

2 November 2011

MEMORANDUM FOR UPT APPLICANT

FROM: 177 FSS/CC

SUBJECT: Undergraduate Pilot Training

1. Thank you for expressing an interest in becoming an aviator at the 177th Fighter Wing. Below you will find a sample pilot applicant package. Please don't prepare a package using expensive folders and bindings. Save your money – we just need the facts. The pilot screening board wants to know what will make you a great officer...and a great aviator. Your resume should arrive in exactly the format you see in this package:

- Cover Letter
- Resume
- Pilot Applicant Questionnaire
- College transcripts
- Letters of Recommendation (3)
- AFOQT scores
- Form 24 (Application for appointment as reserve of the Air Force or USAF without component)
- Form 215 (Aircrew training candidate data summary)
- Form 2030 (Drug and alcohol abuse certificate)
- Photocopies of civilian pilot ratings, certificates, and last page of logbooks

2. When complete, mail your package to the address below:

177 FSS/CC
400 Langley Road
Egg Harbor Township, NJ 08234-9500
Attn: UPT Board

3. If you have any questions, please contact me at Ronald.Williamson@ang.af.mil 609-761-6213 (DSN 455-6213). Best wishes in your endeavor to become an Air National Guard fighter pilot!

//signed//

RONALD L. WILLIAMSON, JR., Lt Col, NJANG
Commander, 177th Force Support Squadron

(Date)

MEMORANDUM FOR SELECTING OFFICIALS

FROM: *(Your Name)* Senior Airman John Smith

SUBJECT: UPT Selection Board

1. I am writing you this letter to express my desire to be considered in your upcoming UPT selection board. I am interested in becoming an officer and an aviator in your unit. I understand that this means attending training at the convenience of the government. ***(Tell us how you heard about us, be factual)*** I heard about your unit and your upcoming selection board via an announcement on your website.

2. ***(Anything that will set you apart from the rest of the people meeting the board.)*** I am currently 23 years old and possess a Bachelor of Sciences Degree in Business Management with a minor in Aeronautics. I have logged a total of 1,000 flight hours (800 single-engine and 200 multi-engine) and think that this has greatly prepared me for Air Force pilot training. I have been a member of the 108th Air Refueling Wing at McGuire Air Force Base for the past six years as a crew chief on the KC-135. I used the tuition assistance and benefits of the Air National Guard to get my degree and look forward to becoming a fighter pilot in your squadron.

3. ***(How can we reach you easily?)*** I can be reached at 123-456-7899 Monday through Friday or 123-456-7891 evenings and weekends. My e-mail address is: jsmith@aol.com. I look forward to hearing from you soon.

(Signed)

JOHN SMITH, SRA, NJANG
Pilot Applicant

Sample resume

JOHN SMITH
123 Street Road
Anytown, NJ 08123
123-456-7899 (Work)
123-456-7891 (Home)
jsmith@aol.com

OBJECTIVE: To become a commissioned officer and pilot at the 177th Fighter Wing

WORK HISTORY:

January 2003 - Present **108th ARW NJ Air National Guard-KC 135 Crewchief**

- Responsible for the maintenance, launch, and recovery of the KC-135 Stratotanker
- Maintain the technical orders publication library

April 2004 - Present **Computer Sciences Corporation - FAA Software Design**

- Develop and tested Air Traffic Control Software
- Fly Boeing 737 Simulator for real time testing
- Involved in FAA contract negotiations

March 2000 - March 2004 **NYMA Corporation - Software Design**

- Developed the Traffic Management System Software
- Test the software interface with ATC Towers
- Produced user manual for use with software

November 1998-February 2000 **Paulsboro Flying Club-Flight Instructor**

- Served as resident flight instructor giving primary flight instruction
- Managed flight training and ground school

EDUCATION:

Bachelor of Science in Business Management
Minor in Aeronautics
Trenton State College, 2007. GPA 3.8

PILOT CERTIFICATES:

- | | |
|------------------------------|--------------------------------------------------------------------------------------------------------------------|
| Commercial Privileges: | <ul style="list-style-type: none">▪ Airplane Single-engine Land▪ Instrument Airplane |
| Certified Flight Instructor: | <ul style="list-style-type: none">▪ Airplane Single-engine Land▪ Instrument Ground |

FLIGHT EXPERIENCE:

