

NON-PRIOR SERVICE
and
BREAK-IN-SERVICE GUIDE



TO BECOME AN OFFICER IN THE
AIR NATIONAL GUARD

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BASIC PREQUALIFICATION STANDARDS FOR ANG OFFICER APPLICATION

AGE

- Maximum age for initial non-rated (non flying) line applicants must be commissioned prior to their 35th Birthday. Exception to Policy (ETP) for nonrated can be requested with applicants with prior service if applicant is commissioned prior to 40th birthday.
- Undergraduate Flying Training (UPT) and Undergraduate Navigator Training (UNT) applicants must be less than 30 years old prior to entering into formal UFT/UNT training and EPTs are only approved under very rare circumstances for exceptionally qualified applicants.
- Maximum age for initial appointment in health professional specialty is less than 47 years, and ETPs can be submitted for specialties with a critical manning need.
- Maximum age for Judge Advocate General (JAG) appointment is 34, and 37 is the maximum age for ETP.
- Maximum age for Chaplain is less than 40 years for Non-Prior Service (NPS), and 42 with two years satisfactory prior service. ETPs can be submitted for hard to fill Chaplain Specialties such as Catholic Chaplains. (Reference is ANGI 36-2005 Chapter 3)

OFFICER TESTING

All Line officers require the Armed Forces Qualification Test (AFOQT). If you haven't taken the AFOQT, talk with your Base Education Training Office or DOR. Ensure that you are prepared for the test since applicants are only allowed to test twice in a lifetime. Wait period for retest is 180 days (Reference AFI 36-2605). Below are minimum AFOQT scores:

Category	Verb	Quant	Pilot	Nav	Total
UPT	15	10	25	10	50
UNT	15	10	10	25	50
LINE	15	10	N/A	N/A	N/A

<-- TOTAL PILOT and NAV
SCORE must be 50
or more.

(Reference is ANGI 36-2005 Table 3.4)

Graduate Record Exam (GRE) or Graduate Management Admission Test (GMAT) is required for the 41AX, Health Service Mgt, AFSC. Minimum Scores: GRE: 286, GMAT: 400 (Reference is ANG/SG MSC guidance)

AFSC QUALIFICATION

Qualifications for specific AFSCs can be found in the Air Force Officer Classification Directory (AFOCD). This publication is updated at least every six months and can be found on the Air Force Personnel Services website:

<https://gum-crm.csd.disa.mil> (type AFOCD in search field for most current directory)

The following AFSCs have specific education requirements: 13XX (Space/Missile), 15XX (Weather), 17XX (Cyber Ops), 32XX (Civil Engineer), 41XX (Health Services), 42XX (Biomed), 44XX (Physician), 45XX (Surgery), 46XX (Nurse), 47XX (Dental), 48XX (Aerospace Med), 51XX (JAG), 52XX (Chaplain), 61XX (Scientific), 62XX (Dev Eng), 64XX (Contracting), 65XX (Finance)

MORALS

Officers are held to high moral standards to include law violations and drug usage. Any applicant that has experimented with marijuana 6 or more times will require a drug waiver (Reference is Pre-Service Drug Abuse Message). Questions about law violations can be found in ANGI 36-2005 Attachment 7.

12 April 12: Please note that officer qualification standards are subject to change. All officer applications are only basic prequalification, and upon selection, all applicants will be required to complete a commissioning package and physical that could result in disqualification. Medical prequalification should be made by qualified medical personnel.

OFFICER APPLICANT PREQUALIFICATION CHECKLIST NPS OR BREAK-IN-SERVICE

- _____ A1YO WS 1 ANG Officer Application Worksheet – complete with your DOR/ISR

- _____ If not Direct Placement for a position:
 A1YO WS 2 ANG Officer Application Statement of Understanding – complete with your DOR/ISR
 OR if preselected for a position:
 A1YO WS 3 ANG Officer Selection or Non Selection Worksheet – complete with our DOR/ISR

- _____ AF Form 883, Privacy Act Form
<http://www.e-publishing.af.mil/shared/media/epubs/af883.xfd>
 - Print and review the form. Do not complete it until you are with your Designated Officer Recruiter (DOR).

- _____ AF Form 2030, Drug and Alcohol Abuse Certificate
<http://www.e-publishing.af.mil/shared/media/epubs/af2030.xfd>
 - Print and review the form. Do not complete it until you are with your DOR.

- _____ AF Form 24 Application for Appointment found at <http://www.e-publishing.af.mil/shared/media/epubs/AF24.xfd>. Complete and turn in to your DOR/ISR.

- _____ Resume and cover letter (if the applicant is preselected this is not required)

- _____ Official AFOQT scores – work with DOR to schedule AFOQT testing at the Military Entrance Processing Station (MEPS)

- _____ GRE or GMAT (if applying for a 41AX Health Administrator position and do not hold the AFSC)

- _____ Pilot Candidate Selection Method (PSCM) Score and copy of private pilot's license (if applicable)

- _____ Official College Transcripts. Unsealed accepted. No Internet transcripts allowed.

- _____ Certificate of Admission to Bar (if applicable)

- _____ Medical/Dental/Nursing License (if applicable)

- _____ Medically prequalified by DOR/ISR and entered into AFRISS (MEPS physical is not required for prequalification, however it may be requested anytime by the DOR and will be required for final commissioning approval.)

- _____ All Prior Service Records: DD Form 214 (Certificate of Release or Discharge from Active Duty) and/or NGB Form 22 (National Guard Report of Separation and Record of Service, Separation Orders)

PRIVACY ACT STATEMENT -- US AIR FORCE APPLICATION RECORD

AUTHORITY: 10 USC Sections 133, 265, 275, 504, 508, 510, 672(d), 678, 837, 1007, 1071 through 1480, 1553, 2105, 2107, 3012, 5031, 8013, 8033, 8496, and 9411; 32 USC 708; 44 USC 3101; and Executive Orders 9397, 10450, and 11652.

