

# City of North Little Rock

## Online Job Application

*NOTE: Applications are only accepted for posted positions and application cannot be submitted electronically.*

The information provided on this card will be used in the completion of various required state and federal reports and will not be used in the selection process or be a part of your application.  
.....

POSITION APPLIED FOR: \_\_\_\_\_ DATE \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SOC.SEC.# \_\_\_\_\_ D.L.# \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

PHONE: \_\_\_\_\_

SEX: M  F  RACE: W  B  OTHER \_\_\_\_\_

MI



# NORTH LITTLE ROCK

AN EQUAL OPPORTUNITY EMPLOYER

## APPLICATION FOR EMPLOYMENT

As an Equal Opportunity Employer, the City does not discriminate on the basis of age, sex, race, religion, national origin, disability, or veteran status.

Applications are subject to disclosure under the Arkansas Freedom of Information Act.

Applicants will receive written notification of their status upon the completion of the selection process. All status inquiries from applicants must be in writing, addressed to the Human Resources Director, P. O. Box 5757, NLR, AR 72119. No response will be made to telephone inquiries.

North Little Rock Civil Service Rules provide that applicants who use political influence to circumvent the open, competitive selection process in an attempt to secure a Civil Service classified position may be disqualified.

### READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING

DO NOT TYPE THIS APPLICATION. PRINT PLAINLY IN INK. Complete the application and all accompanying documents. Complete one Employment Verification Form for EACH employer that is still in business. You must provide complete mailing addresses. Documentation required to verify that you are qualified for the position for which you have applied must be submitted with the application, i.e., proof of education (transcript), verification of military discharge (DD214), etc.

V V V V

Incomplete applications or failure to provide documents required for verification of statements made herein may subject you to disqualification.

V V V V

<b>Position Applying For:</b>			
Last Name	First Name	Middle Name	Social Security #
Address: House or Apt. & Bldg. # / Street or Rural Route / City / State / Zip (Also include mailing address if different from home address)			
Telephone Number: (Include area code)			
Residence ( ) _____		Business ( ) _____	Cell ( ) _____
May we contact you during working hours at your present place of employment?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If hired, can you provide proof of eligibility to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed by the City of North Little Rock? If "Yes," list in the employment section.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other City positions for which you have applied. List position(s) and date(s) applied: _____	
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently in 'Lay Off' status and subject to recall?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you available to work <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary?	
On what date would you be available for work? _____	
Have you served in the U.S. Armed Forces, Reserve, or National Guard? If "Yes," provide DD214.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Vietnam Veteran? If "Yes," dates of service: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had any training in the U.S. military related to this position? If "Yes," list below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If a male between the ages of 18-25, I certify that I have registered with the Selective Service System to comply with the Military Selective Service Act.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Education	School Name & Location	Years Completed	Degree/Diploma	Major/Minor
High School		9 10 11 12		
Vo-Tech		1 2 3 4		
College/University		1 2 3 4		
Graduate School		1 2 3 4		
Other:		1 2 3 4		

First Name

Last Name

**DRIVING RECORD**

Complete only if applying for a position which requires driving.

A. Can you drive standard transmission vehicles?  Yes  NoB. Do you have a valid Arkansas Driver's License? If "Yes," check type.  Yes  No
 Class D       Class C       Class B       Class A
C. Have you received any traffic tickets in the past three years? If "Yes," give details.  Yes  No

Date: \_\_\_\_\_ Traffic Offense: \_\_\_\_\_

Date: \_\_\_\_\_ Traffic Offense: \_\_\_\_\_

Date: \_\_\_\_\_ Traffic Offense: \_\_\_\_\_

D. Has your driver's license been suspended within the past three years? If "Yes," give details.  Yes  No

Date: \_\_\_\_\_ Traffic Offense: \_\_\_\_\_

Date: \_\_\_\_\_ Traffic Offense: \_\_\_\_\_

Date: \_\_\_\_\_ Traffic Offense: \_\_\_\_\_

**ARKANSAS TRAFFIC VIOLATION RELEASE FORM**

I authorize the Office of Driver Services to release my traffic violation record to the City of North Little Rock. This release shall remain in full force and effect until formal withdrawal is filed by me.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ARK. D.L. #: \_\_\_\_\_ CLASS: \_\_\_\_\_

**EMPLOYMENT**

Begin with your present or last job. List all of your full-time, part-time, military, and volunteer employment. Explain any period of unemployment.

