
NEVADA

AIR NATIONAL GUARD

PILOT / COMBAT SYSTEMS OFFICER CANDIDATE
WORKBOOK

“YOUR FUTURE STARTS HERE”



Specialized Undergraduate Pilot Training
Combat Systems Officer Training

Nevada Air National Guard

This application workbook contains information regarding your application for Specialized Undergraduate Pilot Training (SUPT) and Combat Systems Officer Training (CSO) with the Nevada Air National Guard in Reno. It contains

the eligibility and application requirements. It also includes all of the important information that you will need to be considered for an interview. Please read carefully and follow all instructions.



The 152^D Airlift Wing is located at the Reno-Tahoe International Airport in Reno, Nevada. Our mission is Tactical airlift and airdrop. The unit is comprised of one flying squadron, the 192^D Airlift Squadron with 8 C-130H2 and 1 C-130H3 aircraft assigned. The Wing employs about 1,050 Traditional Guardsmen (part-time) and about 300 full- time personnel.

We routinely fly local proficiency and tactical training sorties and maintain readiness to deploy globally at any given time. During peacetime, the 152nd Airlift Wing is assigned to the State of Nevada serving the Governor as our Commander in Chief. If the unit is federally activated for any reason, our Commander in Chief is the President of the United States.

If selected for a Pilot position, your obligation to the Air National Guard will be 10 years of service upon completion of training. If selected for a CSO position, your obligation to the Air National Guard will be 7 years of service upon completion of training. You will be required to fly at least 4 sorties per month, attend 1 drill weekend each month and be available for off base missions each quarter.

The 192^D Airlift Squadron convenes a selection board once to twice each year. Selection as an alternate does not guarantee future selection for a training slot. If you are not selected as a primary candidate, you will have to compete with all other applicants on future selection boards.

SUPT & CSO APPLICATION WORKBOOK

This workbook describes the application process for individuals interested in becoming a Pilot or CSO with the Nevada Air National Guard. Individuals must meet the requirements established by the United States Air Force and those of the Air National Guard.

ELIGIBILITY

AGE: You must be no older than the age of 28 at the time of interview. The age regulation for Pilots/CSOs states that a candidate must be under the age of 30 the day they begin Specialized Undergraduate Pilot Training or Combat Systems Officer Training, which takes on average, 16 months.

EDUCATION: A bachelor's degree from an Air Force accredited four year college or university is required. If you are enrolled in your final semester at the time of the interview, your application may be considered.

AFOQT: The Air Force Officers Qualification Test is mandatory prior to your application being considered. This test takes approximately 4 hours and may be scheduled through our Base Training Office at (775) 788-4511. If you do not reside in Northern Nevada, call your local Air Force Recruiter to schedule this test.

The Air Force requires the following minimum scores:

VERBAL:	15		
QUANTITATIVE:	10		
PILOT:	25 (For Pilot)	10 (For CSO)	
CSO:	10 (For Pilot)	25 (For CSO)	
TOTAL:	50 (Minimum combined Pilot and CSO Score)		

These scores are minimum scores required to PASS the AFOQT test, these scores may not be competitive in the hiring process. It is strongly recommended that you prepare for this test as it can only be taken twice, and the second test cannot be taken within 180 days of the first test. The last score supersedes your first score and is considered final. You will find study material at most bookstores and libraries that carry SAT preparatory material. You may also find study material on the internet. More information can be found here <https://www.baseops.net/afqot>

TBAS Testing (Pilot only): The Test of Basic Aviation Skills is a hand-eye coordination test usually done at an Active Duty Air Force Base or a ROTC location. You may contact Sacramento State University by calling (916) 278-7449 and make an appointment to take this test.

PHYSICAL: All applicants must be in excellent physical and psychological health. You must include in your application the Medical Prescreening Form, which is provided in this workbook. Minimum vision requirements, with no exceptions, are 20/70 corrected to 20/20 for Pilot and 20/200 for CSO. You must have full hearing in both ears, have no color blindness and meet height and weight standards.

MORAL STANDARD: This section involves criminal history. A local application is included in this workbook. Any law violations, including juvenile offenses and traffic violations must be documented on this application (be prepared to supply back-up documentation on these offenses). Law violations do not necessarily disqualify an individual but **non-disclosure of any offense is disqualifying**. If selected, a federal background check will be initiated as part of the security clearance requirement.

SUPT/CSO APPLICATION PACKAGE REQUIREMENTS

MANDATORY ITEMS *Do not bind or cover application use only clips

1. Cover Letter (Letter of Introduction)
2. Resume
3. AFOQT Test Results (<https://w20.afpc.randolph.af.mil/afqtsnet20/>)
4. PCSM Composite Score <http://access.afpc.af.mil/pcsmdmz/>
5. Nevada ANG Pilot / CSO Questionnaire
6. Copies of the following:
 - Driver's License,
 - Social Security Card
 - High School Diploma
 - Birth Certificate
7. DD Form 2807 - Accessions Medical Prescreen Report
8. AF Form 24 - Application for Appointment as Reserve of the Air Force or USAF without component
9. AF Form 215 – Aircrew Training Candidate Data Summary
10. AF Form 2030 - Drug and Alcohol Abuse Certificate
11. Statement of Agreement & Understanding
12. Transcripts of College Credits or Professional Training (ALL Colleges listed on the AF Form 24)
Two sets are required, one we will open, and one will remain sealed and be forwarded with your packet to NGB. If you need to request transcripts for any colleges that you attended (for all colleges included in your qualifying degree) ensure that your transcript is ordered with your name in care of MSgt Sherdean Din, NVANG, and then our address (1776 National Guard Way, Reno, NV 89502). If not, we get sealed transcripts and we don't know who they are for. (Opened transcripts cannot be forwarded to NGB)
13. Minimum of 3 Letters of Recommendation
14. If you are/have prior Military Service you must include the following military documentation:
 - Enlistment Document or Oath of Office
 - DD 214, NGB 22, Discharge Order
 - Latest promotion order
 - Record of Individual Person (RIP)
 - Point Credit Summary (For ANG and USAFR personnel)
 - Most recent evaluation report

Mail completed packages to:

Nevada Air National Guard 152 OSS/OST

Attn: Maj David McNally

1776 National Guard Way Reno, NV 89502-4415

(Please use a single paper clip *no staples* Email a duplicate digital package in a PDF file no larger than 10 MB to david.j.mcnally2.mil@mail.mil)

Questions concerning the Pilot/CSO Selection Process contact:

Maj. David McNally, david.j.mcnally2.mil@mail.mil

Maj. Charles Steffens, charles.d.steffens2.mil@mail.mil

NEVADA ANG - PILOT / CSO CANDIDATE QUESTIONNAIRE

Incomplete form will delay processing, please **DO NOT LEAVE ANYTHING BLANK**. If not applicable, indicate N/A

Contact Nevada Air National Guard Recruiting at: (775) 788-4545

Position applying for: **PILOT** **CSO** **BOTH**

IDENTIFICATION INFORMATION:

Full Name (Last, First, Middle, Suffix):			Gender:	Social Security #:
Other Aliases:		Date of Birth (ex: 02Jan2000)	Place of Birth (City, State, Zip)	Citizenship: (If not born in the US)
Height (inches):	Weight:	Religious Preference:	Drivers License Number, State and Expiration Date:	
Age:	Proficient in Another Language? YES NO	If yes, what language?		Race:
Eye Color:	Hair Color:	Phone (Cell or Home?):	Email Address:	
Present Address (Street, City, County, State, Zip):				
Are you Hispanic or Latino? YES NO		Are you a Conscientious Objector? YES NO A conscientious objector is one who has an objection to participation in war in any form due to moral or religious beliefs.		
Are you a Sole Survivor? YES NO A sole surviving son or daughter is the only remaining son or daughter in a family where a parent or one or more sons or daughters was (A) killed in action or died in the line of duty while serving in the Armed Forces (b) is in a captured or missing-in-action status or (c) is permanently 100% disabled, physically or mentally employed due to such disability. NOTE: Members may acquire and obtain sole surviving son or daughter status even if there are no other living family members. It does not depend on the existence of a family unit. A sole surviving son may have living sisters and a sole surviving daughter may have living brothers.				
Marital Status (Married, Single, Divorced):		Spouse Name: (Last, First, MI):		Number of Minor Dependents?
Spouse Address (If different than applicant)				Spouse Status (Military or Civilian):*

*IF spouse is military, enter the following information:

Spouse - Social Security #:	Spouse - Military Branch:	Spouse - Current Duty Location:
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DEPENDENTS: (List all dependents below NOT including spouse.)

NAME: (Last, First, Middle)	Relationship:	Date of Birth:	Do you have primary custody? YES NO
NAME: (Last, First, Middle)	Relationship:	Date of Birth:	Do you have primary custody? YES NO
NAME: (Last, First, Middle)	Relationship:	Date of Birth:	Do you have primary custody? YES NO
NAME: (Last, First, Middle)	Relationship:	Date of Birth:	Do you have primary custody? YES NO

FLIGHT BACKGROUND:

AFOQT / PCSM Scores:	PILOT:	NAV:	PCSM:
Do you have a private license? If so, please provide copy of license with application.	YES	NO	Total flying hours student:
Do you have a Commercial license? If so, please provide copy of license with application.	YES	NO	Total flying hours PIC:
Do you have an Instrument Rating?	YES	NO	Total hours:
Type(s) of Aircraft flown as student or PIC:			
*Provide copy of last logbook entry with totals			

EDUCATION:

List ALL levels of education: High School Diploma GED Some College Associates Bachelors Masters

Name of High School Attended:	From: (Date)	To: (Date)	Graduation Date?
Complete Address of High School Attended: (Street address, city, state, zip)			Currently High School Senior:
Name of College Attended:	From: (Date)	To: (Date)	Graduation Date?
Complete Address of College Attended: (Street address, city, state, zip)			
Degree Level:		Major:	
Additional School / College Attended:	From: (Date)	To: (Date)	Graduation Date?
Complete Address of additional School / College Attended: (Street address, city, state, zip)			
Degree Level:		Major:	

Did you participate in any of the following?