PURPOSE: To determine your mental, medical, and moral qualifications for entry into the US Air Force. This data is FOR OFFICIAL USE ONLY and will be maintained in strict confidence within the Department of Defense according to Federal law and regulation. If you are accepted and subsequently enter into a component of the Air Force, the information becomes a part of your military personnel records which is used to provide information for personnel management actions. If you are not accepted or do not subsequently enter a component of the Air Force, your records will be destroyed as specified by regulation.

ROUTINE USES: This information may be disclosed to the Social Security Administration and the Department of Treasury to establish a record of income; to federal, state, local or foreign law enforcement authorities for investigating or prosecuting a violation or potential violation of law; to federal, state, or local agencies to obtain information concerning hiring or retention of an employee, issuance of a security clearance, letting of a contract, or issuance of a license, grant or other benefit; to a federal agency in response to its request in connection with the hiring or retention of an employee, issuance of a security clearance, reporting of an investigation of an employee, letting of a contract, issuance of a license, grant, or other benefit by the requesting agency to the extent that the information is relevant and necessary to the requesting agency's decision on the matter; to a congressional office in response to their inquiry made at the request of the individual; to the Office of Management and Budget (OMB) in connection with review of private relief legislation as set forth in OMB Circular A19; to foreign law enforcement, security, investigatory, or administrative authorities to comply with requirements of international agreements and arrangements; to state and local taxing authorities in accordance with Treasury Fiscal Requirements Manual Bulletin 7607; to the Office of Personnel Management (OPM) concerning information on pay and leave, benefits, retirement deductions, and other information necessary for OPM to carry out its functions; to NARA for records management functions; and to the Department of Justice for pending or potential litigation.

Johnny K. Applicant April 10, 2012

DISCLOSURE IS VOLUNTARY: However, failure to furnish information needed to determine your mental, medical and moral qualifications for entry into the US Air Force will result in a denial of application.

USAF DRUG AND ALCOHOL ABUSE CERTIFICATE			
PRIVACY ACT STATEMENT			
<p>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.</p> <p>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.</p> <p>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.</p> <p>DISCLOSURE: Voluntary; however, failure to furnish personal identification information may negate the enlistment/commissioning application.</p>			
SECTION I. DEFINITION OF TERMS			
<p>ADVERSE ADJUDICATION: An adverse adjudication (<i>adult or juvenile</i>) 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.</p> <p>AIR FORCE: Includes active Air Force, Air Force Reserve, Air National Guard, and Air Force Academy.</p> <p>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.</p> <p>DRUG ABUSE: The illegal, wrongful, or improper use of marijuana, any narcotic substance, hallucinogens, or any illegal drug.</p> <p>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, (<i>to include lysergic acid diethylamide (LSD), phencyclidine (PCP), tetrahydrocannabinol (THC) in non-marijuana form, and others</i>), opium, morphine, heroin, dilaudid, codeine, Demerol, inhalants (<i>paint, glue, and others</i>), amphetamines (<i>speed</i>), methamphetamines (<i>ice</i>), barbiturates (<i>downers</i>) and anabolic steroids.</p> <p>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 salviadinorin or salvinorin 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.</p>			
SECTION II. CERTIFICATION AT TIME OF APPLICATION			
<p>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.</p>			
INITIAL YES/NO BOXES AS APPLICABLE		YES	NO
I have read and understand the definition of the terms above.		<i>JKA</i>	
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>)			<i>JKA</i>
Have you ever experimented with, used, or possessed any illegal drug or narcotic?			<i>JKA</i>
Have you ever been a supplier or distributor of or a trafficker in marijuana, or other illegal drugs or narcotics?			<i>JKA</i>
Have you ever been treated or undergone rehabilitation for drug or alcohol abuse?			<i>JKA</i>
Have you consumed hemp seed oil or any products containing hemp seed oil in the last 45 days?			<i>JKA</i>
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.		<i>JKA</i>	
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.		<i>JKA</i>	
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>JKA</i>	
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.		<i>JKA</i>	
<p>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.</p>			
DATE	NAME (<i>Last, First, M.I.</i>) AND SSN OF APPLICANT	SIGNATURE	
20121212	Applicant, Johnny K. 123-45-6789	<i>Johnny K. Applicant</i>	

WITNESS

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

DATE 20121212	NAME (<i>Last, First, M.I.</i>) AND GRADE OF WITNESS Recruiter, Designated O. E-6	SIGNATURE <i>Designated O. Recruiter</i> Or if electronic - Click here to sign
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REMARKS

**If you initialled "Yes" for experimenting with marijuana on page 1 a brief statement is required here. The statement needs to include:

1. How many times you experimented with marijuana
2. When was the last date used
3. Why you stopped

Any marijuana use of 6 or more times will require a waiver.

The area below is left blank until actual accession. Please do not fill for prequalification.

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
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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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YOUR UNIT LETTERHEAD

123 MILITARY DRIVE
CITY, ST ZIP

**THIS IS AN EXAMPLE COVER LETTER.
WE ARE NOT RECOMMENDING YOU USE THIS FORMAT
IF IT DOES NOT REFLECT YOU.**

Johnny K. Applicant
123 Apple Drive
City, ST 12345

DATE

Selection Board
123 Board Drive
City, ST 12345

Greetings Selection Board,

As a recent college graduate and a current employee of the U.S. Department of Defense, I am very excited to continue my future working with the ANG as a commissioned officer. I am very impressed with the mission of our organization and more specifically the opportunity available as an officer. I am writing to apply for your officer candidacy program.

EXAMPLE

As you can see from my resume, my skills and qualifications would make me an outstanding candidate. I am convinced my skills can make a difference to the ANG team. I am currently employed in the civilian sector as well as am an Air National Guardsman. I am certain my personal attributes and past experiences give me a unique perspective as an officer candidate and I would be honored to continue my Air Force career as such as officer.

Thank you for the opportunity to present myself and for your consideration in choosing me as the next Air National Guard officer. If you need to contact me to discuss my qualifications, please call me at (123) 456-7890 or email me at johnny.applicant@ang.af.mil.

Johnny K. Applicant

Johnny K. Applicant
SSgt, ANG

PERSONAL DATA

JOHNNY K. APPLICANT, SSgt, ANG

DOR: 12 Feb 2007

Comm: (123) 456-7890

Clearance: Secret

THIS IS AN EXAMPLE RESUME.**WE ARE NOT SUGGESTING YOU USE THIS FORMAT
IF IT DOES NOT REFLECT YOU.****OBJECTIVE/GOALS:**

To obtain and succeed in the position a commissioned officer.

