113TH WING DCANG
LINE OFFICER BOARD GUIDE

THE DISTRICT OF COLUMBIA AIR NATIONAL GUARD IS AN EQUAL OPPORTUNITY EMPLOYER. All applicants will be considered without regard to gender, race, creed, color, sexual orientation, or ethnic background.

INTRODUCTION

Thank you for your interest in the 113th DCANG! This Guide was developed to assist you in your application process and provide you with some general information about the District of Columbia Air National Guard. It includes information about the selection process and our expectations of DCANG Officer.

ANG STATE MISSION

The ANG, under order of state authorities, provides protection of life and property, and preserves peace, order and public safety. State missions, which are funded by the individual states, include disaster relief in times of earthquakes, hurricanes, floods and forest fires, search and rescue, protection of vital public services, and support to civil defense.

ANG FEDERAL MISSION

As part of the Total Force, the ANG provides operationally ready combat units and combat support units and qualified personnel for active duty in the Air Force to fulfill war and contingency commitments. ANG units are assigned to most major commands during peacetime to accomplish this mission. The major commands establish training standards, provide advisory assistance and evaluate ANG units for unit training, readiness and safety programs.

DISTRICT OF COLUMBIA ANG MISSION

The 113th Wing will defend the National Capital Region, provide exceptional lift to enable global engagement of national leaders, provide resilient fighter and support forces capable of rapid global employment and support the District of Columbia and local communities.

REQUIRED ITEMS FOR PACKAGE SUBMISSION:

1. Air Force Officer Qualification Test (AFOQT) Scores.
Note: If you have not taken the AFOQT, contact Ms. Floyd at 301-981-5135 or nancy.floyd3.civ@mail.mil to schedule the test. Then, email us 2 days in advance at: usaf.dc.113- wg.mbx.113wg-dcang-commission@mail.mil once you have a confirmed test date. All tests will be at **0730 in Bldg 1413, Room 208**

2. College Transcripts (Official desired/we'll accept copies too):
Please provide your college transcripts.

3. The remaining items can be found in the checklist on the following page.

DCANG LINE OFFICER PACKAGE SUBMISSION INSTRUCTIONS:

Please check the website periodically for updates on all DCANG officer opportunities. ***You can only apply for vacancies and positions advertised on the website located at www.113wg.ang.af.mil/careers. Only submit applications if there is a vacancy or position posted. Applications submitted without a posted vacancy or position will not be stored.***

If you have any questions that are not addressed in this Guide about the application process: Please Contact: usaf.dc.113-wg.mbx.113wg-dcang-commission@mail.mil

Send Application Packages To: https://safe.amrdec.army.mil/safe/

Use the email address: usaf.dc.113-wg.mbx.113wg-dcang-commission@mail.mil

ALL PACKAGES MUST BE SCANNED TO A SINGLE PDF FILE. MULTIPLE FILES MAY DISQUALIFY YOU FROM CONSIDERATION!

OFFICER APPLICATION CHECKLIST

____ ANG Officer Application Worksheet

____ AF Form 24, Application for Appointment as Reserve of the Air Force

____ Cover letter and Resume

____ Letters of Recommendation

____ ANG Officer Application Statement of Understanding

____ ANGI36-2005, Attachment 2, Statement of Agreement and Understanding

____ AF Form 2030, Drug and Alcohol Abuse Certificate

____ Official AFOQT scores – https://w20.afpc.randolph.af.mil/afoqtsnet20/DODBanner.aspx

NOTE: When accessing AFOQT Scores JB Andrews test center code is 1220.

____ Official College Transcripts. Must be able to provide original upon selection.

____ DD Form, 785, Record of Disenrollment from Officer Candidate – Type Training (if applicable)

____ Certificate of Air Force ROTC completion (if applicable)

ADDITIONAL REQUIREMENTS FOR CURRENT AF/ANG/AFRES

____ JPAS Security Clearance Letter from Security Manager

____ Personal Individual Medical Readiness (PIMR) printout found on the AF Portal > Featured Links > Fitness & Health > Medical Readiness-Deployment Health > My Individual Medical Readiness Status

____ Passing Fitness Test results within the last 12 months found on the AF Portal > Featured Links > AFFMS-AF Fitness Management System

____ Current Personnel RIP Sheet found on the AF Portal > Virtual MPF > Record Review/Update > View/Print All Pages.

ADDITIONAL REQUIREMENTS FOR CURRENT OFFICERS

(Note: Must be commissioned less than 5yrs and be able to ENTER/START UPT training before age 30)