Civil Air Patrol:	YES	NO	Boy Scouts/Girl Scouts:	YES	NO
If yes: Mitchell Award?	YES	NO	If yes: Eagle Scout (boys) Gold Award (girls):	YES	NO
JROTC (High School)	YES	NO	ROTC (College)	YES	NO
If yes: How many years JROTC:			If yes: How many years ROTC:		

PRIOR SERVICE: If you are prior service, list all periods of prior service below starting with your current duty assignment.

Active Duty National Guard Reserve

Branch:	Rank:	Start Date:	End Date:	Discharge type:	AFSC/MOS:	Job title:
Branch:	Rank:	Start Date:	End Date:	Discharge type:	AFSC/MOS:	Job title:
Branch:	Rank:	Start Date:	End Date:	Discharge type:	AFSC/MOS:	Job title:

Have you ever attended flight screening, been selected for flight training, officer training or undergraduate pilot training for any branch of the service and if so, did you graduate from the program? EXPLAIN:

DRUGS:

Have you ever used, possessed, sold or transported any illegal drug to include MARIJUANA? YES NO			
<i>Explain any YES answers below.</i>			
Have you used or been around the use of any illegal drug to include marijuana in the past 45 days? YES NO			
<i>Provide details:</i>			
DRUG:	Age at use:	First Time: (Mo/Yr)	Last time: (Mo/Yr)
How was drug used and frequency of use?			Number of times used:
DRUG:	Age at use:	First Time: (Mo/Yr)	Last Time: (Mo/Yr)
How was drug used and frequency of use?			Number of times used:
DRUG	Age at use:	First Time: (Mo/Yr)	LAST TIME: (Mo/Yr)
How was drug used and frequency of use?			Number of times used:

LAW VIOLATIONS:

Have you ever been charged, held, arrested or questioned by any law enforcement agency, including juvenile violations and minor traffic offenses (this includes any traffic tickets)? YES NO				
Do you have any acquittals, dropped charges, delayed prosecution, expunged record, or pretrial intervention resulting in dropped or dismissed charges or dismissed case? YES NO				
Have you ever been arrested for domestic violence? YES NO				
List all law violations to the best of your knowledge to include juvenile violations and traffic tickets.				
DATE:	VIOLATION/OFFENSE	AGENCY/COURT	DISPOSITION	FINE
DATE:	VIOLATION/OFFENSE	AGENCY/COURT	DISPOSITION	FINE
DATE:	VIOLATION/OFFENSE	AGENCY/COURT	DISPOSITION	FINE
DATE:	VIOLATION/OFFENSE	AGENCY/COURT	DISPOSITION	FINE
NOTE: You will be required to produce law enforcement reports and/or court disposition records for all charges regardless of disposition. Provide detailed information for any offense(s) listed above on a separate paper and attach it to this questionnaire. Failure to disclose law violations may be grounds for disqualification or discharge for erroneous enlistment.				

PALACE CHASE / PALACE FRONT and GUARD to GUARD TRANSFERS:

If you are currently ACTIVE DUTY provide your <u>In-Service Recruiter's</u> information. If you are NATIONAL GUARD and transferring to Nevada, provide your home unit <u>Retention Office Manager</u> :		
NAME/RANK:		LOCATION (Base, State)
E-mail address:	Phone:	Fax:
Are you currently receiving a bonus or other incentives? YES NO If yes, indicate programs you are receiving: CASH BONUS STUDENT LOAN REPAYMENT MGIB KICKER		
Current Air Guard or USAF Reserve members, also provide your home unit FSS separations/relocations clerk information below:		
NAME/RANK:		LOCATION (Base, State)
E-mail address:	Phone:	Fax:

FOR CURRENT ACTIVE DUTY AIR FORCE (PALACE FRONT / PALACE CHASE) and AIR NATIONAL GUARD MEMBERS:

The following documents will be required to begin medical clearance procedures to start your transfer/enlistment into the Nevada Air National Guard.

Current Passing Fitness Test	Provider Visit / Current DoD Physical / PHA or SF88/SF93 (within 5 years)	DD Form 2766 Immunization Record
AF Form 422 PULHES Score within 12 months	Dental Exam Within 12 months	Web Health Assessment (Medical report NOT certificate)
Individual Medical Readiness (IMR) Report	AF Form 357 – Family Care Plan (If applicable)	

For current AF / ANG members, the following information details how to obtain copies of records:

Record of Individual Personnel (RIP)

- Located in VMPF under the AF Portal www.my.af.mil
- On the left side of the page click on "Self Service Actions"
- Click on "Personnel Data", then on "Record Review/Update"
- Click on "Individual Information", if you need to update your address and phone number do so at this time by click on the blue title next the item.
- If you want to print Click on "View/Print All Pages", then right click on the record review, click on "Print"
- Click back to vMPF home

DD Fm 4/1 and DD Fm 4/2 (Enlistment Contract – Need current and past contracts)

- PRDA-Located In AF Portal
- Once logged in go to the left side panel and find Top Portal Links under Personnel/Finance, Choose PRDA Personnel Records Display
- Click on the gray button PRDA
- You are now in your e-record; you can view and print the items contained.

PCARS (Point Credit Summary – AF Fm 526 - (CURRENT NATIONAL GUARD MEMBERS ONLY)

On the left side of the vMPF home page click on "Self Service Actions"

- Click on "Personnel Data", then on "ANG/USAFR Point Credit Summary Inquiry (PCARS)"
- If you want to print, Click "View All", then right click on point summary, Click "Print"

PT Test Score (Get this from the AF Portal – Must be current and have a passing score)

- AF Portal www.my.af.mil
- Click On Air Force Fitness Management located in the Featured Links section
- Print out PT results Most have a Passing PT test thru time of transfer

DD Form 2807-2

Accessions Medical Prescreen Report

**** Form located immediately following this page**

INSTRUCTIONS:

Section I MUST be typed.

Section II, answer all YES/NO answers. (After form is printed out, add initials written in PEN in all answered boxes.

Section III, Provide comments regarding all yes answers in Section II.

Section IV, Skip this section.

Section V, read and sign. (DO NOT DATE THIS FORM)

NOTE: Any YES answers in section II will also require substantiating documentation from your medical provider. If you were not diagnosed with a condition by a medical provider or did not seek treatment from a medical provider then the answer to the question should be NO.

**INSTRUCTIONS FOR COMPLETING DD FORM 2807-2,
ACCESSIONS MEDICAL PRESREEN REPORT**

1. This form is to be completed by each individual who requires medical processing in accordance with Department of Defense Instruction (DODI) 6130.03, "Physical Standards for Appointment, Enlistment, or Induction" and DODI 1304.02, "Accession Processing Data Collection Forms." This form must be completed by the applicant with the assistance of the recruiter, parent(s), or guardian, as needed.

2. Replaces the existing medical prescreen form (DD Form 2807-2, AUG 2011). Additional questions have been added to improve its usefulness to the accessions medical pre-screening process. The questions are intended to provide the U.S. Military Entrance Processing Command (USMEPCOM) with health history information necessary to identify conditions commonly related to medical causes for separation during basic and follow-on training (per P.L. 105-85, Div. A, Title V, S 532).

3. Use of medical history information facilitates efficient, timely, and accurate medical processing of individuals applying for Service in the United States Armed Forces or United States Coast Guard. Positive responses do not automatically result in disqualification but are necessary to prompt further explanation that will be used to determine medical qualification. Medical history information assists USMEPCOM medical personnel in the medical prescreening of applicants. Accurate responses to all questions are critical and all positive responses must be fully explained. Applicant responses to questions may be verified using electronically obtained medical history by the USMEPCOM. Medical history information will be used by the Department of Defense for continuity of care purposes if and when an applicant accesses into the Armed Forces or Coast Guard. Supporting medical information in the form of historical medical records may also be attached to the Service member's medical record. Medical history information collected by the USMEPCOM during accession medical processing will serve as the foundation for a Service member's lifecycle medical treatment record.

4. The completed DD Form 2807-2 along with all substantiating and supporting medical documents must be delivered to USMEPCOM for review prior to scheduling the applicant for medical examination. All documents must be submitted for review in accordance with standards below. After review, the Military Entrance Processing Station (MEPS) will notify the Recruiting Service of the applicant's status.

- 1 processing day prior for applicants with no positive medical history (all items marked "NO" with the exception of items 9 (glasses/contacts), 11 (defective color vision), and 20 (braces) which can be "YES").

- 2 processing days prior; for applicants with ANY positive medical history (other than those noted above) and 5 OR LESS single-sided pages of supporting medical documents.

- 3 processing days prior; for applicants with ANY positive medical history (other than those noted above) and MORE THAN 5 single-sided pages of supporting medical documents.

Secure electronic submission is preferable; if not feasible bring/mail to the nearest MEPS which can be found at <http://www.mepcom.army.mil/battalions/index.html>. All supporting medical documentation must be present with the DD Form 2807-2 to meet the above timeframes for review. After review by a USMEPCOM provider, appropriate processing notification will be made.

5. If an applicant has been seen by any Health Care Provider (HCP) and/or has been hospitalized for any reason, medical records/documentation must be obtained and submitted along with a medical release to USMEPCOM. Provide all medical documents via secure electronic submission (if possible) to the nearest MEPS. If hand-carried or mailed, ensure they are sealed in an envelope marked: "CONFIDENTIAL: MEPS MEDICAL DEPARTMENT".

a. If the applicant was evaluated and/or treated on an out-patient basis, obtain a copy of actual treatment records of the private medical doctor/HCP including:

(1) office or clinic assessment and progress notes, including the initial assessment documents, subsequent evaluation and treatment documents, and record of date when released from care to full, unrestricted activity;

(2) emergency room (ER) report(s);

(3) study reports (e.g. x-ray, magnetic resonance imaging (MRI), Computerized Tomography (CT), etc.);

(4) procedure reports (e.g., arthroscopy, electroencephalogram (EEG; brain wave test), echocardiogram (ultrasound of the heart), etc.);

(5) pathology reports (e.g., tissue specimens sent to lab for microscopic diagnosis, abnormal PAP smear cytology, etc.);

(6) specialty consultation records (e.g., neurologist, cardiologist, OB/GYN, gastroenterologist, orthopedic surgeon, pulmonologist, allergist, etc.).

b. If the applicant was hospitalized, obtain a copy of the inpatient hospital record, to include (if any): ER report, admission history and physical, study reports, procedure reports, operative report (example: surgery to bone or joint), pathology report, specialty consultation reports, and discharge summary.

c. If an applicant has been diagnosed or treated for any attention disorder (Attention Deficit Disorder (ADD), Attention Deficit Hyperactivity Disorder (ADHD), etc.), academic skills or perceptual defect, or had an Individualized Education Plan or 504 Plan, call/contact the MEPS medical department for additional instructions.

d. Obtain any and all documents relating to any evaluation, treatment or consultation with a psychiatrist, psychologist counselor, or therapist, on an inpatient or out-patient basis for any reason, including but not limited to counseling or treatment for adjustment or mood disorder, family or marriage problems, depression, treatment or rehabilitation for alcohol, drug, or substance abuse.