<b>1</b>	Employer	From Month/Year	To Month/Year	<b>Describe Duties</b>
	Mailing Address			
	City State Zip Phone	Hours Per Week	Monthly Salary	
	Job Title	Supervisor		
	Reason For Leaving	Did you drive a commercial vehicle? <input type="radio"/> Yes <input type="radio"/> No		
<b>2</b>	Employer	From Month/Year	To Month/Year	<b>Describe Duties</b>
	Mailing Address			
	City State Zip Phone	Hours Per Week	Monthly Salary	
	Job Title	Supervisor		
	Reason For Leaving	Did you drive a commercial vehicle? <input type="radio"/> Yes <input type="radio"/> No		
<b>3</b>	Employer	From Month/Year	To Month/Year	<b>Describe Duties</b>
	Mailing Address			
	City State Zip Phone	Hours Per Week	Monthly Salary	
	Job Title	Supervisor		
	Reason For Leaving	Did you drive a commercial vehicle? <input type="radio"/> Yes <input type="radio"/> No		
<b>4</b>	Employer	From Month/Year	To Month/Year	<b>Describe Duties</b>
	Mailing Address			
	City State Zip Phone	Hours Per Week	Monthly Salary	
	Job Title	Supervisor		
	Reason For Leaving	Did you drive a commercial vehicle? <input type="radio"/> Yes <input type="radio"/> No		

**EMPLOYMENT - continued**

<b>5</b>	Employer	From Month/Year	To Month/Year	<b>Describe Duties</b>	
Mailing Address					
City	State Zip Phone	Hours Per Week	Monthly Salary		
Job Title		Supervisor			
Reason For Leaving		Did you drive a commercial vehicle? <input type="radio"/> Yes <input type="radio"/> No			
<b>6</b>	Employer	From Month/Year	To Month/Year	<b>Describe Duties</b>	
Mailing Address					
City	State Zip Phone	Hours Per Week	Monthly Salary		
Job Title		Supervisor			
Reason For Leaving		Did you drive a commercial vehicle? <input type="radio"/> Yes <input type="radio"/> No			
<b>7</b>	Employer	From Month/Year	To Month/Year	<b>Describe Duties</b>	
Mailing Address					
City	State Zip Phone	Hours Per Week	Monthly Salary		
Job Title		Supervisor			
Reason For Leaving		Did you drive a commercial vehicle? <input type="radio"/> Yes <input type="radio"/> No			
<b>8</b>	Employer	From Month/Year	To Month/Year	<b>Describe Duties</b>	
Mailing Address					
City	State Zip Phone	Hours Per Week	Monthly Salary		
Job Title		Supervisor			
Reason For Leaving		Did you drive a commercial vehicle? <input type="radio"/> Yes <input type="radio"/> No			
<b>9</b>	Employer	From Month/Year	To Month/Year	<b>Describe Duties</b>	
Mailing Address					
City	State Zip Phone	Hours Per Week	Monthly Salary		
Job Title		Supervisor			
Reason For Leaving		Did you drive a commercial vehicle? <input type="radio"/> Yes <input type="radio"/> No			
<b>10</b>	Employer	From Month/Year	To Month/Year	<b>Describe Duties</b>	
Mailing Address					
City	State Zip Phone	Hours Per Week	Monthly Salary		
Job Title		Supervisor			
Reason For Leaving		Did you drive a commercial vehicle? <input type="radio"/> Yes <input type="radio"/> No			
<b>11</b>	Employer	From Month/Year	To Month/Year	<b>Describe Duties</b>	
Mailing Address					
City	State Zip Phone	Hours Per Week	Monthly Salary		
Job Title		Supervisor			
Reason For Leaving		Did you drive a commercial vehicle? <input type="radio"/> Yes <input type="radio"/> No			
<b>12</b>	Employer	From Month/Year	To Month/Year	<b>Describe Duties</b>	
Mailing Address					
City	State Zip Phone	Hours Per Week	Monthly Salary		
Job Title		Supervisor			
Reason For Leaving		Did you drive a commercial vehicle? <input type="radio"/> Yes <input type="radio"/> No			

## CRIMINAL RECORD

Employment will not be denied based solely on an arrest or conviction record. Factors taken into consideration will include: the nature and the gravity of the offense(s), the period of time since the conviction and/or completion of the sentence, the nature of the job applied for, number & frequency of convictions, and age at time of conviction. You may omit:

1. Any offense committed before your 18th birthday which was finally adjudicated in a juvenile court under a youth offender law.
2. Any conviction, the record of which has been expunged under federal or state law.
3. Any conviction set aside under the Federal Youth Corrections Act or similar authority.