- | | | |
|---------------|-------|--------------------------------------------------------------------------------------------|
| Total Time | -1000 | |
| Single-Engine | -800 | <ul style="list-style-type: none">▪ Beach Bonanza, Grumman Trainer |
| Multi-Engine | -200 | <ul style="list-style-type: none">▪ 1900D, Navajo, limited Beechjet King Air |

PERSONAL:

- | | |
|--------------------|---------------------------------------------------------------------------------|
| Date of Birth: | <ul style="list-style-type: none">▪ 12 October 1985 |
| Physical Condition | <ul style="list-style-type: none">▪ Excellent, non-smoker |
| Hobbies | <ul style="list-style-type: none">▪ Skiing, weightlifting, tennis |

1. Personal Data			
Last Name	First Name	Middle Name	SSAN
Address		City	
State	Zip Code	Date of Birth	
E-mail address			
Phone Numbers			
home	cell	work	

2. Military Affiliation	
Current Military Affiliation (if none, type N/A)	
Prior Military Affiliation (If none type N/A)	

3. Education Level	
Name of College	Location (City & State)
Major	Minor
Year Completed:	GPA:

4. Flying Data (If no previous flying experience, go to block 6)			
Single Engine Hours	Multi-Engine Hours	Jet Hours	Total Hours

5. Pilot Certificates

6. Test Scores				
AFOQT				
Date taken			Test Location	
Pilot	Nav	Academic	Verbal	Quantitative
Test of Basic Aviation Skills (T-BAS) Score:				
Date Taken:				
Pilot Candidate Selection Method (PCSM) Score:				

7. Could you leave for training on short notice? Yes No

If no, how much notification do you require?

8. Have you ever been arrested and/or convicted of any offense, including drugs? Yes
No

If yes, explain in detail below. Include the charge and disposition.

9. Do you plan to reside in the Atlantic City area? Yes No

10. Have you ever been eliminated from any flying or other training leading to a commission from any branch of the Armed Forces?
Yes No

If yes, explain in detail.

College Transcripts

3 Letters of Recommendation

AFOQT Score Results

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

OMB NO. 0701-0096
Expires 31 August 2012

**APPOINTMENT AS A RESERVE
MEMBER OF THE AIR FORCE**

**FEDERAL RECOGNITION AND APPOINTMENT
AS A RESERVE MEMBER OF THE AIR FORCE**

**APPOINTMENT AS A USAF MEMBER
WITHOUT COMPONENT**

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.*

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 this burden, to Department of Defense, Washington Headquarters Services, DIOR (0701-0096), 1215 Jefferson Davis Highway, Suite 1204, Arlington VA 22202-4302. 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 either of these addresses. Return it to your recruiter, ESO, Reserve MPF, or unit commander as applicable.

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)
	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								
COLLEGE, POST-GRADUATE, INTERNSHIP, RESIDENCY, FELLOWSHIP, ETC.								
MILITARY								