6. MEPS Chief Medical Officers (CMOs) may locally modify the above instructions and instruct recruiters on what supporting medical documents they require to complete the DD Form 2807-2 medical prescreen review, if doing so enhances the efficiency of medical processing and is consistent with DODI 6130.03 and USMEPCOM guidance.

7. If all attempts to obtain required substantiating and supporting medical documents fail, the recruiter must contact the MEPS medical department for guidance prior to submitting an incomplete medical prescreen packet.

ACCESSIONS MEDICAL PRESCREEN REPORT

OMB No. 0704-0413
OMB approval expires
Oct 31, 2017

The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Directives Division, 4800 Mark Center Drive, Alexandria, VA 22350-3100 (0704-0413). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. **PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS.**

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397 (SSN).

PRINCIPAL PURPOSE(S): To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces.

ROUTINE USE(S): DoD Blanket Routine Uses found at <http://dpcl.d.defense.gov/Privacy/SORNS/Index/BlanketRoutineUses.aspx> apply to the use of this data.

DISCLOSURE: Voluntary, however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.

WARNING: The information you have given constitutes an official statement. Federal law provides severe penalties (up to 5 years confinement or \$10,000 fine, or both), to anyone making a false statement. If you are selected for enlistment, commission or entrance into a commissioning program based on a false statement, you may be subject to prosecution under the Uniform Code of Military Justice or to administrative separation proceedings for discharge, and could receive a less than honorable discharge."

SECTION I - APPLICANT

1. LAST NAME - FIRST NAME - MIDDLE INITIAL (SUFFIX)			2. AGE	3. DATE OF BIRTH (YYYYMMDD)	4. SOCIAL SECURITY NUMBER
5. HEIGHT (inches)	6. WEIGHT (lbs.)	7. MAX WEIGHT (lbs.)	8. SERVICE AND COMPONENT (X as applicable)		9. DATE (YYYYMMDD)
			<input type="checkbox"/> Army	<input type="checkbox"/> USMC	<input type="checkbox"/> Regular
			<input type="checkbox"/> Navy	<input type="checkbox"/> USCG	<input type="checkbox"/> Reserve Component
			<input type="checkbox"/> USAF	<input type="checkbox"/> Other:	<input type="checkbox"/> National Guard
10. PURPOSE OF EXAMINATION (X as applicable)			11. POSITION (If a current Federal Employee) (Job Title, Grade, Component)		12. USUAL OCCUPATION
<input type="checkbox"/> Enlistment	<input type="checkbox"/> U.S. Service Academy				
<input type="checkbox"/> Commission	<input type="checkbox"/> ROTC Scholarship				
<input type="checkbox"/> n Retention	<input type="checkbox"/> Other (Specify)				

SECTION II - MEDICAL HISTORY. Initial each item "Yes" or "No". All "Yes" items must be fully explained in Section III (Pages 4 and 5).

CURRENTLY HAVE OR ANY HISTORY OF:	YES	NO	CURRENTLY HAVE OR ANY HISTORY OF:	YES	NO
EYES			LUNGS, CHEST WALL, PLEURA, AND MEDIASTINUM		
1. Double vision			22. Asthma		
2. Detached retina or surgery to repair a detached retina			23. Wheezing		
3. Cataracts or surgery for cataracts			24. Shortness of breath		
4. Eye surgery to improve vision (RK, PRK, LASIK, etc.)			25. Bronchitis		
5. Night blindness			26. Other breathing problems worsened by exercise, weather, pollens, etc.		
6. Glaucoma			27. Used inhaler(s) or steroids for breathing problem(s)		
7. Strabismus or "lazy eye" or any surgery to correct these			28. Chronic cough or frequent coughing at night		
8. Any other eye condition, injury or surgery			29. Collapsed lung or other lung condition		
VISION			30. History of chest, chest wall, or breast surgery		
9. Worn/wear contact lenses or glasses (Bring your contact lens kit and solution so you can remove contacts during vision testing, or for best results remove 72 hours prior. Bring your eyeglasses no matter how old they are.)			HEART		
10. Loss of vision in either eye			31. Heart murmur, valve problem or mitral valve prolapse		
11. Color vision deficiency or color blindness			32. Palpitation, pounding heart or abnormal heartbeat		
EARS			33. Heart surgery		
12. Perforated ear drum or tubes in ear drum(s)			34. Pain or pressure in the chest		
13. Ear surgery, to include mastoidectomy or repair of perforated ear drum			35. An abnormal electrocardiogram (EKG)		
14. Loss of balance or vertigo			36. Any other heart problems		
HEARING			ABDOMINAL ORGANS AND GASTROINTESTINAL SYSTEM		
15. Hearing loss or wear a hearing aid			37. Stomach, esophageal or intestinal ulcer		
NOSE, SINUSES, MOUTH, AND LARYNX			38. Difficulty swallowing		
16. Ear, nose, or throat trouble including tonsillectomy			39. Frequent indigestion or heartburn		
17. Chronic sinus infections or recurrent nose bleeds			40. Gall bladder trouble or gallstones		
18. Absence of, or disturbance of sense of smell			41. Jaundice (except neonatal) or hepatitis (liver disease)		
19. Any surgery of your face, mandible or jaw			42. Rupture/hernia		
DENTAL			43. Surgery to remove or repair a portion of the intestine or spleen (other than the appendix)		
20. Do you wear dental braces or plan to wear braces? (If so, your orthodontist must submit a letter stating that active orthodontic treatment will be completed prior to active duty date: release form/sample format can be found in the Recruiter's Medical Guide.)			44. Chronic or recurrent intestinal problem of the small or large bowel such as Irritable Bowel Syndrome, Crohn's disease, Ulcerative Colitis, or Celiac disease		
21. Tooth or gum problems (other than cavities)			45. Rectal disease, hemorrhoids, or blood from the rectum		
			46. Hemorrhoid surgery		
			47. Bariatric surgery (weight loss surgery)		

LAST NAME - FIRST NAME - MIDDLE INITIAL (SUFFIX)	SOCIAL SECURITY NUMBER (Last 4)
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SECTION II - MEDICAL HISTORY (Continued). Initial each item "Yes" or "No". All "Yes" items must be fully explained in Section III.

CURRENTLY HAVE OR ANY HISTORY OF:	YES	NO	CURRENTLY HAVE OR ANY HISTORY OF:	YES	NO
FEMALES ONLY:			SKIN AND CELLULAR		
48. A change of menstrual pattern (other than pregnancy)			93. Acne or psoriasis		
49. Pregnancy, abortion or miscarriage			94. Eczema		
50. Any abnormal PAP smear(s)			95. Atopic dermatitis		
51. Date of last PAP smear (YYYYMMDD)			96. Large or painful scars		
52. Diagnosed with endometriosis or ovarian cysts			97. Any other skin problems		
53. Evaluation, treatment or surgery for any other gynecological (female) disorder			BLOOD AND BLOOD FORMING TISSUES		
54. Sexually transmitted disease (syphilis, gonorrhea, chlamydia, genital warts, herpes, etc.)			98. Anemia		
55. First day of last menstrual period (YYYYMMDD)			99. Blood clots requiring blood thinner medicine		
MALES ONLY:			100. Absence or removal of the spleen		
56. Missing a testicle, testicular implant, or undescended testicle			101. Prolonged bleeding (after an injury or tooth extraction)		
57. Varicocele, hydrocele, or any scrotal mass, swelling or pain			102. Any other blood or circulation problems		
58. Prostate problems			SYSTEMIC		
59. Sexually transmitted disease (syphilis, gonorrhea, chlamydia, genital warts, herpes, etc.)			103. Adverse reaction to medication (describe reaction in Section III)		
URINARY SYSTEM			104. Adverse reaction to serum, insect stings, or tree nuts		
60. Missing a kidney			105. Allergy to common foods (milk, eggs, fish, meat, etc.)		
61. Kidney stone, infection or disease			106. Allergy to wool, latex, or other material		
62. Kidney or urinary tract surgery of any kind			107. Tuberculosis or lived with someone who had tuberculosis		
63. Blood or protein in urine			108. Positive test for tuberculosis (PPD or blood test)		
64. Painful or difficult urination			109. Malaria		
65. Bedwetting or treatment for bedwetting (after childhood)			110. Disorder(s) of your immune system (including HIV)		
66. Hernia			111. Car, train, sea, or air sickness		
SPINE AND SACROILIAC JOINTS			ENDOCRINE AND METABOLIC		
67. Recurrent back pain or back problem			112. Thyroid trouble or goiter		
68. Herniated disk			113. High or low blood sugar		
69. Recurrent neck pain			114. Diabetes or told that you should be tested for diabetes		
70. Back or neck surgery			NEUROLOGIC		
71. Abnormal curvature of your spine (any part)			115. Cerebrovascular incident (stroke)		
UPPER EXTREMITIES			116. Frequent or severe headaches, including migraines		
72. Painful shoulder, elbow, wrist, hand or fingers			117. Taking medication to prevent headaches		
73. Dislocated shoulder, elbow, wrist, hand or fingers			118. Lost time from work or school due to frequent or severe headaches		
LOWER EXTREMITIES			119. A skull fracture		
74. Foot trouble (e.g., pain, corns, bunions, warts, ingrown toenails, etc.)			120. A head injury, memory loss, or amnesia		
75. Knee trouble (e.g., locking, giving out, or ligament injury, etc.)			121. A period of unconsciousness or concussion		
76. Painful hip, knee, ankle, foot or toes			122. Loss of memory or amnesia, or neurological symptoms		
77. Dislocated hip, knee, ankle, foot or toes			123. Paralysis		
MISCELLANEOUS CONDITIONS OF THE EXTREMITIES			124. Meningitis, encephalitis, or other neurological problems		
78. Bone, joint, or other orthopedic deformity			125. Seizures, convulsions, epilepsy or fits		
79. Loss of finger or toe, or extra finger or toe			126. Dizziness or fainting spells		
80. Loss of the ability to fully flex (bend) or fully extend a finger, toe, or other joint			127. Any other neurologic problems		
81. Impaired use of arms, hands, legs, or feet (any reason)			SLEEP DISORDERS		
82. Arthritis, rheumatism, or bursitis			128. Sleepwalking or narcolepsy		
83. Any swollen joint(s)			129. Frequent trouble sleeping		
84. Surgery on any joint/bone (including arthroscopy)			130. Sleep apnea or severe snoring		
85. Plate(s), screw(s), rod(s) or pin(s) in any bone			LEARNING, PSYCHIATRIC, AND BEHAVIORAL		
86. Pain or swelling at the site of an old fracture			131. Evaluated or treated for Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD)		
87. Any need to use corrective devices such as prosthetic devices, knee brace(s), back support(s), lifts or orthotics			132. Taken (or taking) medication, drugs, or any substance to improve attention, behavior, or physical performance		
88. Any other orthopedic, muscle, or sports injury problems			133. Diagnosed with a learning disorder, to include dyslexia		
VASCULAR			134. Received counseling of any type		
89. High or low blood pressure			135. Seen a psychiatrist, psychologist, social worker, counselor or other professional for any reason (inpatient or out-patient) including counseling or treatment for school, adjustment, family, marriage, divorce, depression, anxiety, or treatment of alcohol, drug or substance abuse (Applicant or recruiter will request sealed medical supporting documents from health care providers marked "CONFIDENTIAL: MEPS MEDICAL DEPARTMENT" and submit directly to MEPS medical personnel.)		
90. Raynaud's phenomenon or disease					
91. Deep Vein Thrombosis (blood clot; leg or elsewhere)					
92. Pulmonary embolism (blood clot in lung)					

