

**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 Base San Diego).
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 (Part-time or Full-Time).
5. You have not accepted 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 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 not accepted any continuing NAF or APF position in this area and that all my 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 \_\_\_\_\_