____ All Officer Performance Reports

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	
AFRISS APP ID	

Last Name		First Name		Middle		☐ Full Time Hire	
DOB		Email		Phone #		Date ANG Officer Selection	
ISR/JBR/DOR Last Name		ISR/JBR/DOR First Name		ISR/JBR/DOR State			
AFOQT Date		Verbal		Aptitude		Quantitative	
Pilot		Navigator		MSC Applicants		GRE	
GMAT							

Experience	Category	NPS = Non Prior Service (I.e. Never Served) Current = now serving PS = Prior Service	Program	Select one of the items below if Category = Current or PS (i.e. ANG Enlisted, etc..)	Paygrade	Complete if Category = Current or PS	Current AFSC/MOS/RATE	Complete if Category = Current or PS
Education	Degree Level		Degree Type		Civilian Medical Speciality			
Physical	Date of Physical		Type of		US Citizen			
Waiver Info	☐ Waiver Required	Type		Moral Category Level		Waiver Explanation		

ANG Enlisted
AF Reserve Enlisted
ADAF Enlisted
Enlisted - Other Component
ANG Officer
AF Reserve Officer
ADAF Officer
Officer-Other Component

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

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

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 ☐ SINGLE ☐ MARRIED TO MILITARY MEMBER ☐ MARRIED TO CIVILIAN ☐ SEPARATED ☐ DIVORCED ☐ WIDOWED

11. FAMILY MEMBERS *(Other than spouse, number completely dependent upon you)*

12. U.S. CITIZEN ☐ YES ☐ NO *(If yes, check appropriate item)* ☐ BIRTH ☐ 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:		☐ I do ☐ I do not	Require at least 30 days notice to enter active duty.

☑ 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 FROM *(YMD)*	DATES ATTENDED TO *(YMD)*	MAJOR SUBJECT	NO. YRS COMPL	GRAD Y	GRAD N	TYPE OF DEGREE
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

☐ I DO ☐ DO NOT DESIRE TRAINING IN AVIATION MEDICINE

17. CHRONOLOGICAL STATEMENT OF SERVICE AND TRAINING IN ANY COMPONENT OF THE UNIFORMED SERVICES *(Include service academies and preparatory schools, Reserve Officer Training Crops (ROTC), Officer Training School (OTS), Health Professions Scholarship (HPSP), etc.)*

DATES ATTENDED FROM *(YMD)*	TO *(YMD)*	HIGHEST GRADE	ORGANIZATION *(Type and Service)*	SPECIALTY	ACTIVE DUTY OR RESERVE

18. ARE YOU CURRENTLY A MEMBER OF ANY BRANCH OF THE UNIFORMED SERVICES?

☐ YES ☐ NO (If yes, provide branch of uniformed service)

19. WERE ALL DISCHARGES HONORABLE?

☐ YES ☐ NO

20. WERE YOU EVER NONSELECTED FOR PROMOTION TO AN OFFICER GRADE IN ANY BRANCH OF THE UNIFORMED SERVICES?

☐ YES ☐ NO (If yes, provide branch of uniformed service)

21. WERE YOU SEPARATED OR ARE YOU PENDING SEPARATION FROM ANY BRANCH OF THE UNIFORMED SERVICES FOR CAUSE, OR WERE YOU SEPARATED OR ARE YOU PENDING SEPARATION FROM COMMISSIONED STATUS IN ANY BRANCH OF THE UNIFORMED SERVICES DUE TO NONQUALIFIED, NONSELECT, OR DEFERRAL PROMOTION?

☐ YES ☐ NO *(If yes, provide branch of uniformed service, reason for separation action, and date of separation, if applicable)*

22. HAVE YOU EVER RECEIVED SEVERANCE PAY, OR SEPARATION PAY, OR READJUSTMENT PAY, OR VOLUNTARY SEPARATION INCENTIVE*(VSI)* OR SPECIAL SEPARATION BENEFIT*(SSB)* PAY WHEN RELEASED FROM ACTIVE DUTY OR DISCHARGED FROM ANY UNIFORMED SERVICE?

☐ YES ☐ NO

23. HAVE YOU PREVIOUSLY MADE APPLICATION AND BEEN REJECTED FOR COMMISSIONING BY ANY COMPONENT OF THE UNIFORMED SERVICES?

☐ YES ☐ NO *(If yes, please state when and where rejected, and cause)*

24. HAVE YOU EVER APPLIED FOR A COMMISSION OR POSITION WITH ANY BRANCH OF THE ARMED SERVICES OR FEDERAL GOVERNMENT? IF SO, PLEASE EXPLAIN. ☐ YES ☐ NO *(If additional space is required, continue in "REMARKS")*

25. CHRONOLOGICAL STATEMENT OF CIVILIAN EMPLOYMENT, INCLUDING PART-TIME POSITIONS. ***(If additional space is required, continue in "REMARKS" section)***

FROM *(YMD)*	TO *(YMD)*	EMPLOYED BY *(Give name and address to include ZIP Code and 4 digit)*	FULL TIME	PART TIME *(Hrs per week)*	MONTHLY SALARY
			☐		
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?