EMPLOYMENT HISTORY

- April 2010 – Present **Military Communications Technician, Air National Guard**
Prepares military communications near and far to ensure only the best information is used to determine outstanding results. Trains and supervises 8 subordinates in the demanding field of military communications. Coordinates with internal and external customers to debrief military communications.
- Aug 2009 – Present **Statistician, Military Gizmo Company**
Creates military gizmos for every component of the military. Supports the field with research and development for the appropriate gizmos that fulfill and complete the military mission. Supervise 2 junior statisticians and a field office.
- Jun 2006 – April 2010 **Airman Duty, Air National Guard**
Researches and completes reports. Distributes and files internal and external correspondence to identified field units. Enforces internal procedures to ensure local operations run efficiently and concerns are handled at the functional level. Assists Sergeant Duty in compiling and analyzing projects in a highly efficient manner.
- Jun 2006 – Aug 2009 **Inventory Specialist, Generic Company USA**
Coordinates and distributes \$10,000,000 worth of inventory by using the Special Inventory Protocol (SIP) program.

EXAMPLE**PROFESSIONAL MILITARY EDUCATION**

19 Aug 2009 USAF NCO Preparatory Course In-Residence, Distinguished Graduate

SIGNIFICANT AWARDS

10 Aug 2010 Honor Graduate, USAF Military Communications Technician Course

PERSONAL INTERESTS

My wife and two rambunctious children are the joy in my life. I am also completing my Master's degree and am projected to gain that in July 2013.

Found at <https://w20.afpc.randolph.af.mil/afoqtsnet20/DODBanner.aspx>



AIR FORCE PERSONNEL CENTER

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Air Force Officer Qualifying Test Scores

Test Results

This document contains information which must be protected IAW AFI 33-332 and DOD Regulation 5400.11. Privacy Act of 1974, as amended, applies and it is For Official Use Only (FOUO).

Today: JANUARY 25, 2008

Test Scores of APPLICANT, JOHNNY K.

Test Date	TCO	Form/Version	Pilot	Navigator	Acad Aptitude	Verbal	Quantitative
05 JAN 2008	123	ABCD	44	55	66	77	88

Note: The scores listed above are the only valid scores.

[Check another score](#)

NOTICE: For Security reasons close out all browsers when finished.

EXAMPLE

This contains information which must be protected IAW AFI 33-332 and DoD Regulation 5400.11; Privacy Act of 1974 as Amended Applies, and it is For Official Use Only (FOUO). It must be protected or privacy act information removed prior to further disclosure.

OFFICIAL TRANSCRIPT
ISSUED TO STUDENT
IN SEALED ENVELOPE

TRANSCRIPT

Name: JOHNNY APPLICANT

Social Security No.: 123-45-6789
Date of Birth: June 12, 1984

Student ID No 123456



Degree: Bachelor of Arts
Major 1:
Major 2:

Degree Date:
Concentration 1:
Concentration 2:

Class:
Minor 1:
Minor 2:

EXAMPLE

----- (F2Z) Fall II 2005 (cont.) -----							----- (U1T) Summer 2006 -----							
Total	Total	Grade	Grade				CJ350	Criminal	Justice Mgt & Planning	3.00	A			
Earned	Applied	Pt Hrs	Points	GPA			Total	Applied	Pt Hrs	Points	GPA			
ses 6.00	3.00	6.00	3.00	12.00	4.000		ses 3.00	3.00	3.00	3.00	12.00	4.000		
cum 107.00	36.00	107.00	36.00	141.00	3.916		cum 119.00	45.00	119.00	45.00	177.00	3.938		
----- (F2T) Fall II 2005 -----							----- (F1T) Fall I 2006 -----							
CJ313 The Law of Evidence 3.00 A							CJ101 Constitutional Law in Crim Just 3.00 A							
Total	Total	Grade	Grade				Total	Applied	Pt Hrs	Points	GPA			
ses 3.00	3.00	3.00	3.00	12.00	4.000		ses 3.00	3.00	3.00	3.00	12.00	4.000		
cum 110.00	39.00	110.00	39.00	152.00	3.923		cum 122.00	48.00	122.00	48.00	189.00	3.937		
----- (S1Z) Spring I 2006 -----							----- (F2T) Fall II 2006 -----							
CS219 Programming Fundamentals 3.00 A							CJ450 Senior Seminar in Criminal Just 3.00 A							
Total	Total	Grade	Grade				Total	Applied	Pt Hrs	Points	GPA			
ses 3.00	3.00	3.00	3.00	12.00	4.000		ses 3.00	3.00	3.00	3.00	12.00	4.000		
cum 113.00	42.00	113.00	42.00	165.00	3.928		cum 125.00	51.00	125.00	51.00	201.00	3.941		
----- (S2Z) Spring II 2006 -----							----- (S1T) Spring I 2007 -----							
Transfer from DANTE'S							SO302 The Study of the Family 3.00 A							
SQ483 The Civil War & Reconstruction 3.00 TR							SO315 Minority Group Relations 3.00 A							
Total	Total	Grade	Grade				Total	Applied	Pt Hrs	Points	GPA			
ses 3.00	0.00	3.00	0.00	0.00	0.000		ses 6.00	6.00	6.00	6.00	24.00	4.000		
cum 116.00	42.00	116.00	42.00	165.00	3.928		cum 131.00	57.00	131.00	57.00	225.00	3.947		

OFFICIAL TRANSCRIPT
ISSUED TO STUDENT
IN SEALED ENVELOPE

TRANSCRIPT

Name:

Social Security No.:
Date of Birth:

Student ID No.