LAST NAME - FIRST NAME - MIDDLE INITIAL (SUFFIX)	SOCIAL SECURITY NUMBER <i>(Last 4)</i>
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SECTION II - MEDICAL HISTORY (Continued). Initial each item "Yes" or "No". All "Yes" items must be fully explained in Section III.

CURRENTLY HAVE OR ANY HISTORY OF:	YES	NO	CURRENTLY HAVE OR ANY HISTORY OF:	YES	NO
LEARNING, PSYCHIATRIC, AND BEHAVIORAL (Continued)			SUPPLEMENTAL QUESTIONS (Continued)		
136. Been expelled or suspended from school			154. Any recent unexplained gain or loss of weight		
137. Been kicked out or removed from your home			155. Artificial or replacement body part (eye, bone, palate, hip, knee, joint, leg, arm, etc.)		
138. Been arrested or other encounters with law enforcement			156. Have you ever had any illness or injury other than those already noted? (If "yes", specify when, where and give details in Section III.)		
139. Been evaluated or treated, either with medication or counseling, for a mental condition, depression or excessive worry			157. Have you ever been treated in an Emergency Room? (If "yes", explain in Section III.)		
140. Nervous trouble of any sort (anxiety or panic attacks)			158. Have you ever been a patient in any type of hospital (including being kept overnight)? (If "yes", specify when, where, why, and name of doctor and complete address of hospital in Section III.)		
141. Anorexia, bulimia, or other eating disorder			159. Have you ever had, or have you been advised to have any operations or surgery? (If "yes", describe and give age at which occurred in Section III.)		
142. Habitual stammering or stuttering			160. Have you ever been rejected for military Service for any reason? (If "yes", give date and reason in Section III.)		
143. Have you ever purposely cut or harmed yourself			161. Have you ever been discharged from the military Service for any reason? (If "yes", give date, reason, and type of discharge, whether honorable, other than honorable, for unfitness or unsuitability in Section III.)		
144. Have you ever attempted or considered suicide			162. Have you ever been refused employment or been unable to hold a job or stay in school because of any of the following: (If "yes", answer a - d below and give reasons in Section III.)		
145. Used illegal drugs or abused prescription drugs			a. Sensitivity to chemicals, dust, sunlight, etc.		
146. Have you been evaluated, treated, or hospitalized for substance abuse, addiction or dependence (including illegal drugs, prescription medications or other substances)			b. Inability to perform certain motions		
147. Have you been evaluated, treated, or hospitalized for alcohol abuse, dependence, or addiction			c. Inability to stand, sit, kneel, lie down, etc.		
148. Post-traumatic Stress Disorder or excessive stress requiring counseling and/or medication following a traumatic experience			d. Other medical reasons		
149. Any other learning, psychiatric, or behavioral problems			163. Applied for and/or received disability evaluation and/or compensation for an injury or other medical conditions (If "yes", provide details in Section III.)		
TUMORS AND MALIGNANCIES			164. Have you ever been denied life insurance? (If "yes", provide reason(s) in Section III.)		
150. Tumor, growth, cyst, or cancer of any type					
MISCELLANEOUS					
151. Cold injury, frostbite or cold intolerance					
152. Heat injury, heat stroke or heat intolerance					
SUPPLEMENTAL QUESTIONS					
153. Are you taking any medications, to include over the counter medications (OTCs), vitamin, herbal, or nutritional supplements (If "yes", list all in Section III.)					

SECTION III - APPLICANT COMMENTS. Explain all "Yes" answers to questions 1 - 164 above. Begin with the Item Number. Describe answer(s) fully: provide date(s) of problem(s)/condition(s); provide names of Health Care Providers (HCPs), Clinic(s) and/or Hospital(s) along with the City and State; explain what was done (e.g., evaluation and/or treatment); and describe your current medical status. Attach additional sheet(s) if necessary and sign and date each additional page. Obtain and attach copies of applicable medical evaluation and treatment records.

LAST NAME - FIRST NAME - MIDDLE INITIAL (SUFFIX)	SOCIAL SECURITY NUMBER (Last 4)
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SECTION III - APPLICANT COMMENTS (Continued).

(This area is intentionally left blank for applicant comments.)

SECTION IV - HEALTH CARE PROVIDER/INSURANCE CARRIER CONTACT INFORMATION:
 Current Primary Care Physician(s)/Practitioner(s) and/or Clinic(s) where care is received and Current/Previous Insurance Carrier(s) information.
 Attach additional sheets if necessary.

1. CURRENT PRIMARY CARE PHYSICIAN(S)/PRACTITIONER(S) AND/OR CLINIC(S)

a. NAME(S) None _____	b. ADDRESS (Include ZIP Code) N/A _____	c. TELEPHONE (Include Area Code) _____
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2. PREVIOUS PRIMARY CARE PHYSICIAN(S)/PRACTITIONER(S) AND/OR CLINIC(S)

a. NAME(S) None _____	b. ADDRESS (Include ZIP Code) N/A _____	c. TELEPHONE (Include Area Code) _____
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3. CURRENT INSURANCE AND/OR PHARMACY BENEFIT MANAGER(S)

a. NAME(S) None _____	b. ADDRESS (Include ZIP Code) N/A _____	c. TELEPHONE (Include Area Code) _____
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4. PREVIOUS INSURANCE AND/OR PHARMACY BENEFIT MANAGER(S)

a. NAME(S) None _____	b. ADDRESS (Include ZIP Code) N/A _____	c. TELEPHONE (Include Area Code) _____
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LAST NAME - FIRST NAME - MIDDLE INITIAL (SUFFIX)	SOCIAL SECURITY NUMBER <i>(Last 4)</i>
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SECTION V - APPLICANT VALIDATION, AUTHORIZATION AND SIGNATURE

STOP AND READ: THE FOLLOWING STATEMENTS APPLY TO SIGNATURES IN SECTION V (BELOW)

- **I (we) , the undersigned:**
- Certify the information on this form is true and complete to the best of my knowledge and belief, and no person has advised me to conceal or falsify any information about my physical and mental history.
- Authorize and understand that a physical examination is part of the accession evaluation, may require several visits to the Military Entrance Processing Station (MEPS), and that I will have blood work and/or other medical tests, procedures and/or specialty consultations performed as part of my processing. I understand that the results of the examination, tests, and consults will be reviewed and considered as part of my application file and are not performed as part of an individual healthcare treatment plan. The MEPS medical staff are not my healthcare providers. If I do not receive notice of an abnormal test or consult, I am not to assume that the results are normal. Furthermore, if any test or consult results are abnormal, I am responsible for obtaining those results from the MEPS and for any necessary follow-up evaluations and/or treatment. If I am notified to return to the MEPS to discuss medical results, it is my responsibility to take quick action to return to the MEPS to speak with the Chief Medical Officer (CMO). Any concerns that I have about my health and healthcare are my responsibility to address with my personal healthcare provider(s).
- Understand that I must provide required documentation regarding my health history which, upon my accession, will become part of my Service member lifecycle medical treatment record.
- Authorize the Department of Defense (DoD) to request holders of medical/behavioral health data (including but not limited to healthcare providers, clinics, hospitals, insurance companies, pharmacy benefit managers, pharmacies, health information exchanges, and federal and state agencies) to release to the DoD medical authority a complete transcript of my health data for purposes of processing my application for Military Service. I also authorize holders of my health data to report to the DoD whether any data they hold or have held about me has been amended or restricted. I agree that all personal information or data disclosed by myself or others on my behalf with my consent during this process may be further disseminated as needed during the accession process and that my medical information is no longer protected by federal Health Insurance Portability and Accountability Act (HIPAA) Privacy Rules.
- Authorize release of records and information relating to grades, performance, individual education plans, and disciplinary proceedings. Under the Family Educational Rights and Privacy Act (FERPA) USMEPCOM is authorized to receive all my education/disciplinary records for evaluation of my acceptability for Service in the Armed Forces.
- Understand that I have the right to refuse to sign this authorization but also understand that failure to do so may cause me to be found disqualified for further processing.
- Understand this authorization will expire two years from the date of the signature below or sooner if written request is received by USMEPCOM Staff Judge Advocate's Office. I have the right to revoke this authorization in writing, except to the extent that the DoD has acted in reliance on this information.

