

IVS HIRING PREFERENCE INFORMATION FORM

Part I - to be completed by applicant

Name: _____

Position Applying for: _____

Position announcement #: _____

1. I am (check one):

A. _____ Involuntarily Separated from the Armed Forces.

B. _____ Dependent of a member who was Involuntarily Separated from the Armed Forces.

2. I understand that this is a one time hiring preference, and that I will use my preference once I either accept or decline a continuing* NAF position. (Check appropriate block(s):

A. _____ I have held a continuing NAF position since being eligible for IVS hiring preference.

B. _____ I have not held a continuing NAF position since being eligible for IVS hiring preference.

C. _____ I have not declined an offer of a continuing NAF position which I have applied for since being eligible for IVS hiring preference.

Signature

Date

* Continuing positions are expected to last at least one year.