

Last name:

First Name:

Military Installation:

Service:

- Army Navy Marines
 Air Force Civil Service Spouse

Grade/Rank:

MOS/Job Series:

Phone number where you can be reached after you leave the service:

Name of the Firm / Agency that hired you:

City and State where you will be working:

Name of the job you were hired to fill:

Brief description of the work you will be doing:

Why do you think you got the job and what helped you the most?

I hereby consent to the Department of Defense Transition Program providing the above information to members of the news media and other transition participants. I understand that any participation with the news media is voluntary and that my signature on this document does not create any obligation on my part.

Signature:

Date:

Please fax the completed form at (502) 624-4812 (DSN 464).