1. APPLICANT	
a. SIGNATURE	b. DATE SIGNED (YYYYMMDD)

2. PARENT OR GUARDIAN SIGNATURE IS MANDATORY FOR MINOR APPLICANT, SIGNATURE IS OPTIONAL IF APPLICANT IS OF AGE		
a. NAME <i>(Last, First, Middle Initial)</i>	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)

3. RECRUITING REPRESENTATIVE: <i>(If a representative was used)</i> I certify all information is complete and true to the best of my knowledge.			
a. NAME <i>(Last, First, Middle Initial)</i>	b. RECRUITER IDENTIFICATION NUMBER	c. SIGNATURE	d. DATE SIGNED (YYYYMMDD)

LAST NAME - FIRST NAME - MIDDLE INITIAL (SUFFIX)	SOCIAL SECURITY NUMBER (Last 4)
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SECTION VI - MEDICAL PROVIDER'S SUMMARY AND DESCRIPTION OF PERTINENT INFORMATION:
 Review and comment on all medical records, electronically provided medical history information, and other electronic data available in the Department of Defense Accessions Processing System. Medical providers may also develop any additional medical history deemed important and record significant findings here or by interview and document them on DD Form 2808, "Report of Medical Examination". Attach additional sheet(s) if necessary.

COMMENTS:

SECTION VII - MEDICAL PROVIDER'S PRESREEN DETERMINATION BASED ON AVAILABLE INFORMATION:

1.a. DATE (YYYYMMDD)	b. MEDICAL PROCESSING STATUS						c. IF NOT WITHIN STANDARDS:				d. PROVIDER INITIALS
	PA	PRW	PH	RJ	METR	PNJ	ICD	CONDITION	PULHES	SMWRA INPUT	

KEY:
 PA = Processing Authorized; PRW = Processing Requested by SMWRA; PH = Processing Hold; RJ = Return Justified; METR = Medical Evaluation and/or Treatment Records; PNJ = Processing Not Justified; ICD = International Classification of Disease Code; PULHES = P (Physical Capacity), U (Upper Extremities), L (Lower Extremities), H (Hearing), E (Eyes), S (Psychiatric); SMWRA = Service Medical Waiver Review Authority.

2. *FOR MEPS USE ONLY:

ON EXAM:	a. PSN COMP	b. PSN INCOM	c. NPS	d. *AE	e. *RE	f. *ME	g. *OE	h. DATE (YYYYMMDD)	i. PROVIDER INITIALS
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KEY:
 PSN = Prescreen; COMP = Complete; INCOM = Incomplete; NPS = Not Prescreened; AE = Applicant Error; RE = Recruiter Error; ME = MEPS Error; OE = Other Source of Error.

3. AUTHORIZING MEDICAL PROVIDER			4. NUMBER OF ADDITIONAL SHEETS SUBMITTED
a. NAME (Last, First, Middle Initial)	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)	

AF Form 24 – Application for Appointment as Reserve of the Air Force

**** Form located immediately following this page**

INSTRUCTIONS:

Ensure completeness and accuracy, FOLLOW THE INSTRUCTIONS BY ITEM NUMBER BELOW TO COMPLETE THE FORM:

- #1 – Leave blank
 - #2 – Specialty should read AFSC/Title
 - #3 – Use correct format
 - #4 – Social Security Number
 - #5 – Use correct format Check Date of Birth; AGE:
 - #6 – Should include Zip Code
 - #7 – Place of Birth should have city, state and country
 - #8 – Write “same as 6” if same as Home of Record
 - #9 – Be sure to include relationship and address
 - #10 – If married to a military member with child or single parent, ensure AF Form 357 is completed
 - #11 – Family members, other than spouse, dependent on you, i.e. minor children, elderly parents
 - #12 – If naturalized, ensure the INS form is annotated, ie. INS Form 551
 - #13 – Ignore the first check box and section that reads “To fill an active force...”, Check and initial the second section that reads “To fill an authorized...”
 - #14 – Follow the instructed format Dates Attended: date must be in **YR-MO-DY** (YearMonthDay) format.
If currently going to school, TO should be “present” (If you cannot enter it on the form, leave it blank)
“NO. Yrs Completed” must be a whole number
“Type of degree” should be: i.e. BS, BA, MBA
 - #15 – Only if applicable
 - #16 – Only for Physicians who would like to become flight surgeons
 - #17 - Annotate all military service time (one line per each period of service)
Annotate military training if permanently assigned there (i.e. ROTC, AF Academy, OTS)
Highest Grade means the highest rank held.
If member is still in the unit, the “to” date should read “Present”. (If you can not enter it on the form, leave it blank.)
 - #18 – For members attending AMS, the answer should be –yes; Or --Idaho Air National Guard or Idaho Army National, etc.
 - #19 – If Yes and initial accession or an interim, state what service; should this be (i.e. “Honorable”)
 - #20-24 – All questions must be checked with appropriate answer
 - #25 – Duties should be spelled out in detail as this may give member more service credit (all time should be accounted for---no gaps---to include unemployment time) The first line must read “present” in the TO column
 - #26 & 26a - Answer as applicable.
Offense – What you were charged with
Date ENSURE PROPER DATE FORMAT **YR-MO-DY** (YearMonthDay)
Place – Location where offense occurred
AGE – Your age at the time the offense was committed
DISPOSITION OF CHARGE: (Charges dropped, plead to lesser charge, Found Guilty/Not Guilty, Paid fine, sentenced to jail time, etc.)
COURT: Court of jurisdiction and location
 - #27-29 – All must be checked
 - #30 – **This section is For health care practitioners and judge advocates only**
A – Must provide copies to include current and expired licenses for every state license was held
B – Must be completed and initialed
 - #31 – Verify that scores match AFOQT printout
 - #32 – Is filled in
 - #33 – Remarks
- Type name (FIRST, FULL MIDDLE & LAST) Ensure proper format, then sign this form. DO NOT DATE THIS FORM

**APPLICATION FOR APPOINTMENT AS RESERVE OF THE AIR FORCE
OR USAF WITHOUT COMPONENT**

OMB NO. 0701-0096

<input type="checkbox"/> APPOINTMENT AS A RESERVE MEMBER OF THE AIR FORCE	<input type="checkbox"/> FEDERAL RECOGNITION AND APPOINTMENT AS A RESERVE MEMBER OF THE AIR FORCE	<input type="checkbox"/> APPOINTMENT AS A USAF MEMBER WITHOUT COMPONENT
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PRIVACY ACT STATEMENT

*AUTHORITY: 10 U.S.C. 591, Reserve Components Qualifications; Executive Order 9397 (SSN), as amended.
PRINCIPAL PURPOSE: Provides necessary information to determine if applicant meets qualifications established for appointment as a Reserve (ANGUS and USAFR) or in the USAF without component. Use of SSN is necessary to make positive identification of an applicant and his or her records.
ROUTINE USE: May specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3).
DISCLOSURE: Disclosure is voluntary. If information is not provided, all further processing is terminated.*

AGENCY DISCLOSURE STATEMENT

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, East Tower, Suite 02G09, Alexandria, VA 22350 -3100 (0701-0096). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

INSTRUCTIONS

Complete this form in two copies. Use typewriter or print clearly in ink. Sign each copy separately. Check the type of appointment, under the form title, for which you are applying. Upon termination from active duty, travel entitlements are based on the information you enter in item 6, "Home of Record (HOR)." Once recorded, the HOR may not be changed. If additional space is required, continue in item 33, "Remarks."

1. TO :		2. SPECIALTY	
3. FROM: (Last, First, Middle Initial)		4. SSN	5. DATE OF BIRTH (YYYYMMDD)
6. HOME OF RECORD (HOR) (Include ZIP Code and 4 digit) (If a postal box include your street address)		7. PLACE OF BIRTH (City, State, Country)	
8. MAILING ADDRESS (If other than HOR, include ZIP Code and 4 digit) (If a postal box include your street address)		9. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY (Name, relationship, and address)	
10. MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED TO MILITARY MEMBER <input type="checkbox"/> MARRIED TO CIVILIAN <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED			
11. FAMILY MEMBERS (Other than spouse, number completely dependent upon you)		12. U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, check appropriate item) <input type="checkbox"/> BIRTH <input type="checkbox"/> NATURALIZED	
IF YOU ARE U.S. CITIZEN BY OWN NATURALIZATION, STATE THE DATE, NUMBER OF CERTIFICATE, AND COURT			

13. I UNDERSTAND I AM BEING CONSIDERED FOR APPOINTMENT:

To fill an active force requirement and agree to remain on active duty for the period specified in pertinent instructions (AFIs 36-2008, 36-2011 and 36-2107).

My geographic preference of assignment is:	I will be available to enter active duty on:	<input type="checkbox"/> I do	Require at least 30 days notice to enter active duty.
		<input type="checkbox"/> I do not	

To fill an authorized position vacancy in the Ready Reserve.

INITIALS	I further understand that if I have not previously incurred a military service obligation (MSO), that I will incur an MSO and I have been briefed on what my MSO will be.
INITIALS	I have been briefed on my responsibility to participate in the Air Force Direct Deposit Program within 60 days of arrival at my first permanent duty station.
INITIALS	I have been briefed on the contents of the application briefing item on separation policy..

14. EDUCATION								
TYPE OF SCHOOL	NAME OF SCHOOL	DATES ATTENDED		MAJOR SUBJECT	NO. YRS COMPL	GRAD		TYPE OF DEGREE
		FROM (YMD)	TO (YMD)			Y	N	
SECONDARY AND OTHER						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
COLLEGE, POST-GRADUATE, INTERNSHIP, RESIDENCY, FELLOWSHIP, ETC.						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
MILITARY						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	

15. OTHER SUBJECTS SPECIALIZED IN (Include certification by American Specialty Boards and date of certification)

16. PHYSICIANS ONLY
 I DO DO NOT DESIRE TRAINING IN AVIATION MEDICINE

17. CHRONOLOGICAL STATEMENT OF SERVICE AND TRAINING IN ANY COMPONENT OF THE UNIFORMED SERVICES (Include service academies and preparatory schools, Reserve Officer Training Corps (ROTC), Officer Training School (OTS), Health Professions Scholarship (HPSP), etc.)