☐ YES ☐ NO *(If yes, please explain below. List all offenses charged against you regardless of final disposition, including situations where the involvement has not been recorded locally or the record has been ordered sealed or expunged by the court.)*

OFFENSE	DATE *(YYYYMMDD)*	PLACE	AGE	DISPOSITION OF CHARGE	COURT

26a. HAVE YOU EVER BEEN CONVICTED OF A DUI OR ALCOHOL RELATED OFFENSE?

☐ YES ☐ NO *(If yes, submit a statement in your own words describing the circumstances, and a copy of the police report. involvement has not been recorded locally or the record has been ordered sealed or expunged by the court.)*

OFFENSE	DATE *(YYYYMMDD)*	PLACE	AGE	DISPOSITION OF CHARGE	COURT

27. ARE YOU A CONSCIENTIOUS OBJECTOR? *(A conscientious objector is defined as: One who has or has a firmed, fixed, and sincere objection to participation in war in any form or to bearing of arms because of religious training or belief, which includes solely moral or ethical beliefs.)*

☐ YES ☐ NO

28. ARE YOU NOW OR HAVE YOU EVER BEEN AFFILIATED WITH ANY ORGANIZATION OR MOVEMENT THAT SEEKS TO ALTER OUR FORM OF GOVERNMENT BY UNCONSTITUTIONAL MEANS, OR SYMPATHETICALLY ASSOCIATED WITH ANY SUCH ORGANIZATION, MOVEMENT, OR MEMBERS THEREOF?

☐ YES ☐ NO *(If yes, please describe.)*

29. ARE THERE ANY OTHER UNFAVORABLE INCIDENTS IN YOUR LIFE WHICH YOU BELIEVE MAY REFLECT UPON YOUR LOYALTY TO THE UNITED STATES GOVERNMENT OR UPON YOUR ABILITY TO PERFORM THE DUTIES WHICH YOU MAY BE CALLED UPON TO UNDERTAKE?

☐ YES ☐ NO *(If yes, please describe.)*

30. HEALTH CARE PRACTITIONERS AND JUDGE ADVOCATE APPLICANTS ONLY

A. LIST ALL STATE OR FEDERAL BAR LICENSES HELD CURRENTLY OR AT ANY TIME IN THE PAST

STATE IN WHICH LICENSED	DATE LICENSED	EXPIRATION DATE	STATE IN WHICH LICENSED	DATE LICENSED	EXPIRATION DATE

B. APPLICANT MUST INITIAL EACH QUESTION

(1) HAVE YOU EVER HAD ANY OF THE ABOVE STATE LICENSE(S) SUSPENDED OR REVOKED?

(Initials) ☐ YES ☐ NO *(If yes, please explain in "REMARKS.")*

(2) HAVE YOU EVER VOLUNTARILY SURRENDERED OR FAILED TO RENEW ANY OF THE ABOVE STATE LICENSES?

(Initials) ☐ YES ☐ NO *(If yes, please explain in "REMARKS.")*

(3) HAVE YOU EVER HAD ANY MEDICAL CLAIMS, SETTLEMENTS, JUDICIAL, OR ADMINISTRATIVE ADJUDICATION, OR GRIEVANCES, OR ANY OTHER RESOLVED OR OPEN CHARGES OF INAPPROPRIATE, UNETHICAL, UNPROFESSIONAL, OR SUBSTANDARD MEDICAL CARE OR LEGAL MALPRACTICE?

(Initials) ☐ YES ☐ NO *(If yes, please explain in "REMARKS.")*

(4) HAVE YOU EVER HAD YOUR PROFESSIONAL PRIVILEGES WITHDRAWN, DENIED, OR RESTRICTED BY ANY HEALTH CARE INSTITUTION OR STATE BAR LICENSING ORGANIZATION, OR HAVE YOU EVER VOLUNTARILY SURRENDERED YOUR PRIVILEGES?

(Initials) ☐ YES ☐ NO *(If yes, please explain in "REMARKS.")*

(5) ARE YOU BOARD CERTIFIED?

(Initials) ☐ YES ☐ NO *(If no, please explain in "REMARKS.")*

(6) ARE YOU BOARD ELIGIBLE?

(Initials) ☐ YES ☐ NO *(If no, please explain in "REMARKS.")*

(7) HAVE YOU EVER TAKEN THE WRITTEN AND/OR ORAL PORTION OF YOUR BOARD OR BAR EXAMINATION AND FAILED?

