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| **LOCAL APPLICANT QUESTIONNAIRE**  *(This form is subject to the Privacy Act of 1974)* | |
| AUTHORITY: Title 5, Code of Federal Regulations, Sections 5.2 and 5.3, Title 5, USC, Sections 1303, 1304 and 3301; Sections 8(b), (c) and 9(c) of Executive order 10450, Title 42, USC, Sections 1434 and 2685. PRINCIPAL PURPOSE: Used by civilian personnel specialists to make determinations regarding eligibility for employment with the US Forces and for employment referrals. ROUTINE USES: Records from this system 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:** (Last, First & Middle) | **Social Security Number:** |
| **Place of Birth** (City & State or Country) | **Date of Birth** (Day/Month/Year) |
| **SECTION A: TO BE COMPLETED BY ALL APPLICANTS** | |
| 1. STATUS AND REASONS FOR BEING IN THE OVERSEAS AREA ( Mark “X” and complete information where applicable). | |
| a. ( ) SPOUSE OF ACTIVE DUTY MILITARY MEMBER ASSIGNED TO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Attach copy of sponsor’s PCS orders, or agency documentation showing command sponsorship. Complete Section B)  b. ( ) SPOUSE OF DOD CIVILIAN EMPLOYEE ASSIGNED TO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  c. ( ) CHILD OF ACTIVE DUTY MILITARY OF DOD CIVILIAN EMPLOYEE ASSIGNED TO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Attach copy of sponsor’s orders, or agency documentation showing command sponsorship. Complete Section B)  d. ( ) ACTIVE DUTY MILITARY MEMBER SEEKING EMPLOYMENT DURING OFF DUTY TIME. (Complete Section C)  e. ( ) OTHER (Explain, e.g., student, employed by private company, etcetera. 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 E.) | |
| 2. US CITIZEN BY ( ) BIRTH ( ) NATURALIZATION (Give original citizenship)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 3. PASSPORT NUMBER AND DATE OF ISSUE: | |
| 4. IF YOU ARE NOT A U.S. CITIZEN, LIST THE COUNTRY(S) OF WHICH YOU CLAIM CITIZENSHIP AND IDENTIFY WHETHER OR NOT YOU HAVE A PASSPORT FOR THAT COUNTRY(S). (***Give details in Section F***) | |
| **SECTION B. TO BE COMPLETED BY SPOUSES AND CHILDREN OF MILITARY AND GOVERNMENT EMPLOYEES** | |

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| 5. SPONSOR’S NAME AND GRADE: | 6. SPONSOR’S CURRENT ORGANIZATION: | |
| 7. SPONSOR’S CURRENT DUTY PHONE | 8. SPONSOR’S DEROS: | |
| 9. ARE YOU CURRENTLY RESIDING WITH YOUR SPONSOR?  ( ) YES ( ) NO | 10. YOUR ID CARD NUMBER: | |
| **SECTION C. TO BE COMPLETED BY ACTIVE DUTY MILITARY MEMBERS SEEKING EMPLOYMENT IN OFF DUTY TIME** | | |
| 11. ORGANIZATION TO WHICH YOU ARE CURRENTLY ASSIGNED |  | 12. DEROS |
| 13. I UNDERSTAND THAT UNDER THE JOINT REGULATION, MY MILITARY DUTIES TAKE PRIORITY OVER OTHER EMPLOYMENT: **(Initials)** | | |
| **SECTION D. TO BE COMPLETED BY FORMER MILITARY MEMBERS** | | |
| 14. DATE OF SEPARATION:  WAS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WILL BE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 15. PLACE OF SEPARATION:  WAS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WILL BE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 16. REASON FOR SEPARATION:  WAS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WILL BE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 17. MILITARY TRANSPORATION ENTITLEMENT:  ( ) WAS USED ( ) WILL BE USED ( ) WILL NOT BE USED | |

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| **SECTION E TO BE COMPLETED BY ALL APPLICANTS OTHER THAN DOD DEPENDENTS OR OFF DUTY MILITARY** | | |
| 18. LIST DATE OF ORIGINAL ARRIVAL IN KOREA AND OF ALL ENTRANCES AND EXITS FROM KOREA FOR THE LAST FIVE YEARS. | | |
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| 19. CURRENT RESIDENCE:  ( ) OWNED HOUSE, APT, ETC *(By applicant or family members, including in-laws)*    ( ) RENTED HOUSE, APT, ETC., SINCE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CURRENT LEASE EXPIRES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    ( ) OTHER *(Give details in Section F)* | | |
| 20. DO YOU HAVE A PLACE OF RESIDENCE IN THE US? ( ) NO ( ) YES *(Give full street address including zip code and who is living there now.)* | | |
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| 21. LOCAL RESIDENT:  PERMIT TYPE AND EXPIRATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    VISA TYPE AND DATE OF EXPIRATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 22. DO YOU HAVE, OR HAVE EVER HAD, A LOCAL WORK PERMIT? ( ) NO ( ) YES *(If YES, give details in Section F)* | | |
| 23. HAVE YOU WORKED ON THE LOCAL ECONOMY? ( ) NO ( ) YES *(If YES, give details in Section F)* | | |
| 24. ARE YOUR HOUSEHOLD GOODS IN STORAGE? ( ) NO ( ) YES *(If YES, give details in Section F)* | | |
| 25. WHO IS PAYING FOR YOUR HOUSE HOLD GOODS IN STORAGE? | | |
| 26. ( ) I AM NOT MARRIED ( ) I AM MARRIED AND MY SPOUSE ( ) IS ( ) IS NOT WORKING ON THE LOCAL ECONOMY | | |
| 27. DO YOU OR YOUR SPOUSE OWN REAL PROPERTY OR AN INTEREST IN A BUSINESS IN KOREA?  ( ) NO ( ) YES *(If YES, explain in Section F)* | | |
| 28. DO YOU HAVE A DRIVER’S LICENSE ISSUED BY KOREAN AUTHORITIES? ( ) NO ( ) YES | | |
| 29. DO YOU HAVE A CURRENT US OR THIRD COUNTRY VOTER’S REGISTRATION? ( ) NO ( ) YES  STATE/COUNTY OF REGISTRATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ REGISTRATION NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 30. HAS YOUR INCOME EVER BEEN TAXED BY KOREAN AUTHORITIES? ( ) NO ( ) YES | | |
| 31. DO YOU HAVE A RETURN TICKET TO THE US?  ( ) NO ( ) YES  *(Give date of flight)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IF OPEN, TICKET EXPIRES*(Give date*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **F: REMARKS** | | |
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| APPLICANT’S NAME (Printed): | SIGNATURE: | DATE: |

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