DATES ATTENDED		HIGHEST GRADE	ORGANIZATION (Type and Service)	SPECIALTY	ACTIVE DUTY OR RESERVE
FROM (YMD)	TO (YMD)				

18. ARE YOU CURRENTLY A MEMBER OF ANY BRANCH OF THE UNIFORMED SERVICES?
 YES NO (If yes, provide branch of uniformed service)

19. WERE ALL DISCHARGES HONORABLE?
 YES NO

20. WERE YOU EVER NONSELECTED FOR PROMOTION TO AN OFFICER GRADE IN ANY BRANCH OF THE UNIFORMED SERVICES?
 YES NO (If yes, provide branch of uniformed service)

21. WERE YOU EVER SEPARATED OR ARE YOU PENDING SEPARATION FROM ANY BRANCH OF THE UNIFORMED SERVICES FOR CAUSE, OR WERE YOU SEPARATED OR ARE YOU PENDING SEPARATION FROM COMMISSIONED STATUS IN ANY BRANCH OF THE UNIFORMED SERVICES DUE TO NONQUALIFIED, NONSELECT, OR DEFERRAL PROMOTION?
 YES NO (If yes, provide branch of uniformed service, reason for separation action, and date of separation, if applicable)

22. HAVE YOU EVER RECEIVED SEVERANCE PAY, OR SEPARATION PAY, OR READJUSTMENT PAY, OR VOLUNTARY SEPARATION INCENTIVE (VSI) OR SPECIAL SEPARATION BENEFIT (SSB) PAY WHEN RELEASED FROM ACTIVE DUTY OR DISCHARGED FROM ANY UNIFORMED SERVICE?
 YES NO

23. HAVE YOU PREVIOUSLY MADE APPLICATION AND BEEN REJECTED FOR COMMISSIONING BY ANY COMPONENT OF THE UNIFORMED SERVICES?
 YES NO (If yes, please state when and where rejected, and cause)

24. HAVE YOU EVER APPLIED FOR A COMMISSION OR POSITION WITH ANY BRANCH OF THE ARMED SERVICES OR FEDERAL GOVERNMENT? IF SO, PLEASE EXPLAIN. YES NO (If additional space is required, continue in "REMARKS")

25. CHRONOLOGICAL STATEMENT OF CIVILIAN EMPLOYMENT, INCLUDING PART-TIME POSITIONS. (If additional space is required, continue in "REMARKS" section)

FROM (YMD)	TO (YMD)	EMPLOYED BY (Give name and address to include ZIP Code and 4 digit)	FULL TIME	PART TIME (Hrs per week)	MONTHLY SALARY
			<input type="checkbox"/>		
POSITION AND DUTIES			REASON FOR TERMINATION		
			<input type="checkbox"/>		
POSITION AND DUTIES			REASON FOR TERMINATION		
			<input type="checkbox"/>		
POSITION AND DUTIES			REASON FOR TERMINATION		

26. HAVE YOU EVER BEEN INVOLVED, ARRESTED, INDICTED, OR CONVICTED (INCLUDING PRETRIAL DIVERSION) FOR ANY VIOLATION OF CIVIL OR MILITARY LAW, INCLUDING NONJUDICIAL PUNISHMENT PURSUANT TO ARTICLE 15 OF THE UCMJ, OR MINOR TRAFFIC VIOLATIONS?
 YES NO (If yes, please explain below. List all offenses charged against you regardless of final disposition, including situations where the involvement has not been recorded locally or the record has been ordered sealed or expunged by the court.)

OFFENSE	DATE (YYYYMMDD)	PLACE	AGE	DISPOSITION OF CHARGE	COURT

26a. HAVE YOU EVER BEEN CONVICTED OF A DUI OR ALCOHOL RELATED OFFENSE?
 YES NO (If yes, submit a statement in your own words describing the circumstances, and a copy of the police report. Involvement has not been recorded locally or the record has been ordered sealed or expunged by the court.)

OFFENSE	DATE (YYYYMMDD)	PLACE	AGE	DISPOSITION OF CHARGE	COURT

27. ARE YOU A CONSCIENTIOUS OBJECTOR? (A conscientious objector is defined as: One who has or has a firm, fixed, and sincere objection to participation in war in any form or to bearing of arms because of religious training or belief, which includes solely moral or ethical beliefs.)
 YES NO

28. ARE YOU NOW OR HAVE YOU EVER BEEN AFFILIATED WITH ANY ORGANIZATION OR MOVEMENT THAT SEEKS TO ALTER OUR FORM OF GOVERNMENT BY UNCONSTITUTIONAL MEANS, OR SYMPATHETICALLY ASSOCIATED WITH ANY SUCH ORGANIZATION, MOVEMENT, OR MEMBERS THEREOF?
 YES NO (If yes, please describe.)

29. ARE THERE ANY OTHER UNFAVORABLE INCIDENTS IN YOUR LIFE WHICH YOU BELIEVE MAY REFLECT UPON YOUR LOYALTY TO THE UNITED STATES GOVERNMENT OR UPON YOUR ABILITY TO PERFORM THE DUTIES WHICH YOU MAY BE CALLED UPON TO UNDERTAKE?
 YES NO (If yes, please describe.)

30. HEALTH CARE PRACTITIONERS AND JUDGE ADVOCATE APPLICANTS ONLY

A. LIST ALL STATE OR FEDERAL BAR LICENSES HELD CURRENTLY OR AT ANY TIME IN THE PAST

STATE IN WHICH LICENSED	DATE LICENSED	EXPIRATION DATE	STATE IN WHICH LICENSED	DATE LICENSED	EXPIRATION DATE

B. APPLICANT MUST INITIAL EACH QUESTION

(1) HAVE YOU EVER HAD ANY OF THE ABOVE STATE LICENSE(S) SUSPENDED OR REVOKED?
(Initials) YES NO (If yes, please explain in "REMARKS.")

(2) HAVE YOU EVER VOLUNTARILY SURRENDERED OR FAILED TO RENEW ANY OF THE ABOVE STATE LICENSES?
(Initials) YES NO (If yes, please explain in "REMARKS.")

(3) HAVE YOU EVER HAD ANY MEDICAL CLAIMS, SETTLEMENTS, JUDICIAL, OR ADMINISTRATIVE ADJUDICATION, OR GRIEVANCES, OR ANY OTHER RESOLVED OR OPEN CHARGES OF INAPPROPRIATE, UNETHICAL, UNPROFESSIONAL, OR SUBSTANDARD MEDICAL CARE OR LEGAL MALPRACTICE?
(Initials) YES NO (If yes, please explain in "REMARKS.")

(4) HAVE YOU EVER HAD YOUR PROFESSIONAL PRIVILEGES WITHDRAWN, DENIED, OR RESTRICTED BY ANY HEALTH CARE INSTITUTION OR STATE BAR LICENSING ORGANIZATION, OR HAVE YOU EVER VOLUNTARILY SURRENDERED YOUR PRIVILEGES?
(Initials) YES NO (If yes, please explain in "REMARKS.")

(5) ARE YOU BOARD CERTIFIED?
(Initials) YES NO (If no, please explain in "REMARKS.")

(6) ARE YOU BOARD ELIGIBLE?
(Initials) YES NO (If no, please explain in "REMARKS.")

(7) HAVE YOU EVER TAKEN THE WRITTEN AND/OR ORAL PORTION OF YOUR BOARD OR BAR EXAMINATION AND FAILED?
(Initials) YES NO (If yes, please explain in "REMARKS.")

(8) DO YOU PLAN TO TAKE OR RETAKE YOUR BOARDS OR BAR EXAMINATION IN THE FUTURE?
(Initials) YES NO (If yes, when? please explain in "REMARKS.")

31. AFOQT SCORES (Only AFTCOs or Unit Commanders are authorized to enter scores)

AFOQT FORM	DATE TESTED	PILOT	NAV TECH	AA	VERBAL	QUANTITATIVE

32. SECURITY CLEARANCE (X as applicable)
 NONE PENDING: DATE INITIATED (YYYYMMDD) GRANTED: TYPE: **Secret** DATE GRANTED

33. REMARKS (If additional space is needed, continue on page 4. Be sure to identify item number.)

I understand that any false or incomplete information knowingly provided on or with this application may be grounds for not employing or accessing with the Air Force, or grounds for dismissing or releasing me from active duty if already employed or serving.

NAME (First, Full Middle, Last Name) (Typed or Printed)	SIGNATURE (First, Full Middle, and Last Name)	DATE

AF Form 215 – Aircrew Training Candidate Data Summary

** Form located immediately following this page

INSTRUCTIONS:

#1 Thru 6- Name, Last 4 SSN, Date of Birth, Home Address, E-mail and Duty Information: Provide a current Email address should questions arise about any information provided.

#7- Type Training Requested and Preference: Training preference only applies to RegAF applicants. RegAF only - Rank order rated preferences for which you are a volunteer. Actual selection remains competitive based, but does not supersede Air Force needs. Applicants on an approved Age, TFCSD, or Medical exception to policy MUST volunteer for all rated AFSCs which they are medically qualified. Air Reserve Component (ARC) applicants - Indicate only Type Training Requested.

#8 Thru 12- Academic Institution, Academic Specialty/Major, Academic Degree, Date Awarded, and Cumulative GPA: Date Academic Degree awarded, may not reflect any pending dates.

#13- Physical Fitness: Members must possess a current Fitness Assessment (FA) composite score of 75 or greater, and meet the component minimums identified in AFI 36-2905, *Fitness Program*. Members who do not meet these requirements on their most recent FA are not eligible to apply.

#14- AFOQT Scores: AFOQT scores must include all categories of pilot, CSO, ABM, AA, Verbal and Quantitative. Only Form T (became operational on February 14, 2015) AFOQT scores and future revisions will be considered. Note: AFOQT and PCSM scores based on the old AFOQT Version (Form S) were converted to the new (Form T) standards effective May 22, 2015. If required, reference AFI 36-2605, *Air Force Military Personnel Testing System*, for guidance on Air Force Officer Qualifying Test (AFOQT) minimum requirements, re-testing, longevity of scores, and study preparation. Contact the military personnel section or the base education office for more information regarding AFOQT testing. Additional information can be obtained from the Officer Qualifying Test (AFOQT) Information Pamphlet located at http://access.afpc.af.mil/pcsm/mz/Form%20T/a_AFOQT%20Pamphlet%202014_20140818.docx

#15- Pilot Candidate Selection Method (PCSM) Score: PCSM scores are available online at <http://access.afpc.af.mil/pcsm/mz/index.html>. Questions can be directed to the PCSM Program Office at afpc.pcsm@us.af.mil or (877) 977-8995.