### FELONY

### MISDEMEANOR

Have you ever been convicted, forfeited collateral, or are you now under charges for any felony or any firearms or explosives offense against the law?

Have you ever been convicted, imprisoned, on probation or parole, or forfeited collateral or are you now under charges for any offense other than a felony including misdemeanors?

Yes     No    If "Yes," complete below.

Yes     No    If "Yes," complete below.

Date	Offense	Date paroled	Date probation completed	Date	Offense	Date paroled	Date probation completed

Parole or Probation Officer \_\_\_\_\_ Phone# \_\_\_\_\_

Parole or Probation officer \_\_\_\_\_ Phone# \_\_\_\_\_

Felony Defined: Any offense punishable by imprisonment for a term exceeding one (1) year, but does not include any offense classified under the law of the State as a misdemeanor which is punishable by a term of imprisonment of two (2) years or less.

### READ CAREFULLY BEFORE SIGNING BELOW

- (1) I understand and agree that as a condition of employment I may be required to take and successfully pass one or more pre-employment tests, depending on the position for which I am applying. I understand that a medical examination and drug test will be required if I am offered employment. I agree to take all tests at the time designated by the City of North Little Rock (the City). I hereby release the City, its directors, department heads, agents or employees from any claim arising in connection with such tests.
- (2) I understand that this application and any other documents I have received in connection with my application does not constitute a contract of employment either collectively or singularly. I further understand and agree that, if hired, my employment is for no definite period; and I may be terminated at any time with or without prior notice, regardless of the date of payment of my wages or salary. I understand that I may terminate my employment with the City at any time with or without prior notice.
- (3) If hired, I agree to comply with rules, regulations and laws of the City, the laws of the United States and the State of Arkansas.
- (4) I understand that the City conducts a thorough background investigation on all persons prior to being considered for hire. I further understand that public safety and security-sensitive jobs require special background investigations and security clearance prior to employment. I understand that failure to successfully complete the background investigation may lead to my rejection as an applicant.
- (5) For the purpose of determining my acceptability for employment, I hereby authorize the City to request and receive all information necessary to investigate all statements made on this application form or in the attached documents, supplements and resumes. I hereby authorize all my previous employers and other references listed herein to answer the City's questions and to release to the City any and all information that they have concerning my previous employment record, education or any other information that might have personal or other relevance to this application process. By signing and submitting this application I release all such parties and the City of North Little Rock from all liability for any damage that may result from furnishing or receiving such information.
- (6) I hereby do declare that the information I have provided on this application and all attachments/supplements contains no false information or misrepresentation and is complete, truthful and accurate to the best of my knowledge. I understand that if the background investigation discloses misrepresentation or falsification of any information on this application or accompanying documents, my application will be rejected; my name removed from any eligibility list; and if already employed; I may be dismissed from employment and disqualified from applying or being considered for future employment.

*Signature of applicant (Do not print)* \_\_\_\_\_

*Date signed* \_\_\_\_\_

### BEFORE RETURNING THE APPLICATION, MAKE SURE YOU:

- Complete and sign the application.
- Complete and sign all forms: Employment Verification Forms (one for each employer still in business) and (if applicable) Request Pertaining to Military Records.
- Provide copies of required documents, certificates, or transcripts for education. Photocopies are made free of charge in the Human Resources Department.



# NOTICE TO APPLICANTS

## INCOMPLETE APPLICATIONS MAY BE REJECTED!

CHECK APPLICATION FOR COMPLETENESS BEFORE YOU TURN IT IN. MAKE SURE:

1. ALL BLANKS IN THE APPLICATION FORM ARE FULLY COMPLETED IN THE APPLICANT'S OWN HANDWRITING AND THE APPLICATION IS SIGNED AND DATED.
2. APPLICATIONS WITH SECTIONS OR BLANKS COMPLETED WITH "SEE RESUME" OR THAT ARE LEFT ENTIRELY BLANK ARE CONSIDERED INCOMPLETE AND WILL BE REJECTED.
3. A COMPLETE WORK HISTORY IS PROVIDED, INCLUDING TRUE REASONS FOR LEAVING EACH EMPLOYER AND ALL PERIODS OF UNEMPLOYMENT.
4. SECTIONS 1 & 2 OF EMPLOYMENT VERIFICATION ARE COMPLETED AND SUBMITTED WITH THE APPLICATION. **COMPLETE ONE EMPLOYMENT VERIFICATION FORM FOR EACH PREVIOUS EMPLOYER.**
5. ORIGINALS OF REQUIRED CERTIFICATES OR LICENSES MUST BE PRESENTED FOR VERIFICATION AND COPYING AT THE TIME YOU RETURN YOUR COMPLETED APPLICATION.
6. PROOF OF REQUIRED FORMAL EDUCATION OR TRAINING MUST BE SUBMITTED FOR VERIFICATION AND COPYING WITH THE APPLICATION. **Original copies of high school diplomas or original, certified transcripts from colleges & universities are the only acceptable proof of education except for education/training listed on official DD214's.** (*Unofficial copies of these documents may be accepted during the application process only for purposes of preliminary evaluation. If selected as a finalist for the position, the applicant may be required to provide an original copy of the required document for verification prior to final consideration for hire.*)

### NOTE:

**IT IS THE RESPONSIBILITY OF THE APPLICANT TO NOTIFY THE HUMAN RESOURCES DEPARTMENT OF ANY ADDRESS CHANGE. ALL NOTICES OF APPLICANT STATUS INCLUDING INVITATIONS TO INTERVIEW ARE SENT VIA U.S. MAIL IN A TIMELY MANNER. LATE MAIL DELIVERIES OR MAIL RETURNED TO US BECAUSE OF INCORRECT ADDRESSES ARE NOT THE RESPONSIBILITY OF THE HUMAN RESOURCES DEPARTMENT.**

**CITY OF NORTH LITTLE ROCK HUMAN RESOURCES DEPARTMENT  
EMPLOYMENT VERIFICATION FORM**

Rev'd 3/20/08

P. O. Box 5757, North Little Rock, AR 72119-5757 -- Phone 501-975-8855; FAX 501-975-8850

POSITION APPLYING FOR: \_\_\_\_\_  D.O.T. Regulated  Non D.O.T.

**APPLICANT: Complete Sections 1 and 2 only**

**1. TO:** Company Name: \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

- \* Complete one form for each current and former employer(s). Return completed forms with application.
- \* Do Not mail or take this form to employer(s). This form is NOT for military service verification.

**REQUEST AND AUTHORIZATION TO RELEASE EMPLOYMENT HISTORY INFORMATION**

I hereby authorize and request the above-named current or former employer to release information responding to the following questions, including information about results of drug or alcohol tests administered within three (3) years prior to this request, to the North Little Rock Human Resources Director or authorized agent and hereby release the above former employer from any and all civil liability in complying with this request and authorization. This consent and authorization will remain in effect for a period of six (6) months from the date signed. A copy of this consent and release shall serve as an original.

**My name while employed:** (PRINT) \_\_\_\_\_ **Social Sec. No.** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**To Current or Previous Employer:** This request and authorization to release information relevant to the questions below, including Ques. D, complies with Ark. Statute § 11-3-204 that releases you from civil liability for responding factually and in good faith to requests for this information. **If the position applied for is a D.O.T. Regulated Position, see attached separate form & authorization for release of D.O.T. mandated information.** Please review the applicant's answers to the questions in Section 2, and provide your response and comments concerning the applicant's answers in Sections 3 and 4 below. When complete, please FAX to the above number, or mail in the self-addressed stamped envelope provided.

