
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/afqt>

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/afoqtsnet20/>)
4. PCSM Composite Score <http://access.afpc.af.mil/pcsmcmdz/>
5. Nevada ANG Pilot / CSO Questionnaire
6. Copies of the following:
 - Driver's License,
 - Social Security Card
 - High School Diploma
 - Birth Certificate
7. AF Form 24 - Application for Appointment as Reserve of the Air Force or USAF without component
8. AF Form 215 – Aircrew Training Candidate Data Summary
9. 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)
10. Minimum of 3 Letters of Recommendation
11. 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 Charles Steffens

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 charles.d.steffens2.mil@mail.mil & matthew.h.schwegel.mil@mail.mil

Questions concerning the Pilot/CSO Selection Process contact:

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

Capt. Matthew Schwegel, matthew.h.schwegel.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 If yes: Mitchell Award? YES NO	Boy Scouts/Girl Scouts: YES NO If yes: Eagle Scout (boys) Gold Award (girls): YES NO
JROTC (High School) YES NO If yes: How many years JROTC:	ROTC (College) YES NO 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 MGB 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

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
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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 | | FOR MOST PREFERRED TYPE TRAINING REQUESTED.

DATE	TYPED NAME AND GRADE OF COMMANDER	SIGNATURE

21. SENIOR RATER

THIS APPLICANT IS RANKED | | OF | | FOR MOST PREFERRED TYPE TRAINING REQUESTED.

DATE	TYPED NAME AND GRADE OF SENIOR RATER	SIGNATURE

- 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, *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@usaf.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.