Degree:
Major 1:
Major 2:

Degree Date:
Concentration 1:
Concentration 2:

Class:
Minor 1:
Minor 2:



----- (S12) Spring I 2007 -----

***** TRANSCRIPT TOTALS *****

Transfer from DANIES

	Total	Grade	Grade	Grade	Grade	Grade	Grade	Grade	Grade	Grade
	Earned	Applied	Pt Hrs	Points	GPA	TRSF	Earned	Earned	Applied	Pt Hrs
SE495 Drug & Alcohol Abuse	3.00	TR								
SF531 Organizational Behavior	3.00	TR								
S6S30 Human Resource Management	3.00	TR								
Total	9.00	0.00	9.00	0.00	0.000	TRSF	60.00	60.00	60.00	60.00
Earned	9.00	0.00	9.00	0.00	0.000	TOTAL	143.00	60.00	143.00	60.00
ses	9.00	0.00	9.00	0.00	0.000					
cum	140.00	57.00	140.00	57.00	3.947					

EXAMPLE

----- (U12) Summer 2007 -----

	Total	Grade	Grade	Grade	Grade	Grade
	Earned	Applied	Pt Hrs	Points	GPA	
CJ440 Internship in Crim	3.00					
Total	3.00	3.00	3.00	12.00	4.000	
ses	3.00	3.00	3.00	12.00	4.000	
cum	143.00	60.00	143.00	60.00	3.950	

Degree: Bachelor of Science
Awarded: 07/29/2007
Major: Crim Justice Admin

- *Designation of degree and date awarded is required on transcript
- *No online transcript printouts accepted
- *All transcripts are required in order to determine qualification of AFSC

----- Accomplishments Thgh 2007 -----

07/29/07 Summa Cum Laude

12/18/04 Dean's List

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

OMB NO. 0701-0096
Expires 31 August 2012

<input type="checkbox"/> APPOINTMENT AS A RESERVE MEMBER OF THE AIR FORCE	<input checked="" 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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This option is the correct selection.

AUTHORITY: 10 U.S.C. 591, Reserve Components Qual

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 : NGB/AIPO ← This is the only information that should be in this block	2. SPECIALTY Include AFSC or leave blank until selection Dentist 47X
---	---

3. FROM: (Last, First, Middle Initial) Applicant, Johnny M.	4. SSN 123-45-6789	5. DATE OF BIRTH (YYYYMMDD) 19540101
---	------------------------------	--

6. HOME OF RECORD (HOR) (Include ZIP Code and 4 digit) (If a postal box include your street address) 1234 Smith St, Anywhere, AA 12345	7. PLACE OF BIRTH (City, State, Country) 9876 Apple St, Anywhere, AA 98765
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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) Jill Applicant, Mother, 9876 Apple St, Anywhere, AA 98765
---	---

10. MARITAL STATUS	<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED TO MILITARY MEMBER	<input checked="" type="checkbox"/> MARRIED TO CIVILIAN	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> WIDOWED
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11. FAMILY MEMBERS (Other than spouse, number completely dependent upon you) 1	12. U.S. CITIZEN	<input checked="" 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 Do not scan or send them a copy of a naturalization certificate. All they need is the information here.
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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 JA	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.
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INITIALS JA	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.
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INITIALS JA	I have been briefed on the contents of the application briefing item on separation policy..
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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	Small Town High	19690904	19720525	Science	3	<input checked="" type="checkbox"/>		Diploma
COLLEGE, POST-GRADUATE, INTERNSHIP, RESIDENCY, FELLOWSHIP, ETC.	Big State University	19720907	19780603	Science/Chemistry	4	<input checked="" type="checkbox"/>		BA
	Bigger State University	19780715	19810612	Dentistry	3	<input checked="" type="checkbox"/>		DMD
Completing college information correctly is very important as AIPO may need to use this to determine service credit								
MILITARY	USAF Hospital - Barksdale	19810727	19820101	General Dental Residency	1	<input checked="" type="checkbox"/>		Certificate
	USAF Med Center - Wil Hall	19910101	19930101	Residency Endodontics	1	<input checked="" type="checkbox"/>		Certificate

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)				
19810101	19950101	Lt Col	USAF	47G	Active Duty
Prior service must fill block 17 completely, to include if prior enlisted or enlisted for the purpose of commissioning.					
18. ARE YOU CURRENTLY A MEMBER OF ANY BRANCH OF THE UNIFORMED SERVICES?				19. WERE ALL DISCHARGES HONORABLE?	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>(If yes, provide branch of uniformed service)</i>				<input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO <i>(If additional space is required, continue in "REMARKS")</i> Active Duty AF 1981-1995					
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
19950101	20120531	Self - private practice 1234 Smith St, Anywhere, AA 12345	Yes		48,000
POSITION AND DUTIES Solo private practice - endodontics			REASON FOR TERMINATION N/A		
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 checked="" 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 UNDER TAKE?
 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
Montana	19950101	20130101			
Maryland	19860101	20130101			

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.)
 30 B 5 Board Certification is optional.

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) Johnny Meticulous Applicant	SIGNATURE (First, Full Middle, and Last Name) <i>Johnny Meticulous Applicant</i>	DATE 20120525
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ADDITIONAL COMMENTS OR EXPLANATIONS

ITEM NO.

IDENTIFY THE ITEM NUMBER AND EXPLAIN IN THIS SPACE (If additional space is required, use full sheets of paper. Write your name and SSN on each sheet.)

INITIALS NOT REQUIRED FOR ANY OF THE ITEMS IN THIS SECTION.

1. "I have read and understand HQ USAFRS FS _____ (initial)

2. Short Notice Orders

"I have been briefed on and understand the following":

a. Shipment of household goods is dependent upon receipt of my active duty orders and availability of a common carrier arranged through a local military Traffic Management Office (TMO). _____ (initial)

b. If I receive my active duty orders less than 30 days from entering active duty, I may not be able to ship household goods prior to my departure for training at Maxwell/Gunter Air Force Base, Alabama, or my permanent duty station. If this causes undue hardship, I understand that a change to my reporting date may be requested _____ (initial)

c. Should I need to return to my current residence to ship household goods or pickup Family Members, I will be responsible for any travel expenses above those associated with traveling from Maxwell/Gunter Air Force Base, Alabama, to my permanent duty station. Also, any additional time taken over authorized travel time will be charged as leave _____ (initial)