**2. APPLICANT: Complete Questions A-H only.**

**3. EMPLOYER: Complete Sections I-P Below.**

		DO YOUR RECORDS AGREE WITH APPLICANT'S RESPONSES?	
<b>A.</b> Employed from (Mo/Yr) _____ to (Mo/Yr) _____		<b>I.</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	If "No," correct dates?
<b>B.</b> Job Title(s) AND Duties: _____		<b>J.</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	If "No," correct title(s)?
<b>C.</b> My last written performance evaluation with this employer states that my job performance is / was: <input type="checkbox"/> Excellent <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory		<b>K.</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	If "No," give reason(s):
<b>D.</b> My attendance and punctuality were satisfactory. Yes <input type="checkbox"/> No <input type="checkbox"/> If No, explain: _____		<b>L.</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	If "No," give reason(s):
<b>E.</b> Results of Alcohol and/or Drug Test Results in Past Year: <input type="checkbox"/> No test given Alcohol: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> No test given Drugs: <input type="checkbox"/> Positive <input type="checkbox"/> Negative Were tests D.O.T. drug or alcohol tests? Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>M.</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	If "No," give reason(s):
<b>F.</b> While employed, did you make any threats of violence, commit any harassing acts, or exhibit threatening behavior related in any way to the workplace or directed at another employee? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide details: _____		<b>N.</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	If "No," give reason(s):
<b>G.</b> Reason for separation: <input type="checkbox"/> N/A-still employed <input type="checkbox"/> Normal Retirement <input type="checkbox"/> Laid Off (give reason) <input type="checkbox"/> Voluntary Resignation (give reason) <input type="checkbox"/> Terminated or Asked to Resign (give reason)		<b>O.</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	If "No," give reason(s):
<b>H.</b> I am eligible for rehire with this employer: Yes <input type="checkbox"/> No <input type="checkbox"/> If No, give reason: _____		<b>P.</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	If "No," give reason(s):

\*\*\*\*\* **Applicant: Do not write below this line - for authorized employer only.** \*\*\*\*\*

**4. If records unavailable:**  No record of having employed this person  Records in storage or unavailable  Co. policy prohibits release

**Employer Representative Name:** (Print) \_\_\_\_\_ **Title:**(Print) \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# REQUEST PERTAINING TO MILITARY RECORDS

To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly or type. If you need more space, use plain paper.

## SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)

1. NAME USED DURING SERVICE (last, first, and middle)	2. SOCIAL SECURITY NO.	3. DATE OF BIRTH	4. PLACE OF BIRTH
5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that all service be shown below.)			
BRANCH OF SERVICE	DATES OF SERVICE	CHECK ONE	SERVICE NUMBER DURING THIS PERIOD (If unknown, write "unknown")
	DATE ENTERED	DATE RELEASED	
		OFFICER	ENLISTED
<b>a. ACTIVE SERVICE</b>			
<b>b. RESERVE SERVICE</b>			
<b>c. NATIONAL GUARD</b>			
6. IS THIS PERSON DECEASED? If "YES" enter the date of death.		7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE?	
<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES _____		<input type="checkbox"/> NO <input type="checkbox"/> YES	

## SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. REPORT OF SEPARATION (DD Form 214 or equivalent). This contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next of kin, or other persons or organizations if authorized in Section III, below. NOTE: If more than one period of service was performed, even in the same branch, there may be more than one Report of Separation. Be sure to show EACH year that a Report of Separation was issued, for which you need a copy.

An UNDELETED Report of Separation is requested for the year(s) \_\_\_\_\_

This normally will be a copy of the full separation document including such sensitive items as the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost. An undeleted version is ordinarily required to determine eligibility for benefits.

A DELETED Report of Separation is requested for the year(s) \_\_\_\_\_

The following information will be deleted from the copy sent: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and for separations after June 30, 1979, character of separation and dates of time lost. \*

2. OTHER INFORMATION AND/OR DOCUMENTS REQUESTED    1. Unfavorable information no file. 2. Performance Reports.  
 3. Article 15 or any court martial information. 4. Drug/alcohol information. 5. Related Civilian occupation(s).

3. PURPOSE (Optional - An explanation of the purpose of the request is strictly voluntary. Such information may help the agency answering this request to provide the best possible response and will in no way be used to make a decision to deny the request.) \_\_\_\_\_

## SECTION III - RETURN ADDRESS AND SIGNATURE

### 1. REQUESTER IS:

Military service member or veteran identified in Section I, above  
 Next of kin of deceased veteran \_\_\_\_\_ (relation)

Legal guardian (must submit copy of court appointment)  
 Other (specify) \_\_\_\_\_

2. SEND INFORMATION/DOCUMENTS TO:  
 (Please print or type. See item 3 on accompanying instructions.)

City of North Little Rock Human Resources  
 Name \_\_\_\_\_  
 P.O. Box 5757 (120 Main Street)  
 Street \_\_\_\_\_ Apt. \_\_\_\_\_  
 North Little Rock AR 72119-5757  
 City State Zip Code

3. AUTHORIZATION SIGNATURE REQUIRED (See item 2 on accompanying instructions.) I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct.