(Initials) ☐ YES ☐ NO *(If yes, please explain in "REMARKS.")*

(8) DO YOU PLAN TO TAKE OR RETAKE YOUR BOARDS OR BAR EXAMINATION IN THE FUTURE?

(Initials) ☐ YES ☐ NO *(If yes, when?* *please explain in "REMARKS.")*

31. AFOQT SCORES ***(Only AFTCOs or Unit Commanders are authorized to enter scores)***

AFOQT FORM	DATE TESTED	PILOT	NAV TECH	AA	VERBAL	QUANTITATIVE

32. SECURITY CLEARANCE *(X as applicable)*

☐ NONE ☐ PENDING: DATE INITIATED *(YYYYMMDD)* ☐ GRANTED: TYPE: Secret DATE GRANTED

33. REMARKS *(If additional space is needed, continue on page 4.* Be sure to identify item number.)

I understand that any false or incomplete information knowingly provided on or with this application may be grounds for not employing or accessing with the Air Force, or grounds for dismissing or releasing me from active duty if already employed or serving.

NAME *(First, Full Middle, Last Name) (Typed or Printed)*	**SIGNATURE** *(First, Full Middle, and Last Name)*	**DATE**

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.)*
	Complete if Category = Current or PS
	Complete if Category = Current or PS
	Select one of the items below if Category = Current or PS (i.e. ANG Enlisted, etc..)
	NPS = Non Prior Service (I.e. Never Served)
	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)*

PREVIOUS EDITIONS ARE OBSOLETE

NOTE: Part of becoming a DCANG Officer may require the ability to attain a top secret clearance, and a commissioning physical. You must answer the questions below to better assist us in considering you for commissioning opportunity.

1. Do you have or have you EVER had any foreign financial businesses, foreign bank accounts, or other foreign financial interests of which you have direct control or direct ownership?
   Please circle (Yes or No)

2. Do you have or have you had any foreign financial interests that someone controls on your behalf?
   Please circle (Yes or No)

3. Do you own or have you owned real estate in a foreign country? **Please circle (Yes or No)**

4. Do you receive or have you received any educational, medical, retirement, social welfare, or other such benefits from a foreign country? **Please circle (Yes or No)**

5. Have you provided advice or support to anyone associated with a foreign business or other foreign organization that you have not previously listed as a former employer regarding any of the following: management, strategy, financing, or technology? **Please circle (Yes or No)**

6. Have you attended any international conferences, trade shows, seminars, or other meetings outside of the U.S.? **Please circle (Yes or No)**

7. Have you or any of your immediate family members had any contact with a foreign government, its establishment (embassies, consulates, agencies, or military services), or its representatives, whether inside or outside the U.S.? **Please circle (Yes or No)**

8. Have you sponsored any foreign citizen to come to the U.S. as a student, for work, or for permanent residence? **Please circle (Yes or No)**

9. Have you EVER held or do you now hold a passport that was issued by a foreign government? **Please circle (Yes or No)**

10. Have you traveled outside the U.S. in the last 7 years? If you have lived near a border and have made short (one week or less) trips to the neighboring country (e.g. Canada or Mexico), you do not need to list each trip. If you traveled as official US Government business, you can say no. **Please circle (Yes or No)**

11. Have you ever USED, POSSESSED, SOLD OR TRANSPORTED any illegal drugs to include Marijuana?
    Please circle (Yes or No)

12. Have you ever been CHARGED, ARRESTED, CITED OR HELD by any law enforcement agency to include minor or juvenile offenses? **Please circle (Yes or No)**

13. Have you ever had a BANKRUPTCY, delinquency on debts over 90 days, or any liens placed against you?
    Please circle (Yes or No)

14. Do you currently take any prescribed medications? **Please circle (Yes or No)**

15. Do you have any scars from surgeries, or procedures? **Please circle (Yes or No)**

16. Mental health counseling in and of itself **is not a reason** to revoke or deny a clearance. In the last 7 years, have you consulted with a health care professional regarding an emotional or mental health condition or were you hospitalized for such a condition? Answer "No" if the counseling was for any of the following reasons and was not court-ordered: 1) strictly marital, family, grief not related to violence by you; or 2) strictly related to adjustments from service in a military combat environment. **Please circle (Yes or No)**

17. Have you had your wisdom teeth removed? **Please circle (Yes or No)**

18. Do you have any other chronic pain, or injury that would exempt you from passing an Air Force fitness test? **Please circle (Yes or No)**

19. Do you have any tattoos that are visible above the collar bone (neck), or cannot be covered with USAF fitness gear? **Please circle (Yes or No)**

Please list any additional comments you would like the board to consider based on any answers that may need further explanation:

_____

_____

_____

MEMORANDUM FOR SELECTING OFFICIALS

Date

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

SUBJECT: Line Officer Board

1. I am writing you this letter to express my desire to be considered in your upcoming Line Officer selection board. I am interested in becoming an officer 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 Arts Degree in (insert specialty). I have experience in (insert specialty) support and have a desire to lead and develop airmen.