AF FORM 24 CONTINUATION SHEET

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) APPLICANT, JOHNNY K		2. DEPARTMENT, COMPONENT AND BRANCH AIR FORCE--ANGUS		3. SOCIAL SECURITY NUMBER 123 - 45 - 6789		
4a. GRADE, RATE OR RANK SSGT	b. PAY GRADE E-5	5. DATE OF BIRTH (YYYYMMDD) 19840612	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) 20160101			
7a. PLACE OF ENTRY INTO ACTIVE DUTY CITY, STATE USA		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 1234 APPLE DRIVE, CITY, ST 12345				
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND ANG			b. STATION WHERE SEPARATED CITY, STATE USA			
9. COMMAND TO WHICH TRANSFERRED ANG, STATE				10. SGLI COVERAGE <input type="checkbox"/> NONE AMOUNT: \$400,000		
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) XXXXX AFSC 8 MONTHS 2 DAYS		12. RECORD OF SERVICE		YEAR(S)	MONTHS(S)	DAY(S)
		a. DATE ENTERED AD THIS PERIOD		2008	JUN	11
		b. SEPARATION DATE THIS PERIOD		2008	MAY	10
		c. NET ACTIVE SERVICE THIS PERIOD		07	02	02
		d. TOTAL PRIOR ACTIVE SERVICE		00	00	00
		e. TOTAL PRIOR INACTIVE SERVICE		00	00	00
		f. FOREIGN SERVICE		00	00	00
		g. SEA SERVICE		00	00	00
h. EFFECTIVE DATE OF PAY GRADE		2004	MAR	06		
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) Armed Forces Reserve Medal with 3 'M' Devices with 1 hourglass device.			14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) NONE THIS PERIOD.			

EXAMPLE

15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM			YES	X	NO
b. HIGH SCHOOL GRADUATE OR EQUIVALENT		X	YES		NO
16. DAYS ACCRUED LEAVE PAID 0	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION			YES	NO
					X

18. REMARKS
MEMBER WAS SERVING ON ACTIVE DUTY IN A VOLUNTARY STATUS UNDER TITLE 32 USC 503 12 JUL 06 - 30 JUN 07. Copy 3 to DVA Data.

NOTHING FOLLOWS

For prior service applicants: A copy of your DD 214 may be requested through NRPC online <http://vetrecs.archives.gov/>

The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.

19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code) 1234 APPLE STREET CITY, STATE 12345		b. NEAREST RELATIVE (Name and address - include ZIP Code) 1235 APPLE STREET CITY, STATE 12345	
20. MEMBER REQUESTS COPY 6 BE SENT TO <u>UT</u> DIRECTOR OF VETERANS AFFAIRS			X YES NO
21. SIGNATURE OF MEMBER BEING SEPARATED MEMBER NOT AVAILABLE TO SIGN		22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) PERSONNEL TECHNICIAN, ANG <i>SP8 J. A. [Signature]</i>	

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION RELEASE FROM ACTIVE DUTY		24. CHARACTER OF SERVICE (Include upgrades) HONORABLE	
25. SEPARATION AUTHORITY AFH 10-416	26. SEPARATION CODE T50	27. REENTRY CODE N/A	
28. NARRATIVE REASON FOR SEPARATION RELEASE			
29. D) NONE			

This portion of the form is mandatory. If your copy does not include this portion request a complete DD 214 from NRPC at the url noted above.

ANG Officer Application Worksheet

The information herein is for Official Use Only (FOUO) which must be protected under the Privacy Act of 1974 as amended. Unauthorized disclosure or misuse of this Personal Information may result in criminal and/or civil penalties.



Date of Request Apr 13, 2012		AFRISS APP ID 38422898	
Last Name Applicant		First Name Johnny	
Middle K		<input type="checkbox"/> Full Time Hire	
DOB Jun 12, 1984	Email johnnyappliant@gmail.com	Phone # (123) 456-7890	Date ANG Officer Selection
DOR Last Name Recruiter	DOR First Name Designated	State/ISR HI	ISR Last Name
AFOQT Date Feb 13, 2012	Verbal 33	Aptitude 44	Quantitative 55
Pilot 66	Navigator 77	MSC Applicants	GRE
GMAT			

Experience	Category Current	Program ANG Enlisted	Paygrade E-5	Current AFSC/MOS/RATE 1N071
Education	Degree Level Bachelors	Degree Type B.S. Management	Civilian Medical Speciality	
Physical	Date of Physical Nov 7, 2011	Type of Physical PHA	US Citizen Yes	
Waiver Info	<input type="checkbox"/> Waiver Required	Type	Moral Category Level	Waiver Explanation

AFSC Desired	<input type="checkbox"/> Space, Missile, and C2 (13XX)	<input type="checkbox"/> Operations Support (16XX)	<input checked="" type="checkbox"/> Security Forces (31XX)	<input checked="" type="checkbox"/> Force Support (38XX)	<input type="checkbox"/> BioMed Spec (43XX) (Phar, PH)	<input type="checkbox"/> Nurse (46XX)	<input type="checkbox"/> Law (51XX) (JAG)	<input type="checkbox"/> Contracting (64XX)
<input type="checkbox"/> Pilot (11XX)	<input type="checkbox"/> Intelligence (14XX)	<input type="checkbox"/> Cyber Operations (17XX)	<input type="checkbox"/> Civil Engineer (32XX)	<input type="checkbox"/> Health Services (41XX)	<input type="checkbox"/> Physician (44XX)	<input type="checkbox"/> Dental (47XX)	<input type="checkbox"/> Chaplain (52XX)	<input checked="" type="checkbox"/> FM (65XX)
<input type="checkbox"/> Navigator (12XX)	<input type="checkbox"/> Weather (15XX)	<input checked="" type="checkbox"/> Logistics (21XX) (Maintenance)	<input checked="" type="checkbox"/> Public Affairs (35XX)	<input type="checkbox"/> BioMed Clinician (42XX) (Opt, PA)	<input type="checkbox"/> Surgery (45XX) (Aneth, Or tho)	<input type="checkbox"/> Aerospace Medicine (48XX)	<input type="checkbox"/> Scientific (61XX) Dev Eng (62XX)	<input type="checkbox"/> Insp General (87XX)