Signature (Please do not print.) \_\_\_\_\_  
 Date of this request ( ) Daytime phone \_\_\_\_\_  
 Email address \_\_\_\_\_



## INSTRUCTION AND INFORMATION SHEET FOR SF 180, REQUEST PERTAINING TO MILITARY RECORDS

- 1. Information needed to locate records.** Certain identifying information is necessary to determine the location of an individual's record of military service. Please try to answer each item on the SF 180. If you do not have and cannot obtain the information for an item, show "NA," meaning the information is "not available." Include as much of the requested information as you can.
- 2. Restrictions on release of information.** Release of information is subject to restrictions imposed by the military services consistent with Department of Defense regulations and the provisions of the Freedom of Information Act (FOIA) and the Privacy Act of 1974. The service member (either past or present) or the member's legal guardian has access to almost any information contained in that member's own record. An authorization signature, of the service member or the member's legal guardian, is needed in Section III of the SF180. Others requesting information from military personnel/health records must have the release authorization in Section III of the SF 180 signed by the member or legal guardian, but if the appropriate signature cannot be obtained, only limited types of information can be provided. If the former member is deceased, surviving next of kin may, under certain circumstances, be entitled to greater access to a deceased veteran's records than a member of the public. The next of kin may be any of the following: unremarried surviving spouse, father, mother, son, daughter, sister, or brother. Employers and others needing proof of military service are expected to accept the information shown on documents issued by the military service departments at the time a service member is separated.
- 3. Where reply may be sent.** The reply may be sent to the member or any other address designated by the member or other authorized requester.
- 4. Charges for service.** There is no charge for most services provided to members or their surviving next of kin. A nominal fee is charged for certain types of service. In most instances service fees cannot be determined in advance. If your request involves a service fee, you will be notified as soon as that determination is made.
- 5. Health and personnel records.** Health records of persons on active duty are generally kept at the local servicing clinic, and usually are available from the Department of Veterans Affairs a week or two after the last day of active duty. (See page 2 of SF180 for record locations/addresses.)
- 6. Records at the National Personnel Records Center.** Note that it takes at least three months, and often up to seven, for the file to reach the National Personnel Records Center in St. Louis after the military obligation has ended (such as by discharge). If only a short time has passed, please send the inquiry to the address shown for active or current reserve members. Also, if the person has only been released from active duty but is still in a reserve status, the personnel record will stay at the location specified for reservists. A person can retain a reserve obligation for several years, even without attending meetings or receiving annual training. (See page 2 of SF180 for record locations/addresses.)
- 7. Definitions and abbreviations.** DISCHARGED -- the individual has no current military status; HEALTH -- Records of physical examinations, dental treatment, and outpatient medical treatment received while in a duty status (does not include records of treatment while hospitalized); TDRL -- Temporary Disability Retired List.
- 8. Service completed before World War I.** National Archives Trust Fund (NATF) forms must be used to request these records. Obtain the forms by e-mail from [inquire@nara.gov](mailto:inquire@nara.gov) or write to the Code 6 address on page 2 of the SF 180.

### PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

The following information is provided in accordance with 5 U.S.C. 552a(e)(3) and applies to this form. Authority for collection of the information is 44 U.S.C. 2907, 3101, and 3103, and Public Law 104-134 (April 26, 1996), as amended in title 31, section 7701. Disclosure of the information is voluntary. If the requested information is not provided, it may delay servicing your inquiry because the facility servicing the service member's record may not have all of the information needed to locate it. The purpose of the information on this form is to assist the facility servicing the records (see the address list) in locating the correct military service record(s) or information to answer your inquiry. This form is then filed in the requested military service record as a record of disclosure. The form may also be disclosed to Department of Defense components, the Department of Veterans Affairs, the Department of Homeland Security (DHS, U.S. Coast Guard), or the National Archives and Records Administration when the original custodian of the military health and personnel records transfers all or part of those records to that agency. If the service member was a member of the National Guard, the form may also be disclosed to the Adjutant General of the appropriate state, District of Columbia, or Puerto Rico, where he or she served.

### PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

Public burden reporting for this collection of information is estimated to be five minutes per response, including time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (NHP), 8601 Adelphi Road, College Park, MD 20740-6001. **DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. SEND COMPLETED FORMS AS INDICATED IN THE ADDRESS LIST ON PAGE 2 OF THE SF 180.**