



MORALE, WELFARE & RECREATION DEPARTMENT
U.S. NAVAL SUPPORT ACTIVITY, BAHRAIN
PSC 851 BOX 360 FPO

NAF HUMAN RESOURCES OFFICE
NAVAL SUPPORT ACTIVITY BAHRAIN

Supplemental Questionnaire
(Attach to each application submitted)

Name:		Ann: #	
Phone:		E-mail:	
Job Title:		Position Series/Grade	

IAW: DOD Instruction 1400.25, Vol 315, dated March 19, 2012: Employment of Spouses of Active Duty Military and DOD Instruction 1400.25, Vol 1232, dated January 5, 2012: Employment of Family Members in Foreign Areas.

1. U.S. Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. Dual Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>IAW SECNAV M-5510.30 June 2006, Exhibit 8B Dual Citizens and Foreign</i>	
3. Are you command sponsored? Yes <input type="checkbox"/> No <input type="checkbox"/>	
4. When can you start work?	
5. Are you a current NAFI/MWR/NEX Employee? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>If yes, please attach your most recent personnel action</i>	
6. Are you a currently employed as a DoD Contractor? Yes <input type="checkbox"/> No <input type="checkbox"/>	
7. Are you claiming Veteran's Preference? Yes <input type="checkbox"/> No <input type="checkbox"/>	
8. Are you self-sponsored (Signed a Transportation Agreement)? Yes <input type="checkbox"/> No <input type="checkbox"/>	
9. Date Married to Sponsor	If child, DOB:
Date sponsor's orders issued (YYYYMMDD):	
Sponsor's report date (YYYYMMDD):	
Sponsor's rotation date (YYYYMMDD):	
* Attach orders and if applicable extensions to your packet.	

Military Spouse Preference (MSP) and Family Member Preference (FMP)

This is a dependent hire authority provided specifically for the employment of U.S. citizen family members residing with their active duty military or Federal civilian sponsor stationed in a foreign area.

I AM A SPOUSE OR A FAMILY MEMBER OF: Check one:

	YES	NO
Spouse / Child of an Active Duty Military sponsor	<input type="checkbox"/>	<input type="checkbox"/> (Branch of Service): _____
Spouse / Child of a DOD Federal Civilian sponsor	<input type="checkbox"/>	<input type="checkbox"/> (Dept or Agency): _____
Spouse / Child of a NAF/MWR/NEX sponsor	<input type="checkbox"/>	<input type="checkbox"/> (Dept or Agency): _____
Spouse / Child of a Contractor sponsor	<input type="checkbox"/>	<input type="checkbox"/> (Specify) _____

Please read and initial each line:

_____ U.S. citizen family members who are employed overseas will be appointed not to exceed the date of their sponsor's tour ending date.

_____ Shall be given Spouse preference in NF3 and below positions that are filled competitively and designated for U.S. Citizen Occupancy only ONCE in a RFT or RPT position for each overseas PCS move and is not renewable when your sponsor extends their tour to remain in Bahrain.

_____ Spouses shall be referred using MSP or FMP until such time as they accept or decline a continuing position, fail to maintain eligibility, are no longer eligible under the pertinent authority **IAW DOD Instruction 1400.25, Vol 315, dated March 19, 2012 and DOD Instruction 1400.25, Vol 1232, dated January 5,** or are no longer interested in being referred.

_____ MSP or FMP who are seeking preference with less than six months of the sponsor's rotation date maybe non-selected.

I have ☐ / have not ☐ used my **MILITARY SPOUSE PREFERENCE (MSP) OR FAMILY MEMBER PREFERENCE (FMP)** in accordance with the information provided above. Your signature below represents self-certification that you **HAVE or HAVE NOT** been offered and/or declined a position during current PCS, which terminated your entitlement to **MSP/FMP**.

I certify that, to the best of my knowledge and belief, all of the above information on this form is true, correct, complete, and made in good faith. I understand that false or fraudulent information may be grounds for not hiring me or being terminated after I begin work.

Applicant Signature

Date

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