

OMB CONTROL NUMBER: 0702-0133

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EMPLOYMENT APPLICATION FOR EXTERNAL CANDIDATES

Army & Air Force Exchange Service (AAFES) - UK

AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, 0702-0133, is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 U.S.C. §7013, "Secretary of the Army"; Title 10 U.S.C. §9013, "Secretary of the Air Force"; Army Regulation 215-8/DAFI 34-110(I), "Army and Air Force Exchange Service Operations"; and Executive Order 9397 (SSN).

PRINCIPAL PURPOSE(S): This collection of information is necessary to process applications for Local National employment with the Army and Air Force Exchange Service within the vicinity of Italy.

ROUTINE USE(S): Records may be disclosed outside of DoD pursuant to Title 5 U.S.C. §552a(b)(3) regarding DoD "Blanket Routine Uses" published at <http://dpcl.d.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx>. This includes disclosure to Federal, State, local, territorial, tribal, international, or foreign agencies in connection with the hiring or retention of an employee. Application data may be verified by approved organizations such as law enforcement agencies for completion of applicant's background investigation.

DISCLOSURE: Voluntary. However, failure to provide all the requested information may result in the denial of your application.

SYSTEM OF RECORD NOTICE (SORN): AAFES 0403.01 "Application for Employment Files"; <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-Component-Notices/Army-Article-List/>

INSTRUCTIONS:

1. Make sure the information is complete and accurate.
2. Present additional items as listed in the following instructions presented with the application.
3. Sign and date the application.
4. The completed application and all required additional items is to be presented either by e-mail at UKHR@aafes.com, hand deliver or mail to the Human Resource Office located at Bldg. 94 RAF Feltwell, Thetford, Norfolk IP264HL.



INITIAL APPLICATION FOR LOCAL NATIONAL EMPLOYMENT
with the Army & Air Force Exchange Service (AAFES)

RAF Feltwell Human Resources Office

Bldg. 94 RAF Feltwell, Thetford, Norfolk IP264HL

Email: UKHR@aafes.com / Telephone: 01842-829946

Hours of Operation: Monday - Friday 730-1600

*Applications should be sent by email or post to RAF Feltwell Human Resources Office for review. As the military forces on the RAF bases require all visitors to be escorted on and off the base, pre-screening interviews will be held during normal business hours, by appointment only.

PLEASE NOTE: IF HIRED YOU WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY WHICH MAY CONSIST OF THE FOLLOWING DOCUMENTS:

PLEASE ENSURE YOUR CONTACT TELEPHONE INFORMATION IS CORRECT

British Citizen, EU Member, or TCN:

Current Passport or two other forms of ID (including Driver's License, Government issued ID card, Birth Certificate, National Insurance Card, etc.)

British Citizen, EU Member, or TCN who are ALSO a Military Family Member:

Dependent ID card, Sponsor's PCS Orders, Current Visa (*if not from EU member country*)

THANK YOU FOR APPLYING FOR A JOB WITH AAFES!

Your Initial Application will be kept on file for 90 days. You may be automatically considered for the applicant pools if we do not have internal applicants available for a job and you match the job's requirements. Please call 01842-829946 to check the status of your application.



INITIAL APPLICATION FOR LOCAL NATIONAL EMPLOYMENT with the Army & Air Force Exchange Service (AAFES)

Full Name (Last, First, Middle, Maiden):

Date of Birth:		E-mail:	
UK Physical Address:		Post/Mailing Address (if different):	
Home Phone:		Mobile Phone:	
Nationality:		Date began residing in UK:	
Do you have a valid Driver's License?		YES <input type="checkbox"/> NO <input type="checkbox"/>	National Insurance Number:
Do you have a current Passport/Visa?		YES <input type="checkbox"/> NO <input type="checkbox"/>	Passport #: _____ Visa type: _____
Do you have any relatives that currently work for AAFES??		YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes , please provide name(s) and facilities: _____
Have you ever worked for AAFES?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes , what facility and year? _____
<p>We are glad you have decided to apply for a job with the Exchange ! We would like to match the hours you are available to work, with the business hours of the facilities that currently have vacancies. Please be sure to mark days or times that you CANNOT work. If you can only work during particular times, please be specific with the hours that you CAN work, and circle either AM or PM. If you are fully flexible with no restrictions, you may write "ANY" in both the Earliest and Latest time you can work.</p>			
DAY OF THE WEEK	<u>EARLIEST</u> Time you can work:	<u>LATEST</u> Time you can work:	Number of hours you're <u>AVAILABLE</u> to work each week:
Sunday	<input type="radio"/> AM <input type="radio"/> PM	<input type="radio"/> AM <input type="radio"/> PM	
Monday	<input type="radio"/> AM <input type="radio"/> PM	<input type="radio"/> AM <input type="radio"/> PM	Date available to begin work:
Tuesday	<input type="radio"/> AM <input type="radio"/> PM	<input type="radio"/> AM <input type="radio"/> PM	
Wednesday	<input type="radio"/> AM <input type="radio"/> PM	<input type="radio"/> AM <input type="radio"/> PM	Positions of interest: <input type="checkbox"/> Positions in Retail <input type="checkbox"/> Positions in Food <input type="checkbox"/> Positions in Warehouse Other: _____
Thursday	<input type="radio"/> AM <input type="radio"/> PM	<input type="radio"/> AM <input type="radio"/> PM	
Friday	<input type="radio"/> AM <input type="radio"/> PM	<input type="radio"/> AM <input type="radio"/> PM	
Saturday	<input type="radio"/> AM <input type="radio"/> PM	<input type="radio"/> AM <input type="radio"/> PM	
<p>Which Categories are you willing to accept:</p> <div style="display: flex; justify-content: space-around;"> <div> <input type="checkbox"/> FULL-TIME (35-39hrs.) <input type="checkbox"/> INTERMITTENT (3-16hrs.) </div> <div> <input type="checkbox"/> PART-TIME (17-34hrs.) <input type="checkbox"/> TEMP (not to exceed 1 year) </div> </div> <p style="text-align: right;">"Hours Per Week" Select one or more</p>			

EDUCATION & QUALIFICATIONS:		
School/College/University:	Examination/Subject:	Date:
Please list special skills and/or experience relevant to my job application:		

MOST RECENT EMPLOYMENT:	PREVIOUS EMPLOYMENT:
Name of Company: Position within company: Date started: Date Left: Reason for leaving: Business Telephone Number:	Name of Company: Position within company: Date started: Date Left: Reason for leaving: Business Telephone Number:

Do you have any un-spent criminal records? <i>*Other than minor traffic offences*</i>		YES NO <input type="checkbox"/> <input type="checkbox"/>
If "yes", please answer questions below.		

Date of Offence/Violation:	Age at the time of the offence:
Nature of Offence/Violation:	Location of Court:
Penalty/Disposition:	

PERSONAL REFERENCES:	
Please provide <u>two</u> references. The referees <u>must not</u> be a family member. Any referee must also have <u>known you for a minimum period of one calendar year.</u>	
Full Name: _____ Address: _____ _____ Telephone: _____ Length of association: _____ Relationship: _____	Full Name: _____ Address: _____ _____ Telephone: _____ Length of association: _____ Relationship: _____

Declaration: I hereby declare that all the information provided on this application form is true and correct to the best of my knowledge. I understand that my application may be rejected and/or I may face dismissed if I have given false information or withheld relevant information. If hired, I also understand that I will be required to undergo a DBS security clearance upon my initial appointment and maintain my security clearance throughout any employment period. I understand that it my responsibility to notify the HRO of any changes on this application form.

Applicant Signature: _____

Date: _____