

VERMONT AIR NATIONAL GUARD APPLICANT INFORMATION SHEET

PERSONAL INFORMATION

FULL NAME (LAST, FIRST, MIDDLE) _____

JR. SR. I II III _____ MAIDEN NAME (FEMALES) _____

HOME ADDRESS _____

HOME PHONE _____ CELL PHONE _____

PLACE OF EMPLOYMENT _____

WORK PHONE _____

AGE _____ DATE OF BIRTH _____

SOCIAL SECURITY # _____ SELECTIVE SERVICE # _____

DRIVERS LICENSE # (STATE, EXPIRATION) _____

CITIZENSHIP STATUS (COUNTRY) _____

RACE _____ ETHNIC GROUP _____

RELIGION _____ HEIGHT _____ WEIGHT _____

HAIR COLOR _____ EYE COLOR _____

WHAT IS YOUR CURRENT EDUCATION STATUS _____

NAME OF SCHOOL (S)/ LOCATION _____

WHAT IS YOUR MARITAL STATUS _____

NUMBER OF DEPENDENTS _____

DRUG USE/ ABUSE

HAVE YOU USED ANY ILLEGAL DRUGS TO INCLUDE MARIJUANA_____

DRUG USED/ HOW MANY TIMES/ LAST TIME USED_____

DRUG USED/ HOW MANY TIMES/ LAST TIME USED_____

DRUG USED/ HOW MANY TIMES/ LAST TIME USED_____

DRUG USED/ HOW MANY TIMES/ LAST TIME USED_____

LAW VIOLATIONS

HAVE YOU **EVER** BEEN ARRESTED, CHARGED, CITED OR HELD BY ANY LAW ENFORCEMENT AGENCY TO INCLUDE MINOR TRAFFIC OR JUVENILE VIOLATIONS (USE ADDITIONAL INFORMATION SECTION AS REQUIRED)

YES_____

NO_____

DATE OCCURRED_____

OFFENSE_____

LOCATION OF EVENT_____

ACTION TAKEN/ DATE RESOLVED_____

MEDICAL

LIST ANY MEDICAL PROBLEMS/ SURGERIES

ADDITIONAL DOCUMENTS NEEDED

- ✓ HIGH SCHOOL DIPLOMA
- ✓ COLLEGE TRANSCRIPTS
- ✓ DRIVERS LICENSE (ALSO TO INCLUDE SPOUSE/ DEPENDENTS)
- ✓ BIRTH CERTIFICATE (ALSO TO INCLUDE SPOUSE/ DEPENDENTS)
- ✓ MARRIAGE CERTIFICATE
- ✓ DIVORCE DECREE
- ✓ DD FORM 214 (PRIOR SERVICE)
- ✓ MEDICAL DOCUMENTS
- ✓ COURT DOCUMENTS
- ✓ NGB 22 (PRIOR SERVICE)
- ✓ SOCIAL SECURITY CARD (ALSO TO INCLUDE SPOUSE/ DEPENDENTS)
- ✓ POINT SUMMARY (PRIOR SERVICE)
- ✓ ASVAB SCORES (PRIOR SERVICE OR IF PREVIOUSLY TAKEN)

ANY ADDITIONAL INFORMATION

