPORT NUMBER AND DATE OF ISSUE _____

4. VISA TYPE AND DATE OF EXPIRATION _____

5. CURRENT RESIDENCE

	OWNED HOUSE, APT, ETC. (By applicant or family members, including in-laws)
	RENTED HOUSE, APT, ETC., SINCE _____ CURRENT LEASE EXPIRES _____
	OTHER: _____

6. DO YOU HAVE A PLACE OF RESIDENCE IN THE U.S. OR THIRD COUNTRY? ____ NO ____ YES

(If yes, give full street address including zip code) _____

a. IS THE U.S. OR THIRD COUNTRY RESIDENCE A HOUSE OR APARTMENT? ____ HOUSE ____ APARTMENT

b. WHO IS LIVING IN THE U.S. OR THIRD COUNTRY RESIDENCE AT PRESENT? _____

c. WHAT IS THE RELATION OF THAT PERSON OR PERSONS TO THE APPLICANT? _____

d. IF THE U.S. OR THIRD COUNTRY RESIDENCE IS A HOUSE WHO IS THE LEGAL OWNER OR WHOSE NAME IS ON THE TITLE?

e. IS THERE A PHONE IN THE U.S. OR THIRD COUNTRY RESIDENCE? ____ NO ____ YES

7. DO YOU HAVE, OR HAVE YOU EVER HAD, A LOCAL WORK PERMIT?

____ NO ____ YES (If yes, give detail) _____

-COUNTINUED-
LOCAL APPLICANT QUESTIONNAIRE
(NON-FAMILY MEMBER/NON-MILITARY)

8. HAVE YOU WORKED ON THE LOCAL ECONOMY?

____ NO ____ YES (If yes, give detail) _____

9. IS YOUR HOUSEHOLD GOODS IN STORAGE?

____ NO ____ YES (If yes, Where?) _____

10. WHO IS PAYING FOR YOUR HOUSEHOLD GOODS IN STORAGE? _____

11. ____ I AM NOT MARRIED ____ I AM MARRIED AND MY SPOUSE ____ IS ____ IS NOT WORKING ON THE LOCAL ECONOMY. MY SPOUSES NATIONALITY AND RESIDENCE IS

12. DO YOU, OR YOUR SPOUSE, OWN REAL PROPERTY OR AN INTEREST IN A BUSINESS IN KOREA?

____ NO ____ YES If yes, explain: _____

13. DO YOU HAVE A DRIVER'S LICENSE ISSUED BY KOREAN AUTHORITIES?

____ NO ____ YES

14. HAVE KOREAN AUTHORITIES EVER TAXED YOUR INCOME?

____ NO ____ YES

15. DO YOU HAVE A RETURN TICKET TO THE U.S.?

____ NO ____ YES (If yes, give date of flight: _____) IF OPEN, TICKET EXPIRES _____.

16. DO YOU HAVE A CURRENT U.S. OR THIRD COUNTRY VOTER REGISTRATION?

____ NO ____ YES WHAT STATE /PROVINCE /ETC? (GIVE REGISTRATION NUMBER) _____

17. DO YOU HOLD A CURRENT U.S. OR THIRD COUNTRY DRIVER'S LICENSE?

____ NO ____ YES WHAT STATE /PROVINCE? (GIVE REGISTRATION NUMBER) _____

SECTION B: TO BE COMPLETED BY FORMER MILITARY MEMBERS

18. DATE OF SEPERATION: _____ PLACE OF SEPERATION: _____

19. REASON FOR SEPERATION: _____

20. MILITARY TRANSPORATION ENTITLEMENT: _____ WAS USED _____ WILL BE USED _____ WILL NOT BE USED

SECTION C: LIST DATE OF ORIGINAL ARRIVAL IN KOREA AND ALL ENTRANCES TO AND EXITS FROM KOREA FOR THE LAST FIVE YEARS.

SIGNATUE: _____

DATE: _____

SUPPLEMENTAL APPLICATION FORM

NAME: _____ ANNOUNCEMENT NO: _____

POSITION: _____ LOWEST GRADE YOU WILL ACCEPT: _____

TYPES OF EMPLOYMENT YOU ARE AVAILABLE FOR

_____ Full Time (40 hrs/week) _____ Day shift _____ Limited Tenure _____ Part Time (20-39 hrs/week) _____
Evenings/Nights _____ Flexible _____ Rotating shift _____ Seasonal _____ Weekends

GEOGRAPHICAL AVAILABILITY

_____ Yongsan, Seoul _____ K-16 Air Base, Sunnam _____ Camp Humphreys, Pyongtaek
_____ Camp Hovey, Tongduchon _____ Camp Casey, Tongduchon _____ Camp Red Cloud, Uijongbu
_____ Camp Henry/Walker, Daegu _____ Camp Carroll, Waegwan

SPECIFIC DIVISION YOU ARE APPLYING (Child & Youth Services APPLICANT ONLY)

_____ Child Development Center (CDC) _____ School Age Service Center (SAS)
_____ Middle School /Teen Center (MST) _____ Youth Sports _____ Parents Outreach Services (POS)

SPECIAL QUALIFICATIONS/SKILLS:

_____ I certify that I can type 40 words per minute with no more than 3 errors
_____ I am fluent in the Korean language and can translate oral & written English into Korean and vice versa
_____ I possess a POV/military driver's license
_____ I currently have a SECRET/TOP SECRET security clearance
_____ Other: _____

Print Name

Signature

Date