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

16. PHYSICIANS ONLY					
<input type="checkbox"/> I DO <input type="checkbox"/> DO NOT DESIRE TRAINING IN AVIATION MEDICINE					
17. CHRONOLOGICAL STATEMENT OF SERVICE AND TRAINING IN ANY COMPONENT OF THE UNIFORMED SERVICES <i>(Include service academies and preparatory schools, Reserve Officer Training Corps (ROTC), Officer Training School (OTS), Health Professions Scholarship (HPSP), etc.)</i>					
DATES ATTENDED		HIGHEST GRADE	ORGANIZATION <i>(Type and Service)</i>	SPECIALTY	ACTIVE DUTY OR RESERVE
FROM (YMD)	TO (YMD)				
18. ARE YOU CURRENTLY A MEMBER OF ANY BRANCH OF THE UNIFORMED SERVICES?				19. WERE ALL DISCHARGES HONORABLE?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If yes, provide branch of uniformed service)</i>				<input type="checkbox"/> YES <input type="checkbox"/> NO	
20. WERE YOU EVER NONSELECTED FOR PROMOTION TO AN OFFICER GRADE IN ANY BRANCH OF THE UNIFORMED SERVICES?					
<input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If yes, provide branch of uniformed service)</i>					
21. WERE YOU 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?					
<input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If yes, provide branch of uniformed service, reason for separation action, and date of separation, if applicable)</i>					
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?					
<input type="checkbox"/> YES <input type="checkbox"/> NO					
23. HAVE YOU PREVIOUSLY MADE APPLICATION AND BEEN REJECTED FOR COMMISSIONING BY ANY COMPONENT OF THE UNIFORMED SERVICES?					
<input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If yes, please state when and where rejected, and cause)</i>					
24. HAVE YOU EVER APPLIED FOR A COMMISSION OR POSITION WITH ANY BRANCH OF THE ARMED SERVICES OR FEDERAL GOVERNMENT? IF SO, PLEASE EXPLAIN. <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If additional space is required, continue in "REMARKS")</i>					
25. CHRONOLOGICAL STATEMENT OF CIVILIAN EMPLOYMENT, INCLUDING PART-TIME POSITIONS. <i>(If additional space is required, continue in "REMARKS" section)</i>					
FROM (YMD)	TO (YMD)	EMPLOYED BY <i>(Give name and address to include ZIP Code and 4 digit)</i>	FULL TIME	PART TIME <i>(Hrs per week)</i>	MONTHLY SALARY
POSITION AND DUTIES			REASON FOR TERMINATION		
FROM (YMD)	TO (YMD)	EMPLOYED BY <i>(Give name and address to include ZIP Code and 4 digit)</i>	FULL TIME	PART TIME <i>(Hrs per week)</i>	MONTHLY SALARY
POSITION AND DUTIES			REASON FOR TERMINATION		
FROM (YMD)	TO (YMD)	EMPLOYED BY <i>(Give name and address to include ZIP Code and 4 digit)</i>	FULL TIME	PART TIME <i>(Hrs per week)</i>	MONTHLY SALARY
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?					
<input type="checkbox"/> YES <input type="checkbox"/> NO <i>(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.)</i>					
OFFENSE	DATE <i>(YYYYMMDD)</i>	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: _____ 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 24 CONTINUATION SHEET

USAF DRUG AND ALCOHOL ABUSE CERTIFICATE

(This form is subject to the Privacy Act of 1974, Use AF Form 883)

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 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: The intoxicating products of the hemp plant, to include hashish and all natural derivatives of cannabis sativa.

SUPPLIER, DISTRIBUTOR or TRAFFICKER: One who illegally, wrongfully, or improperly delivers any of the drugs defined above to the possession of another. This includes the actual, constructive, or attempted transfer of an item, whether or not an agency relationship exists. This also includes the cultivation or manufacture of any drug described above.

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.		
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>)		
Have you ever experimented with, used, or possessed any illegal drug or narcotic?		
Have you ever been a supplier or distributor of or a trafficker in marijuana, or other illegal drugs or narcotics?		
Have you ever been treated or undergone rehabilitation for drug or alcohol abuse?		
Have you consumed hemp seed oil or any products containing hemp seed oil in the last 45 days?		

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.	
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.	
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.	
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.	

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
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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
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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 (*Last, First, M.I.*) AND SSN OF APPLICANT

SIGNATURE

WITNESS

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

DATE

NAME (*Last, First, M.I.*) AND GRADE OF WITNESS

SIGNATURE

AIRCREW TRAINING CANDIDATE DATA SUMMARY

(See Instructions on Page 2)

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C., Armed Forces, 8013, Secretary of the Air Force; Executive Order 9397 (SSN), as amended.

PURPOSE: Used to apply for undergraduate flying training and air battle manager duties; and to determine if applicant meets course prerequisites and is qualified for the courses he/she applies. May be used by aircrew training selection officials to consolidate training applicant data.

ROUTINE USES: May specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3).

DISCLOSURE: Voluntary. Failure to provide the information or SSN may delay individual the opportunity to attend the required course.

I. APPLICANT DATA

1. NAME (Last, First, Middle Initial)		2. SSN	3. DATE OF BIRTH
4. HOME ADDRESS			5. HOME/WORK PHONES (Commercial) a. HOME: b. WORK:
6. ACTIVE DUTY DATA (If applicable. Civilian applicants enter NA)			
a. RANK	b. DATE OF RANK	c. DUTY TITLE	d. DUTY PHONE (DSN)
e. ORGANIZATION AND DUTY STATION		f. AERONAUTICAL RATING (Military)	g. DATE AWARDED
7. TYPE TRAINING DESIRED AFTER (UFT) (Mark all appropriate)			
<input type="checkbox"/> UNDERGRADUATE PILOT TRAINING (UPT) (ENJJPT)	<input type="checkbox"/> REMOTELY PILOTED ACFT TRAINING (RPA)	<input type="checkbox"/> COMBAT SYSTEMS OFFICER TRAINING (CSO)	<input type="checkbox"/> AIR BATTLE MANAGER TRAINING (ABM)