Select Desired Location		<input type="checkbox"/> ANY LOCATION	<input type="checkbox"/> MA Otis ANGB	<input type="checkbox"/> NE Lincoln	<input type="checkbox"/> OR Portland	<input type="checkbox"/> TX Beaumont
<input type="checkbox"/> AK Eielson	<input type="checkbox"/> CO Colorado Springs	<input type="checkbox"/> HI Kekaha	<input type="checkbox"/> MA Westfield	<input type="checkbox"/> NE Offutt AFB	<input type="checkbox"/> OR Salem	<input type="checkbox"/> TX Dallas
<input type="checkbox"/> AK Ft Richardson	<input type="checkbox"/> CO Greeley	<input type="checkbox"/> HI Waimea	<input type="checkbox"/> MD Baltimore	<input type="checkbox"/> NH Pease ANGB	<input type="checkbox"/> OR Warrenton	<input type="checkbox"/> TX Ellington ARB
<input type="checkbox"/> AK Anchorage	<input type="checkbox"/> CT East Granby	<input type="checkbox"/> HI Wheeler AAF	<input type="checkbox"/> ME Augusta	<input type="checkbox"/> NJ Atlantic City	<input type="checkbox"/> PA Coraopolis	<input type="checkbox"/> TX Fort Bliss
<input type="checkbox"/> AL Birmingham	<input type="checkbox"/> CT Orange	<input type="checkbox"/> IA Des Moines	<input type="checkbox"/> ME Bangor	<input type="checkbox"/> NJ McGuire AFB	<input type="checkbox"/> PA Ft Indiantown	<input type="checkbox"/> TX Fort Worth
<input type="checkbox"/> AL Dothan	<input type="checkbox"/> DC Andrews AFB	<input type="checkbox"/> IA Ft Dodge	<input type="checkbox"/> ME Portland	<input type="checkbox"/> NM Kirtland AFB	<input type="checkbox"/> PA Harrisburg	<input type="checkbox"/> TX Garland
<input type="checkbox"/> AL Montgomery	<input type="checkbox"/> DE New Castle	<input type="checkbox"/> IA Iowa City	<input type="checkbox"/> MI Alpena	<input type="checkbox"/> NV Reno	<input type="checkbox"/> PA Johnstown	<input type="checkbox"/> TX Houston
<input type="checkbox"/> AR Camp Robinson	<input type="checkbox"/> FL Jacksonville	<input type="checkbox"/> ID Boise	<input type="checkbox"/> NE Little Rock	<input type="checkbox"/> NY Niagara Falls	<input type="checkbox"/> PA Middletown	<input type="checkbox"/> TX La Porte
<input type="checkbox"/> AR Fort Smith	<input type="checkbox"/> FL Macdill AFB	<input type="checkbox"/> ID Mountain Home	<input type="checkbox"/> MI Lansing	<input type="checkbox"/> NY Rome	<input type="checkbox"/> PA Pittsburgh	<input type="checkbox"/> TX Lackland
<input type="checkbox"/> AR Little Rock	<input type="checkbox"/> FL Patrick AFB	<input type="checkbox"/> IL Springfield	<input type="checkbox"/> MI Selfridge ANGB	<input type="checkbox"/> NY Schenectady	<input type="checkbox"/> PA State College	<input type="checkbox"/> TX Randolph
<input type="checkbox"/> AZ Davis Monthan	<input type="checkbox"/> FL Saint Augustine	<input type="checkbox"/> IL Peoria	<input type="checkbox"/> MN Duluth	<input type="checkbox"/> NY Stewart AFB	<input type="checkbox"/> PA Willow Grove	<input checked="" type="checkbox"/> UT Salt Lake Gty
<input type="checkbox"/> AZ Phoenix	<input type="checkbox"/> FL Starke	<input type="checkbox"/> IL Scott AFB	<input type="checkbox"/> MN St Paul	<input type="checkbox"/> NY Syracuse	<input type="checkbox"/> PR Aguadilla	<input type="checkbox"/> VA Langley AFB
<input type="checkbox"/> AZ Tucson	<input type="checkbox"/> FL Tyndall AFB	<input type="checkbox"/> IN Fort Wayne	<input type="checkbox"/> MO Bridgeton	<input type="checkbox"/> NY West Hampton	<input type="checkbox"/> PR Carolina	<input type="checkbox"/> VA Sandston
<input type="checkbox"/> CA Beale	<input type="checkbox"/> GA Brunswick	<input type="checkbox"/> IN Terre Haute	<input type="checkbox"/> MO St Joseph	<input type="checkbox"/> OH Cincinnati	<input type="checkbox"/> PR Toa Baja	<input type="checkbox"/> VI Kingshill
<input type="checkbox"/> CA Fresno	<input type="checkbox"/> GA Dobbins AFB	<input type="checkbox"/> IN Indianapolis	<input type="checkbox"/> MO Whiteman AFB	<input type="checkbox"/> OH Columbus	<input type="checkbox"/> RI Coventry	<input type="checkbox"/> VT Burlington
<input type="checkbox"/> CA March ARB	<input type="checkbox"/> GA Garden Gty	<input type="checkbox"/> KS Salina	<input type="checkbox"/> MS Gulfport	<input type="checkbox"/> OH Mansfield	<input type="checkbox"/> RI N Smithfield	<input type="checkbox"/> WA Camp Murray
<input type="checkbox"/> CA Moffett Field	<input type="checkbox"/> GA Marietta	<input type="checkbox"/> KS Topeka	<input type="checkbox"/> MS Meridian	<input type="checkbox"/> OH Port Clinton	<input type="checkbox"/> RI Quonset	<input checked="" type="checkbox"/> WA Fairchild AFB
<input type="checkbox"/> CA North Highlands	<input type="checkbox"/> GA Robins AFB	<input type="checkbox"/> KS Wichita	<input type="checkbox"/> MS Jackson	<input type="checkbox"/> OH Springfield	<input type="checkbox"/> SC McEntire ANG	<input type="checkbox"/> WI Madison
<input type="checkbox"/> CA Port Hueneme	<input type="checkbox"/> GA Savannah	<input type="checkbox"/> KY Louisville	<input type="checkbox"/> MT Great Falls	<input type="checkbox"/> OH Swanton	<input type="checkbox"/> SD Sioux Falls	<input type="checkbox"/> WI Milwaukee
<input type="checkbox"/> CA Sacramento	<input type="checkbox"/> GU Anderson AFB	<input type="checkbox"/> LA Alexandria	<input type="checkbox"/> MT Helena	<input type="checkbox"/> OH Zanesville	<input type="checkbox"/> TN Chattanooga	<input type="checkbox"/> WI Volk Field
<input checked="" type="checkbox"/> CA San Diego	<input checked="" type="checkbox"/> HI Hickam AFB	<input type="checkbox"/> LA Hammond	<input type="checkbox"/> MT Malmstrom AFB	<input type="checkbox"/> OK Ft Sill	<input type="checkbox"/> TN McGhee Tyson	<input type="checkbox"/> WV Charleston
<input type="checkbox"/> CA Van Nuys	<input type="checkbox"/> HI Hilo	<input type="checkbox"/> LA New Orleans	<input type="checkbox"/> NC Charlotte	<input type="checkbox"/> OK Oklahoma City	<input type="checkbox"/> TN Memphis	<input type="checkbox"/> WV Martinsburg
<input type="checkbox"/> CA Vandenberg AFB	<input type="checkbox"/> HI Kahului	<input type="checkbox"/> LA Pineville	<input type="checkbox"/> NC New London	<input type="checkbox"/> OK Tulsa	<input type="checkbox"/> TN Nashville	<input type="checkbox"/> WY Cheyenne
<input type="checkbox"/> CO Buckley AFB	<input type="checkbox"/> HI Kapolei	<input type="checkbox"/> MA Milford	<input type="checkbox"/> ND Fargo	<input type="checkbox"/> OR Klamath Falls	<input type="checkbox"/> TX Austin	