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
Officer Board Candidate

JACOB A. SMYTHE

(555) 557-9618
Youremail@gmail.com
1600 Pennsylvania Ave, Apt. 100
Washington, D.C. 20002

EXPERIENCE: **BOOZE MCKINDLEY CONSULTING LLP,** Washington, D.C. Aug. 2011-Present

UNITED STATES DEPARTMENT OF DEFENSE, Undersecretary of the Air Force
Office of International Affairs - *Iraq Deputy Country Director, Iran Country Director*

- Helps manage Iraqi foreign military sales processes, containing 10 major cases, 20 program managers and approximately a $10 billion budget comprised of foreign military finance and Iraqi national funds
- Implements U.S.-Iraqi security cooperation programs as the intermediary between U.S. government policymakers, U.S. industry professionals, and the Iraqi government
- Updates and works with congressional leaders on pending and future foreign military sales cases
- Works with U.S. military personnel in Iraq and Iraqi government leaders to identify gaps in the security environment and ensure that military needs are met

UNITED STATES DEPARTMENT OF STATE, Washington, D.C. May 2010- Aug 2010

Policy Advisor (POLAD) Program Office, *Paid Intern (25 hrs/week)*

- Researched foreign policy matters to support policy advisors in Iraq and Afghanistan
- Accompanied policy advisors and military officers during meetings and attended foreign policy seminars
- Created the monthly newsletter on policy issues and updated the online community program
- Reviewed conference materials, drafted agendas, and reviewed conference evaluations for policy advisors

EDUCATION: **VIRGINIA STATE UNIVERSITY**, Roanoke, VA

- Bachelor of Arts, magna cum laude, May 2011
- Major: Political Affairs, Jameson School of International Affairs
- Concentrations: Russian Oblates and Negotiation Theory
- Dean's List: spring 2010, fall 2009, and fall 2008

CLEARANCE: Top Secret, United States Department of Defense Dec. 2012

SKILLS: **Language:** Fluent in Farsi/Persian and limited working proficiency in Spanish
Programming: C++ & Visual Basic
Interests: Certified scuba instructor and avid tri-athlete

LETTERS OF RECOMMENDATION

ANG Officer Application Statement of Understanding	Applicant Initials
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.	JA
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/A1POP 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.	JA
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.	JA
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.	JA
JBR ONLY: I understand that I am applying for Position Number: **Leave blank** Unit **Leave blank** State **Leave blank**	**Leave blank**

Johnny Applicant
Applicant Name

Applicant Signature *Johnny Applicant* Date 6/12/12

DOR/ISR/JBR Name and Rank

DOR/ISR/JBR Signature Date

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ANG Officer Application Statement of Understanding	Applicant Initials
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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.	
JBR ONLY: I understand that I am applying for Position Number: _____ Unit _____ State _____	

Applicant Name _____

Applicant Signature _____ Date 9/30/13

DOR/ISR/JBR Name and Rank _____

DOR/ISR/JBR Signature _____ Date 9/30/13

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Attachment 2

STATEMENT OF AGREEMENT AND UNDERSTANDING

(REQUIRED FOR ANGUS APPOINTMENT)

In conjunction with my application for appointment, I certify that I understand and agree to the requirements I have initialed below:

_____1. (LINE OFFICER APPLICANTS ONLY) I agree to attend the Air National Guard (ANG) Academy of Military Science prior to my appointment.

_____2. (ALL APPLICANTS) Any formal training required for full qualification in the appointment specialty is considered a condition of appointment. I agree to enter that training within 18 months unless otherwise authorized in AFMAN 36-2105, *Officer Classification*, in which case, I agree to complete training within three years of my appointment. I understand that failure to attend such training or elimination from such training, may result in separation from the ANG.

_____3. (INITIAL APPOINTMENT AS JUDGE ADVOCATE) I agree to attend the Commissioned Officer Training (COT) Course and the Judge Advocate Staff Officer Course within 12 months of my appointment as determined by the Judge Advocate General (HQ USAF/JA).

_____4. (INITIAL APPOINTMENT AS CHAPLAIN) I agree to attend the COT Course and the Chaplain Orientation Course within 24 months of my appointment.

_____5. (INITIAL APPOINTMENT OF HEALTH PROFESSIONALS) I agree to attend the Commissioned Officer Training Course within 12 months of my ANG appointment.

