

APPLICATION

Associate's Name: _____

New Duty Station: _____

Expected arrival date at New Duty Station: _____

Expected date of availability to work: _____

In-transit cell phone or other phone numbers: _____

E-mail: _____

ASSOCIATE SIGNATURE	DATE

Associates applying for Continuity of Employment Program (CEP) should submit/attach a résumé.

TO BE COMPLETED BY THE HUMAN RESOURCES OFFICE

Associate's Employee ID: _____ U.S. Citizenship: Yes No

Current Job Title: _____

Grade/Step: _____ Hourly/Salary Pay Rate: _____

Work Performance Review (WPR):

	RATING	POSITION HELD	REVIEW DATE
CURRENT			
PREVIOUS			

Note: Associates must have fully successful or higher rating on the last two WPRs, unless only one WPR is available. Closeout Performance Review must be executed if previous WPR is not on file; must be executed as soon as possible but not later than the associate's last day of work prior to leave without pay (LWOP).

Completed by: _____ Phone Number: _____

Title: _____ Date: _____

PRIVACY ACT NOTICE

Authority: 5 USC 301, E.O. 9397, and Departmental Regulations. Purpose: To collect information needed to determine qualifications, suitability and availability of applicants for employment. Your completed application may be used to examine, rate and/or assess your qualifications, and restrictions based on citizenship, members of family already employed, and residence requirements and to contact you concerning availability for an interview. All of part of your completed NEXCOM Form may be disclosed: appropriate federal, state or local law enforcement agencies charged with the responsibility of investigation a violation or potential violation of the law. Disclosure: Voluntary, however failure to disclose requested information may result in your not receiving full consideration for a position in which this information is needed.