

Military Spouse Employment Preference Request

SECNAVINST 12310.7A and DODI 1404.12 provides the Department of the Defense policy on military spouse employment preference for non-appropriated fund positions. Spouses of active military personnel will be provided preferential consideration in NAF vacancies to be filled through competitive means for positions at the NF-3 and below, or equivalent hourly rate positions (NA, NL, NS) and all employment categories.

You are eligible for this program if you meet all of the following requirements:

1. You are married to an active-duty military member;
2. You were married before he/she received permanent orders to this geographic location from a different geographic location, and you accompanied him/her from the prior duty station to this duty station (*i.e., relocating from Naval Station Norfolk to Naval Station Mayport*).
3. The position you are applying for is within commuting distance of your spouse's duty station;
4. Your spouse's reporting date is within 30 days of your application or your spouse has a minimum of 6 months remaining on their current orders; and
5. You have not accepted OR declined any continuing Regular NAF or APF position in this area.

If you meet these requirements, complete the form below AND attach a copy of your spouse's PCS orders, and return with your application to the NAF Personnel Office. If you received unaccompanied orders to this geographic location from another due to special assignment, school, etc. You must submit BOTH the permanent orders and the temporary duty orders.

Applicant's Name: _____

Sponsor's Name: _____

Date of Marriage: _____

Spouses Planned Rotation Date: _____

Spouses End of Active
Obligated Service Date: _____

Sponsor's New Permanent Duty Station: _____

Sponsor's Arrival Date: _____

Relocating From: _____

Position you are applying for: _____

Announcement #: _____

By my signature, I CERTIFY that I have neither accepted OR declined any continuing NAF or APF position in this area and that all statements made by me on this application are complete, true and accurate to the best of my knowledge and belief.

Signature of applicant

Date

Privacy Act Statement

Section 6311 of Title 5 of the U.S. code authorizes collection of this information. The primary use of this information is eligibility determination for the Military Spouse Employment Preference. Furnishing the information on this form, including your SSN, is voluntary. However failure to provide the information required will prevent consideration under spousal preference program.

Pers Off Use Only: ☐ Eligible, meets all Spousal Preference program requirements listed above

☐ Ineligible, does **not** meet all Spouse Preference program requirements listed above

Initial _____ Date _____