_____6. (ALL APPLICANTS EXCEPT UNDERGRADUATE FLYING TRAINING {UFT}) I understand that my appointment is being accomplished prior to completion of the required security investigation. I further understand that if I fail to meet these requirements within 180 days from date of temporary federal recognition, I will be determined unacceptable for appointment as a commissioned officer, and will be discharged from my appointment and receive an Honorable Discharge Certificate.

_____7. (ALL APPLICANTS) I certify that I [am] [am not] a Key Federal Employee. In the event I am identified as a Key Federal Employee, I understand I must present a certificate of availability from my civilian employment indicating that in the event of a partial or full mobilization, I will be available for active military duty.

_____8. (INITIAL APPOINTMENT OF NON-COLLEGE GRADUATES IN LINE SPECIALTIES ONLY) I understand that as a condition of my appointment in the ANG:

I agree to obtain a bachelor's degree by the end of my fourth year of commissioned service. I further understand that if I do not complete a bachelor's degree by the end of my fourth year of commissioned service, I will be discharged from the ANG and as a Reserve of the Air Force in accordance with (IAW) AFI 36-3209, *Separation and Retirement Procedures for Air National Guard and Air Force Reserve Members*.

I understand to be eligible for position vacancy promotion to captain, I must possess a bachelor's degree.

I understand that I am not eligible to transfer to the United States Air Force (USAF) or Air Force Reserves (AFRES) until I have completed my degree requirement.

_____9. (INITIAL APPOINTMENT OF NON-COLLEGE GRADUATES IN NURSE CORPS SPECIALTIES ONLY) I understand that as a condition of my appointment in the ANG:

I agree to obtain a Bachelor of Science degree with a major in Nursing (BSN) prior to my consideration for promotion to the grade of captain. The BSN degree must be completed no later than 1 May of the year in which the Promotion Board, for which I am first eligible for promotion to captain, convenes. I further understand that if I do not complete a bachelor's degree by the end of my fourth year of commissioned service, or upon my second consideration for mandatory promotion to captain, I will be discharged from the ANG and as a Reserve of the Air Force IAW AFI 36-3209.

I understand to be eligible for position vacancy promotion to captain, I must possess a bachelor's degree.

I understand that I am not eligible to transfer to the USAF or AFRES until I have completed my degree requirement.

_____10. (HEALTH PROFESSIONAL APPLICANTS WHO HAVE 18 OR MORE YEARS OF CONSTRUCTIVE SERVICE CREDIT IAW AFI 36-2005, *Appointment in Commissioned Grades and Designation and Assignment in Professional Categories -- Reserve of the Air Force and United States Air Force*) I understand that appointment in the grade of lieutenant colonel requires approval by the Secretary of Defense and that this process may add several months to my application processing time. In the event that I otherwise qualify for appointment in the grade of lieutenant colonel, I hereby consent to and request appointment as a major, pending approval by the Secretary of Defense. In the event the Secretary of Defense does not approve my name, I understand that I may be honorably discharged from all appointments. **NOTE**: ANG, Directorate of Diversity, Personnel and Training (ANG/DP) will notify the State Headquarters of applicants who qualify for appointment as a lieutenant colonel.

_____11. (CHAPLAINS, MEDICAL, DENTAL, NURSE, AND BIO-MEDICAL SCIENCE CORPS) I have been counseled and understand that I may request to be retained in an active status beyond my Mandatory Separation Date to enable me to obtain 20 satisfactory years of service or to age 67, whichever is earlier. I know that I must remain qualified for active status in an ANG or AFRES program; otherwise my status may be terminated under provisions of law or instruction prior to my reaching age 67.

_____12. (INITIAL APPOINTMENT OF HEALTH PROFESSIONALS) I understand that I will be appointed in the Air National Guard. However, I will not be granted privileges to practice until medical credentials have been completed IAW AFI 44-119, *Clinical Performance Improvement*.

_____13. (EARLY COMMISSIONING PROGRAM (ECP) APPLICANTS) I understand that I am applying for appointment in the ANG of the United States under the ECP for physicians. If approved for appointment, I will be appointed as a Health Service Administrator until such time as I complete medical school. Upon completion of my medical education, and if otherwise qualified, I will be reappointed as a physician. I further understand and agree:

I will serve with the ANG as directed, unless sooner relieved by competent authority, for a minimum period of four years from the date I am re-appointed as a physician. I further agree to remain a member of the Ready Reserve during the tenure of my appointment as an ANG officer.