II. ACADEMIC DATA

8. ACADEMIC INSTITUTION		9. ACADEMIC MAJOR	10. GRADUATION DATE
11. CUMULATIVE GPA	12. PHYSICAL FITNESS:	a. PFT SCORE (If applicable)	b. AFT SCORE (If applicable)
		c. PEA (If applicable)	

III. TESTING DATA

13. AFOQT DATE	a. PILOT	b. NAV-TECH	c. AA	d. VERBAL	e. QUANTITATIVE	14. FLYING SKILL METRIC (PCSM)/SCORE

IV. FLYING EXPERIENCE DATA

15. PRIVATE PILOT LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	a. RATINGS (FAA)	b. TOTAL FLYING HOURS	c. LAST DATE FLOWN
16. HAVE YOU EVER DECLINED FLYING TRAINING OR BEEN DISQUALIFIED/ELIMINATED OR DOR FROM A FLYING TRAINING COURSE CONDUCTED BY OR FOR ANY MILITARY SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, explain.)			

V. APPLICANT REMARKS

17. REMARKS		

DATE	TYPED NAME AND GRADE OF APPLICANT	SIGNATURE

RECOMMENDATION

18. IMMEDIATE COMMANDER/AIR OFFICER COMMANDING/DETACHMENT COMMANDER COMMENTS

THIS APPLICANT IS RANKED NUMBER _____ OF _____ APPLICANTS. IF APPLICABLE, THIS APPLICANT'S FIELD TRAINING RANKING IS _____.

DATE	TYPED NAME, GRADE, DUTY TITLE, AND ORGANIZATION	SIGNATURE
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19. ENDORSEMENT FOR ACTIVE DUTY, ANG, AND AFRS APPLICANTS (**NOT TO EXCEED SENIOR RATER**) (See Item 19 in Instructions below)

THIS APPLICANT IS RANKED NUMBER _____ OF _____ APPLICANTS.

DATE	TYPED NAME, GRADE, DUTY TITLE, AND ORGANIZATION	SIGNATURE
------	-------------------------------------------------	-----------

ITEM

INSTRUCTIONS

- 1 Thru 5 - **Name, SSN, Date of Birth, Home Address, and Commercial Phone** Self-explanatory.
- 6- **Active Duty Date:** Self-explanatory. Applies to individuals currently serving on active duty. Aero rating (military) and date awarded applies only to navigators who are applying for UPT. **Civilian applicants enter NA.**
- 7- **Type training desired:** Mark all appropriate blocks. Indicate all possible training desired.
- 8 Thru 11 - **Academic Institution, Academic Major, Graduation Date, and Cumulative GPA:** Self-explanatory. Graduation Date should reflect actual date (or anticipated date for ROTC or service academy cadets).
- 12- **Physical Fitness:** For USAF Academy and ROTC cadets, indicate highest PFT score obtained. Highest AFT score obtained and cumulative PEA data apply to USAF Academy cadets only.
- 13- **AFOQT Scores:** Self-explanatory. AFOQT scores may be obtained by contacting your Test Control Officer (TCO) at the Military Personnel Flight or Education Office.
- 14- **Flying Skill Metric/Score:** Indicate metric used (i.e., PCSM) and score. Information may be obtained by contacting the TCO or the Education Office.
- 15- **Flying Experience Data:** Indicate whether or not you have a private pilot license, your rating (e.g., Single Engine Land), total hours, and date last flown. You may indicate hours obtained from PIP, FIP, or FSP, but do not total them with your private flying hours. They must be listed separately.
- 16- **Indicate whether or not you have declined flying training or been disqualified/eliminated or DOR from a flying training course conducted by or for any military service.**
- 17- **Applicant Remarks:** Self-composed and may include desires, motivation, additional aviation experience, and personal achievements or qualifications which may be of interest to selection board. Comments must be typed, in bullet format, and confined to the space provided.
- 18- **Immediate Commander/Air Officer Commanding/Detachment Commander Recommendation:** Follow the same format as Item 17. Comments may include duty performance assessments, military performance averages, order of merit rankings and field training rankings.
- 19- **Endorsement for Active Duty, ANG and AFRS Applicants:** Separate Letters of Recommendation over and above the senior rater may be filed by anyone in the applicant's chain of command, and will be provided to the board. The Letters of Recommendation should be prepared in memorandum format.