#16- Civilian Flying Experience: FAA certifications (i.e. Multi-Engine Land, Certified Flight Instructor, Airline Transport Pilot, etc.) may be annotated at the applicant's discretion in the remarks section.

#17- Military Flying Experience: Indicate total military flying hours in current Air Force aeronautical rating. Additional military flying experience may be annotated at the applicant's discretion in the applicant's remarks section.

#18- Decline or removal from a flying training course conducted by any military service: Indicate any Declination, Disqualification/Elimination, Drop on Request, and Self-Initiated Elimination.

#19 Thru 21-Applicant, Immediate Commander or Squadron Commander Equivalent, and Senior Rater Remarks: Comments must be typed, in bullet format, and confined to the space provided. Provide any additional information that was not captured in Blocks 1 thru 18 to assist the board in making a determination for consideration to a rated specialty. Senior Rater is serving as a wing commander or equivalent in a SR position designated by the management level.

20. COMMANDER

I RECOMMEND THIS APPLICANT FOR TYPE TRAINING REQUESTED YES NO

THIS APPLICANT IS RANKED | | OF | | FORMOST PREFERRED TYPE TRAINING REQUESTED.

DATE	TYPED NAME AND GRADE OF COMMANDER	SIGNATURE
11		

21. SENIOR RATER

THIS APPLICANT IS RANKED | | OF | | FORMOST PREFERRED TYPE TRAINING REQUESTED.

DATE	TYPED NAME AND GRADE OF SENIOR RATER	SIGNATURE
11		

- | ITEM | INSTRUCTIONS |
|-------------|--|
| 1 Thru 6- | Name, Last 4 SSN, Date of Birth, Home Address, E-mail and Duty Information: Provide a current Email address should questions arise about any information provided. |
| 7- | Type Training Requested and Preference: Training preference only applies to RegAF applicants. RegAF only - Rank order rated preferences for which you are a volunteer. Actual selection remains competitive based, but does not supersede Air Force needs. Applicants on an approved Age, FCSD, or Medical exception to policy MUST volunteer for all rated AFSCs which they are medically qualified. Air Reserve Component (ARO applicants- indicate only Type Training Requested. |
| 8 Thru 12- | Academic Institution, Academic Specialty/Major, Academic Degree, Date Awarded, and Cumulative GPA: Date Academic Degree awarded, may not reflect any pending dates. |
| 13- | Physical Fitness: Members must possess a current Fitness Assessment (FA) composite score of 75 or greater, and meet the component minimums identified in AFI 36-2905, <i>Fitness Program</i> . Members who do not meet these requirements on their most recent FA are not eligible to apply. |
| 14- | AFOQT Scores: AFOQT scores must include all categories of pilot, CSO, ABM, AA, Verbal and Quantitative. Only Form T (became operational on February 14, 2015) AFOQT scores and future revisions will be considered. Note: AFOQT and PCSM scores based on the old AFOQT Version (Form S) were converted to the new (Form T) standards effective May 22, 2015.

If required, reference AFI 36-2605, <i>Air Force Military Personnel Testing System</i> , for guidance on Air Force Officer Qualifying Test (AFOQT) minimum requirements, re-testing, longevity of scores, and study preparation. Contact the military personnel section or the base education office for more information regarding AFOQT testing. Additional information can be obtained from the Officer Qualifying Test (AFOQT) Information Pamphlet located at http://access.afpc.af.mil/pcsm/mz/Form%20T/a_AFOQT%20Pamphlet%202014_20140818.docx |
| 15- | Pilot Candidate Selection Method (PCSM) Score: PCSM scores are available online at http://access.afpc.af.mil/pcsm/mz/index.html . Questions can be directed to the PCSM Program Office at afpc.pcsm@usaf.mil (877) 977-8995. |
| 16- | Civilian Flying Experience: FAA certifications (i.e. Multi-Engine Land, Certified Flight Instructor, Airline Transport Pilot, etc.) may be annotated at the applicant's discretion in the remarks section. |
| 17- | Military Flying Experience: Indicate total military flying hours in current Air Force aeronautical rating. Additional military flying experience may be annotated at the applicant's discretion in the applicant's remarks section. |
| 18- | Decline or removal from a flying training course conducted by any military service: Indicate any Declination, Disqualification/ Elimination, Drop on Request, and Self-Initiated Elimination. |
| 19 Thru 21- | Applicant, Immediate Commander or Squadron Commander Equivalent, and Senior Rater Remarks: Comments must be typed, in bullet format, and confined to the space provided. Provide any additional information that was not captured in Blocks 1 thru 18 to assist the board in making a determination for consideration to a rated specialty.
Senior Rater is serving as a wing commander or equivalent in a SR position designated by the management level. |

Page 4 should be included with any over flow information. Reference the number and provide the same information as the number referenced instructs Do not initial the statement on this page.

AF Form 2030 - Drug and Alcohol Abuse Certificate

**** Form located immediately following this page**

INSTRUCTIONS:

Front page completed, initialed and signed.
Any YES responses explained on back page.
**Do NOT sign/date back page.

USAF DRUG AND ALCOHOL ABUSE CERTIFICATE

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 U.S.C., Chapter 31, Sections 504, 505, 508, 513; Chapter 807, Section 8067; Chapter 833, Section 8258; Chapter 1205, Sec12201, and Executive Order 9397 (SSN), as amended.

PURPOSE: To determine enlistment/commissioning eligibility, and process qualified applicants. To determine classification and assignment actions after enlistment or commissioning. All documents are source documents in determining benefits/entitlements.

ROUTINE USES: Disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act outside the DoD as a routine use. 'Blanket Routine Uses' apply.

DISCLOSURE: Voluntary; however, failure to furnish personal identification information may negate the enlistment/commissioning application.

SECTION I. DEFINITION OF TERMS

ADVERSE ADJUDICATION: An adverse adjudication (*adult or juvenile*) is a finding, decision, sentence, or judgment, other than unconditionally dropped, dismissed, or acquitted. If the adjudicating authority places a condition or restraint that leads to dismissal, dropped charges, or acquittal, the adjudication is adverse. Suspension of sentence, pardon, not processed, or dismissal after compliance with imposed conditions is adverse adjudication.

AIR FORCE: Includes active Air Force, Air Force Reserve, Air National Guard, and Air Force Academy.

ALCOHOL ABUSE: Alcohol use confirmed by competent medical authority that the individual is emotionally, mentally, or physically dependent on alcohol.

NOTE: When not confirmed by medical authority, self-admitted alcohol use that leads to a person's misconduct or unacceptable behavior; to the impairment of work performance, physical or mental health, financial responsibility or personal relationships; must be reported during the medical examination for determination of alcohol abuse.

DRUG ABUSE: The illegal, wrongful, or improper use of marijuana, any narcotic substance, hallucinogens, or any illegal drug.

ILLEGAL DRUGS: Any drug or narcotic that is habit forming or has a potential for abuse because of its stimulant, depressant, or hallucinogenic effect. Includes, but not limited to: cocaine, crack, hallucinogens, (*to include lysergic acid diethylamide (LSD), phencyclidine (PCP), tetrahydrocannabinol (THC) in non-marijuana form, and others*), opium, morphine, heroin, dilaudid, codeine, Demerol, inhalants (*paint, glue, and others*), amphetamines (*speed*), methamphetamines (*ice*), barbiturates (*downers*), and anabolic steroids.

MARIJUANA: Any intoxicating organic or synthetic cannabis or tetrahydrocannabinol (THC) type substance. Organic forms from the hemp plant include marijuana, hashish and all derivatives of cannabis sativa. Synthetically, in the form of an herbal and chemical product which, when consumed mimics the effects of cannabis, includes salviadinorum or salvinorum or any product known under such names as "Spice", "Genie", "DaScents", "Zohia", "K-2", and "KO Knockout 2" or variant thereof by whatsoever name it may be called.

SECTION II. CERTIFICATION AT TIME OF APPLICATION

WARNING: YOU MUST BE TOTALLY HONEST IN COMPLETING THIS FORM. If you are truthful now and are accepted by the Air Force, no punitive action can or will be taken against a civilian applicant as a result of any information you reveal. **HOWEVER, YOU ARE CAUTIONED THAT SHOULD YOU CONCEAL DRUG OR ALCOHOL ABUSE INFORMATION AT THIS TIME, AND IT IS DISCOVERED AFTER YOUR ENTRY INTO THE AIR FORCE, PUNITIVE ACTION MAY BE TAKEN AGAINST YOU BASED UPON THE FALSE INFORMATION YOU HAVE PROVIDED.** Such action includes, but is not limited to, elimination from training or discharge under less than honorable conditions.