If I fail to complete the requirement for award of a Doctor of Medicine or Doctor of Osteopathy degree acceptable to the Air Force Surgeon General, the Chief, National Guard Bureau, will then withdraw my federal recognition and I will be separated from the Air National Guard of the United States (ANGUS).

_____14. (ALL APPLICANTS EXCEPT UFT) I agree to remain a member of the ANG of the United States for a period of four years from date of appointment. I understand that this service commitment will be served concurrently, unless otherwise specified, with any other service commitments I have or may incur.

_____15. (UPT/UPT-H APPLICANTS) I agree to remain a member of the ANG of the United States for a period of ten years from date of graduation from UPT. I understand that this service commitment will be served concurrently, unless otherwise specified, with any other service commitments I have or may incur.

_____16. (UNDERGRADUATE NAVIGATOR TRAINING (UNT) APPLICANTS) I agree to remain a member of the ANG of the United States for a period of six years from date of graduation from UNT. I understand that this service commitment will be served concurrently, unless otherwise specified, with any other service commitments I have or may incur.

_____17. (APPLICANT'S RECEIVING SEVERANCE/SEPARATION PAY) I have been counseled and understand the following information from DoD 7000.14-R, *DoD Financial Management Regulation.*

"A member who has received Special Separation Benefit (SSB) and who later qualified for retired or retainer pay shall have deducted a portion of such retired or retainer pay until an amount equal to the gross amount of such SSB has been deducted. The portion deducted shall be equal to a fraction determined by dividing the years of service for which the member received SSB by the total years of service used in computing the members retired or retainer pay."

_____18. (ALL APPLICANTS) I certify I (am) (am not) a single parent with custody or joint custody of a dependent child. (See ANGI 36-2005, *Appointment of Officers in the Air National Guard of The United States and as Reserves of the Air Force*, Paragraph **2.17.**)

_____19. (ALL APPLICANTS) I certify I (am) (am not) married to another military member with dependents. (See ANGI 36-2005, Paragraph **2.17.**).

_____20. (ALL RATED APPLICANTS) I understand that I will not be authorized to perform flying duties until receipt of permanent federal recognition and valid aeronautical orders.

_____21. (APPLICANTS UNABLE TO OBTAIN 20 YEARS OF SERVICE) I understand that I will not be able to obtain 20 satisfactory years of service towards military retirement. Therefore, I will not receive a retirement from the ANG.

_____

(SIGNATURE)

NPS = Non Prior Service (I.e. Never Served)

(APPLICANTS TYPED NAME, SSN)

Subscribed and sworn to before me at _____(location) on _____(date).

_____

(SIGNATURE)

_____

(TYPED NAME, GRADE OF WITNESS)

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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 my 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 diethyamide (LSD), phencyclidine (PCP), tetrahydrocannabinal (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 tetrahydrocannabinal (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 salviadivinorum or salvinorum or any product known under such names as "Spice", "Genie", "DaScents", "Zohia", "K-2", and "KO Knockout 2" or variant thereof by whatsover 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.	JKA	
Have you ever used or experimented with marijuana? *(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.)*		JKA
Have you ever experimented with, used, or possessed any illegal drug or narcotic?		JKA
Have you ever been a supplier or distributor of or a trafficker in marijuana, or other illegal drugs or narcotics?		JKA
Have you ever been treated or undergone rehabilitation for drug or alcohol abuse?		JKA
Have you consumed hemp seed oil or any products containing hemp seed oil in the last 45 days?		JKA

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 *(including marijuana)* 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.	JKA
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 *(including marijuana)* or any alcohol abuse as described above, **FROM THIS DATE FORWARD,** renders me ineligible for the Air Force.	JKA
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.	JKA
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.	JKA

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 *(Last, First, M.I.)* AND SSN OF APPLICANT	SIGNATURE
20121212	Applicant, Johnny K. 123-45-6789	Johnny K. Applicant

PRIVACY ACT INFORMATION: The information in this form is FOR OFFICIAL USE ONLY. Protect IAW the Privacy Act of 1974

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

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

NOTE: Applicants must explain pre-service drug use with a handwritten statement in the remarks section of the AF Form 2030. Applicant's handwritten statement will give complete circumstances surrounding the drug use. The statement will include (as a minimum) specific drugs used, dates, and circumstances surrounding each occurrence, specific reasons for the incidents, method the drug was used (orally, injected, skin-popping, sniffing, etc..), effects produced by the drug (none, relaxation, irritability, time or visual perception distortion, panic, sleepiness, flashback, restlessness, loss of consciousness, increased insight), residual effects, current feelings towards drug abuse or use, and whether or not the applicant would use them again. Include any other information that would be helpful in evaluating 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 *(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

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USAF DRUG AND ALCOHOL ABUSE CERTIFICATE

PRIVACY ACT STATEMENT

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MARIJUANA: Any intoxicating organic or synthetic cannabis or tetrahydrocannabinal (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 salviadivinorum or salvinorum or any product known under such names as "Spice", "Genie", "DaScents", "Zohia", "K-2", and "KO Knockout 2" or variant thereof by whatsover name it may be called.