ANG Officer Application Statement of Understanding

Applicant
Initials

<p>I, Johnny Applicant, understand that I am applying for a traditional, part-time officer position in the Air National Guard (ANG), and that application does not guarantee selection as an officer. Upon arrival of my application, my information will become available to the unit(s) that I have selected, and selection is accomplished at the unit level based on vacancies. I understand that the list of units I selected on the Worksheet will have access to my application upon approval, and I concur with this list. Selection at the unit level may include additional pre-qualification paperwork as well as possible interview(s) as the unit requires. I also understand that the full-time application process is separate from this application.</p>	<i>JA</i>
<p>If selected, I understand that I will be required to complete the application process with the Designated Officer Recruiter (DOR) for the unit/state of selection. This application is only a pre-qualification, and I understand that final approval will be made after a complete application is submitted to NGB/AIPOP through the DOR. I also understand that my initial medical determination is only a pre-qualification, and that I will still have to complete the medical processing, and during this time I could be found medically disqualified. I understand that if I am medically disqualified, that waivers are case by case, and are not guaranteed.</p>	<i>JA</i>
<p>I understand that my application will expire 24 months from the date of submission, and that several forms may have expired and will need to be accomplished again upon selection. I also understand that it is my responsibility to communicate my intention to renew my application with the DOR. In addition, I understand that once my application is pre-qualified and I am waiting for unit selection that it is my responsibility to communicate with the DOR any new law violations, changes in medical status, and changes of intention to become an officer in the ANG.</p>	<i>JA</i>
<p>I understand that travel pay is not authorized for inactive training which includes drill weekends, and I have considered this when making my unit selections.</p>	<i>JA</i>
<p>JBR ONLY: I understand that I am applying for Position Number: <input type="text" value="Leave blank"/></p> <p style="text-align: right;">Unit <input type="text" value="Leave blank"/> State <input type="text" value="Leave blank"/></p>	Leave blank

Johnny Applicant

Applicant Name

Applicant Signature

*Johnny Applicant*Date **Designated O. Recruiter**

DOR/ISR/JBR Name and Rank

DOR/ISR/JBR Signature

*Designated O. Recruiter*Date

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

OMB NO. 0701-0096

**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.*

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)
	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 (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?				19. WERE ALL DISCHARGES HONORABLE?	
<input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, provide branch of uniformed service)				<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 (If yes, provide branch of uniformed service)					
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 (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?					
<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 (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. <input type="checkbox"/> YES <input type="checkbox"/> 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
POSITION AND DUTIES			REASON FOR TERMINATION		
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
POSITION AND DUTIES			REASON FOR TERMINATION		
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
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 (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: 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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ADDITIONAL COMMENTS OR EXPLANATIONS

ITEM NO.

IDENTIFY THE ITEM NUMBER AND EXPLAIN IN THIS SPACE (If additional space is required, use full sheets of paper. Write your name and SSN on each sheet.)

1. "I have read and understand HQ USAFRS FS _____ (initial)

2. Short Notice Orders

"I have been briefed on and understand the following":

a. Shipment of household goods is dependent upon receipt of my active duty orders and availability of a common carrier arranged through a local military Traffic Management Office (TMO). _____ (initial)

b. If I receive my active duty orders less than 30 days from entering active duty, I may not be able to ship household goods prior to my departure for training at Maxwell/Gunter Air Force Base, Alabama, or my permanent duty station. If this causes undue hardship, I understand that a change to my reporting date may be requested _____ (initial)

c. Should I need to return to my current residence to ship household goods or pickup Family Members, I will be responsible for any travel expenses above those associated with traveling from Maxwell/Gunter Air Force Base, Alabama, to my permanent duty station. Also, any additional time taken over authorized travel time will be charged as leave _____ (initial)

AF FORM 24 CONTINUATION SHEET

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.		
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

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
------	--	-----------

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

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
------	--	-----------

APPLICATION FOR READY RESERVE ASSIGNMENT

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 U.S.C., Section 275 and Executive Order 9397.

PRINCIPAL PURPOSES: Request for Ready Reserve assignment must contain current personal information to complete processing. Use of the member's social security number is necessary to make positive identification of the individual and his or her records.

ROUTINE USE: This information may be disclosed, upon request, to Federal, State, and local agencies for law enforcement purposes or in pursuit of their official duties and to the Department of Justice for litigation.