INITIAL YES/NO BOXES AS APPLICABLE

	YES	NO
I have read and understand the definition of the terms above.	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever used or experimented with marijuana? (<i>Prior marijuana use is not disqualifying for enlistment or appointment, unless you are determined to be a chronic user or psychologically dependent, have been convicted or adversely adjudicated for marijuana involvement. Preservice marijuana use may render you ineligible for certain skills.</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever experimented with, used, or possessed any illegal drug or narcotic?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been a supplier or distributor of or a trafficker in marijuana, or other illegal drugs or narcotics?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been treated or undergone rehabilitation for drug or alcohol abuse?	<input type="checkbox"/>	<input type="checkbox"/>
Have you consumed hemp seed oil or any products containing hemp seed oil in the last 45 days?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION III. STATEMENTS OF UNDERSTANDING

	INITIALS
During my medical examination I will be tested and screened for drug and alcohol abuse. I understand that any detection of drug use (<i>including marijuana</i>) or alcohol abuse will render me ineligible for the Air Force. I understand I will undergo further drug and alcohol screening after entry in the Air Force, and I may be discharged based on the results of such screening.	<input type="text"/>
Service in the United States Air Force places me in a position of special trust and responsibility. Drug or alcohol abuse after this date will be considered evidence of my inability to meet the standards of behavior expected of me as a member of the Air Force. Therefore, any drug use (<i>including marijuana</i>) or any alcohol abuse as described above, FROM THIS DATE FORWARD , renders me ineligible for the Air Force.	<input type="text"/>
Drug and alcohol abuse by members of the U.S. Air Force violates Air Force standards of behavior and conduct and will not be tolerated. If I am identified as a drug or alcohol abuser while a member of the Air Force, appropriate disciplinary or administrative action may be taken against me, to include trial by court martial or discharge under less than honorable conditions.	<input type="text"/>
I understand that certain skill areas in the Air Force cannot be performed by persons who have abused drugs or alcohol. My unit commander will have final approval authority regarding my actual assignment to sensitive skill positions. If I am not acceptable for such duties due to information I have revealed on this form, I will be reassigned to another position in my skill or reclassified into another skill. If it is established that I have used any substance beyond that which I have indicated on this form, I understand my enlistment, commissioning, or appointment may be declared fraudulent and I may be discharged.	<input type="text"/>

KNOWING AND UNDERSTANDING ALL THE INFORMATION ABOVE, AND REALIZING THAT THIS DOCUMENT WILL BE USED ONLY TO DETERMINE MY ELIGIBILITY AND RECORD MY CERTIFICATION OF ELIGIBILITY, I HEREBY STATE THAT THE ABOVE INFORMATION AS TO MY PREVIOUS DRUG OR ALCOHOL INVOLVEMENT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DATE	NAME (<i>Last, First, M.I.</i>) AND SSN OF APPLICANT	SIGNATURE
		Click here to sign

WITNESS

I CERTIFY THE ABOVE INDIVIDUAL SIGNED THIS CERTIFICATE OF HIS/HER OWN FREE WILL

DATE	NAME (<i>Last, First, M.I.</i>) AND GRADE OF WITNESS	SIGNATURE
		Click here to sign

REMARKS

SECTION IV. RECERTIFICATION AT TIME OF ENLISTMENT, COMMISSIONING, OR APPOINTMENT

INITIALS

I have read and fully understand all the information on this form.	
--	--

I hereby state that there has been no change in my status since I originally provided this information on the date on front of this form.	
---	--

I hereby certify that I have not used any drug, including marijuana, and that I have not been in any alcohol related abuse incidents, since I originally completed this form.	
---	--

DATE	NAME (<i>Last, First, M.I.</i>) AND SSN OF APPLICANT	SIGNATURE
		Click here to sign

WITNESS

I CERTIFY THE ABOVE INDIVIDUAL SIGNED THIS CERTIFICATE OF HIS/HER OWN FREE WILL

DATE	NAME (<i>Last, First, M.I.</i>) AND GRADE OF WITNESS	SIGNATURE
		Click here to sign

Statement of Agreement & Understanding

**** Form located immediately following this page**

INSTRUCTIONS:

Initials or N/A in each section. (There should be no blanks)
Signed by member and signed and dated by witness

STATEMENT OF AGREEMENT AND UNDERSTANDING
(REQUIRED FOR ANGUS APPOINTMENT)

In conjunction with my application for appointment, I certify that I understand and agree to the requirements I have initialed below:

_____ 1. (ALL APPLICANTS) Any formal training required for full qualification in the appointment specialty is considered a condition of appointment. I agree to enter that training within 24 months unless otherwise authorized in AFMAN 36-2105, *Officer Classification*, in which case, I agree to complete training within three years of my appointment. I understand that failure to attend such training or elimination from such training may result in separation from the ANG.

_____ 2. (ALL APPLICANTS) I certify I [am] [am not] a Key Federal Employee. In the event I am identified as a Key Federal Employee, I understand I must present a certificate of availability from my civilian employment indicating that in the event of a partial or full mobilization, I will be available for active military duty.

_____ 3. (ALL APPLICANTS) I certify I [am] [am not] a single parent with custody or joint custody of a dependent child. (See ANGI 36-2005, *Appointment of Officers in the Air National Guard of The United States and as Reserves of the Air Force*, Paragraph 2.17.)

_____ 4. (ALL APPLICANTS) I certify I [am] [am not] married to another military member with dependents. (See ANGI 36-2005, Paragraph 2.17.)

_____ 5. (ALL APPLICANTS EXCEPT UNDERGRADUATE FLYING TRAINING {UFT}) I understand that my appointment is being accomplished prior to completion of the required security investigation. I further understand that if I fail to meet these requirements within 180 days from date of temporary federal recognition, I will be determined unacceptable for appointment as a commissioned officer, and will be discharged from my appointment and receive an Honorable Discharge Certificate.

_____ 6. (ALL APPLICANTS EXCEPT UNDERGRADUATE FLYING {UFT}) I agree to remain a member of the ANG of the United States for a period of **four** years from date of appointment. I understand that this service commitment will be served concurrently, unless otherwise specified, with any other service commitments I have or may incur.

_____ 7. (LINE OFFICER APPLICANTS ONLY) I agree to attend the Total Force Officer Training School {TFOTS} prior to my appointment.

_____ 8. (UNDERGRADUATE FLYING TRAINING {UFT} APPLICANTS ONLY) I agree to remain a member of the ANG of the United States for a period of **ten** years from date of graduation from UPT. I understand that this service commitment will be served concurrently, unless otherwise specified, with any other service commitments I have or may incur.

_____ 9. (COMBAT SYSTEMS OFFICER {CSO} TRAINEE APPLICANTS ONLY) I agree to remain a member of the ANG of the United States for a period of **six** years from date of graduation from CSO. I understand that this service commitment will be served concurrently, unless otherwise specified, with any other service commitments I have or may incur.

_____ 10. (ALL RATED APPLICANTS) I understand that I will not be authorized to perform flying duties until receipt of permanent federal recognition and valid aeronautical orders.

_____ 11. (INITIAL APPOINTMENT AS CHAPLAIN) I agree to attend the Commissioned Officer Training {COT} Course and the Chaplain Orientation Course within 24 months of my appointment.

_____ 12. (INITIAL APPOINTMENT AS JUDGE ADVOCATE) I agree to attend the Commissioned Officer Training {COT} Course and the Judge Advocate Staff Officer Course within 12 months of my appointment as determined by the Judge Advocate General (HQ USAF/JA).

_____ 13. (INITIAL APPOINTMENT OF HEALTH PROFESSIONALS) I understand that I will be appointed in the Air National Guard. However, I will not be granted privileges to practice until medical credentials have been completed IAW AFI 44-119, *Clinical Performance Improvement*.

_____ 14. (INITIAL APPOINTMENT OF HEALTH PROFESSIONALS) I agree to attend the Commissioned Officer Training Course within 12 months of my ANG appointment.

_____ 15. (HEALTH PROFESSIONAL APPLICANTS WHO HAVE 18 OR MORE YEARS OF CONSTRUCTIVE SERVICE CREDIT IAW AFI 36-2005, *Appointment in Commissioned Grades and Designation and Assignment in Professional Categories -- Reserve of the Air Force and United States Air Force*) I understand that appointment in the grade of lieutenant colonel requires approval by the Secretary of Defense and that this process may add several months to my application processing time. In the event that I otherwise qualify for appointment in the grade of lieutenant colonel, I hereby consent to and request appointment as a major, pending approval by the Secretary of Defense. In the event the Secretary of Defense does not approve my name, I understand that I may be honorably discharged from all appointments.

NOTE: ANG, Director, Manpower, Personnel and Services (NGB/A1) will notify the State Headquarters of applicants who qualify for appointment as a lieutenant colonel.

_____ 16. (CHAPLAINS, MEDICAL, DENTAL, NURSE, AND BIO-MEDICAL SCIENCE CORPS) I have been counseled and understand that I may request to be retained in an active status beyond my Mandatory Separation Date to enable me to obtain 20 satisfactory years of service or to age 68, whichever is earlier. I know that I must remain qualified for active status in an ANG or AFRES program; otherwise my status may be terminated under provisions of law or instruction prior to my reaching age 68.

_____ 17. (APPLICANT'S RECEIVING SEVERANCE/SEPARATION PAY) I have been counseled and understand the following information from DoD 7000.14-R, *DoD Financial Management Regulation*.

“A member who has received Special Separation Benefit (SSB) and who later qualified for retired or retainer pay shall have deducted a portion of such retired or retainer pay until an amount equal to the gross amount of such SSB has been deducted. The portion deducted shall be equal to a fraction determined by dividing the years of service for which the member received SSB by the total years of service used in computing the members retired or retainer pay.”

_____ 18. (APPLICANTS UNABLE TO OBTAIN 20 YEARS OF SERVICE) I understand that I will not be able to obtain 20 satisfactory years of service towards military retirement. Therefore, I will not receive a retirement from the ANG.

_____ 19. (EARLY COMMISSIONING PROGRAM {ECP} APPLICANTS) I understand that I am applying for appointment in the ANG of the United States under the ECP for physicians. If approved for appointment, I will be appointed as a Medical Service Corps Officer until such time as I am appointed the Medical Corps (MC).

I will serve with the ANG as directed, unless sooner relieved by competent authority, for a minimum period of four-to-eight years from the date I am appointed as a physician. I further agree to remain a member of the Ready Reserve during the tenure of my appointment as an ANG officer.

If I fail to complete the requirement for award of a Doctor of Medicine or Doctor of Osteopathy degree acceptable to the Air Force Surgeon General, the Chief, National Guard Bureau, will then withdraw my federal recognition and I could be separated from the Air National Guard of the United States (ANGUS).

_____ 20. (INITIAL APPOINTMENT OF NON-COLLEGE GRADUATES IN LINE SPECIALTIES ONLY) I understand that as a condition of my appointment in the ANG:

I agree to obtain a bachelor’s degree by the end of the fourth year of commissioned service. I further understand that if I do not complete a bachelor’s degree by the end of my fourth year of commissioned service, I will be discharged from the ANG and as a Reserve of the Air Force in accordance with (IAW) AFI 36-3209, *Separation and Retirement Procedures for Air National Guard and Air Force Reserve Members*.

(SIGNATURE)

(APPLICANTS TYPED NAME, LAST FOUR SSN)

Subscribed and sworn to before me at _____(location) on _____(date).

(SIGNATURE)

(TYPED NAME, GRADE OF WITNESS)