DISCLOSURE IS VOLUNTARY: An individual who chooses not to submit necessary documentation will not be eligible for Ready Reserve assignment.

INSTRUCTIONS: Complete the application in duplicate. If you need additional space for any item, attach another sheet which indicates the applicable item number(s).

1. NAME (Last Name, First, Middle Name)		2. RANK	3. DATE OF RANK	4. SSN
5. HOME ADDRESS (If different than permanent address, indicate both.)		6. PHONE (Include prefix)		7. AFSC
		(office)		(Primary)
E-MAIL ADDRESS		(home)		(Additional)
8. DATE OF BIRTH	9. HEIGHT (Inches) (Mandatory)	10. WEIGHT (Mandatory)	11. % DISABILITY COMP RECEIVED	12. AIRMAN (ETS)
13. OFFICER <input type="checkbox"/> REGULAR <input type="checkbox"/> RESERVE DATE OF ORIGINAL COMMISSION _____		14. REMARKS/AERONAUTICAL RATING (Indicate if on flying status. If requested assignment will authorize flying duty, indicate flying experience by type of aircraft and hours in each, date and type of instrument card now held, and date of last physical examination.)		
15. PRESENT ASSIGNMENT AND ATTACHMENT (Indicate military branch, unit address, training, and retirement category, MPF street address, and phone.)		16. ASSIGNMENT DESIRED (Indicate unit preferred, specific program training, and retirement category or description of type of training desired.)		
17. MILITARY SCHOOLS ATTENDED (Indicate date, course number, title, and location.)		18. MILITARY EXPERIENCE (Indicate DAFSC, position title, level of command, highest grade, and duration. List only experience that directly substantiates your qualifications for assignment requested.)		
19. CIVILIAN EDUCATION (Indicate years completed, major subject, and degree, if any.)		20. CIVILIAN EXPERIENCE (In chronological order showing latest experience first, indicate pertinent experience to include employers, positions held, and duration.)		
21. I have been counseled concerning the Air Force direct deposit/electronic funds transfer.				Applicant's Initials
22. I certify I have/have not (circle one) misused any government travel charge card (used for other than official government travel), or been seriously delinquent (payments not received by card issuer within 60 days from the billing date). I understand if I make a fraudulent statement, I am subject to immediate discharge action.				Applicant's Initials
23. For individuals requesting assignment to a training site beyond 100 miles or 3 hours one-way driving time (AFI 36-2115). I acknowledge my responsibility for any hardships, including financial, incurred in performing the duties of the assignment. I understand I will not be reimbursed for travel expenses incurred for inactive duty training.				Applicant's Initials
24. For all individuals requesting assignment to the Ready Reserve (Cat A Unit, IMA position, Cat E Points Only Program, Individual Ready Reserve.) I certify that I have/have not (circle one) had a UIF established (or similar derogatory information file which may include an Article 15, Captain's Mast, or Court Martial action) within the last 2 (enlisted) or 5 (officer) years. I understand that if I make a fraudulent statement I am subject to immediate discharge action.				Applicant's Initials
25. I have been briefed on the Anthrax vaccine immunization program. I understand I will be immunized against anthrax if required under the new Air Force Anthrax Implementation Plan, dated, 11 October 2002, and its successor guidance.				Applicant's Initials
26. If this assignment requires retraining, I agree to attend the applicable technical school.				Applicant's Initials
27. I certify that the data contained herein are true and correct to the best of my knowledge. I also acknowledge that upon my assignment to the Ready Reserve, I am responsible to notify my employer of my Ready Reserve status and that as a Ready Reservist, I shall be subject to involuntary order to active duty in time of war or national emergency declared by the Congress, a national emergency declared by the President, or when otherwise authorized by law.				
SIGNATURE OF APPLICANT				DATE (YYYYMMDD)

FIRST ENDORSEMENT													
TO						FROM							
<input type="checkbox"/> RECOMMEND		<input type="checkbox"/> APPROVAL		<input type="checkbox"/> DISAPPROVAL (State reason(s) in the "REMARKS" section.)				UIF		<input type="checkbox"/> YES		<input type="checkbox"/> NO	
MEMBER HAS/HAS NOT COMPLETED THE FITNESS PROGRAM (DATE LAST TEST IF APPLICABLE) AND DOES/DOES NOT MEET THE PHYSICAL QUALIFICATIONS FOR CONTINUING SERVICE. MEMBER MEETS/DOES NOT MEET OTHER QUALITY FORCE STANDARDS FOR CONTINUING SERVICE.													
REMARKS													
NAME AND TITLE (Please type)						SIGNATURE			DATE (YYYYMMDD)				
SECOND ENDORSEMENT													
TO						FROM							
<input type="checkbox"/> RECOMMEND		<input type="checkbox"/> APPROVAL (Furnish assignment data)				<input type="checkbox"/> DISAPPROVAL (State reason(s) in the "REMARKS" section.)							
AUTHORIZED GRADE			AUTHORIZED AFSC			FUNCTIONAL CODE			TRAINING & RETIREMENT CATEGORY				
UNIT OR TYPE OF ASSIGNMENT		<input type="checkbox"/> UNIT	<input type="checkbox"/> IMA	<input type="checkbox"/> OTHER (Specify)									
RESERVE SECTION CODE		DUTY POSITION NUMBER			ASSIGNMENT LOCATION								
UNIT OF ATTACHMENT						REPORTING OFFICIAL (Name and SSN)							
PAS						UNIT OF ATTACHMENT PAS							
EDCSA		RECRUITER ID CODE			RECRUITER DUTY PHONE (DSN and Commercial)								
GRADE WAIVER		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> AUTH									
REMARKS													
NAME AND TITLE (Please type)						SIGNATURE			DATE (YYYYMMDD)				
THIRD ENDORSEMENT (Do not include assignment data except to correct original data)													
TO						FROM							
<input type="checkbox"/> RECOMMEND		<input type="checkbox"/> APPROVAL		<input type="checkbox"/> DISAPPROVAL (State reason(s) in the "REMARKS" section.)									
REMARKS													
NAME AND TITLE (Please type)						SIGNATURE			DATE (YYYYMMDD)				