SECTION II. CERTIFICATION AT TIME OF APPLICATION

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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? *(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.)*		
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 *(including marijuana)* 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 *(including marijuana)* 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 *(Last, First, M.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 *(Last, First, M.I.)* AND GRADE OF WITNESS	SIGNATURE Click here to sign
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	

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ANG Eligibility Checklist for Enlistment, Reenlistment, or Extension

The proponent agency is NGB/A1PP. The prescribing directive is ANGI 36-2002.

Privact Act Statement

AUTHORITY: 10 U.S.C. 8013, Secretary of the Air Force: Powers and duties; delegation by; ANGI 36-2002, Air Force Instruction 35-706, Personal Financial Responsibility.

PRINCIPLE PURPOSE: The form will provide field recruiters a tool to process prospective Air National Guard applicants and analyze pre-enlistment job cancellations for common reasons.

ROUTINE USES: None.

DISCLOSURE: Voluntary. However, failure to provide the requested information will result in disqualification from enlistment, reenlistment, or extension of enlistment in the Air National Guard.

I, _____, certify the following is a true and correct statement of eligibility for enlistment / reenlistment / extension (circle appropriate) in the Air National Guard of the United States, in accordance with with current requirements of Air National Guard Instruction 36-2002. I understand that giving false or misleading information may result in separation from the Air National Guard of the United States.

Initial YES / NO / N/A boxes as applicable. Provide explanation in comments section for any "YES" responses.

I. FOR ALL APPLICANTS:	YES	NO	N/A
Are you a conscientious objector?			
Are you a sole survivor?			
If you are an immigrant alien who enlisted on or after 1 June 1983, have you since that time acquired U.S. citizenship status?			
Are you currently enrolled in the advanced course of Air Force ROTC, Army ROTC, or Naval ROTC, or are you a scholarship student in these programs?			
Have you engaged in any act(s) designed to destroy or weaken the U.S.?			
Are you under investigation by military or civilian authorities?			
Are you an alcoholic?			
Have you ever been enrolled in a drug and/or alcohol rehabilitation program?			
Do you have a history of mental illness or emotional instability?			

II. FOR ENLISTMENT ONLY:	YES	NO	N/A
Have you ever been charged, arrested, cited, or convicted for any violation of civil or military law, including non-judicial punishment pursuant to Article 15 of the Uniform Code of Military Justice (UCMJ) or minor traffic violations?			
Have you ever been separated or are you pending separation from any branch of the uniformed services?			
Have you ever served in the armed forces of another country?			
Have you ever served in the Peace Corps?			
Have you ever tested positive for an illegal drug/substance?			
Do you have any tattoos, brands, or body alterations/modifications?			

III. FOR REENLISTMENT OR EXTENSION ONLY:	YES	NO	N/A
Have you ever been charged, arrested, cited, or convicted for violation of any federal, state, or municipal law, to include minor traffic violations during your current Term of Enlistment/Extension?			
Have you ever been charged arrested, cited, or convicted for violation of any military laws, including non-judicial punishment pursuant to Article 15 of the UCMJ during your current Term of Enlistment/Extension?			

IV. COMMENTS:

_____ *(Member's Initials)* **I certify that all information contained above is true and current as of the date of my below signature. I further understand that I must recertify this form to be accurate as of the date of recertification. Any changes from the current answers will be brought to the attention of my service's Force Support Squadron.**

DATE	NAME (Last, First, M.I.) OF APPLICANT	SIGNATURE

WITNESS

I certify the above individual signed this certificate of his/her own free will.

DATE	NAME (Last, First, M.I.) OF WITNESS	SIGNATURE

V. RECERTIFICATION AT TIME OF ENLISTMENT, REENLISTMENT, OR EXTENSION

I hereby state that there has been no change in my status since I originally provided this information.	INITIAL

DATE	NAME (Last, First, M.I.) OF APPLICANT	SIGNATURE

WITNESS

DATE	NAME (Last, First, M.I.) OF WITNESS	SIGNATURE

Distribution: (Original) ARMS (1) Applicant

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

AIR FORCE
PERSONNEL CENTER

My Stuff | Privacy & Security Policy | Contact Us

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:

---------- (F2Z) Fall II 2005 (cont.) ----------

	Total Earned	Earned	Total Applied	Grade Pt Hrs	Grade Points	GPA
ses	6.00	3.00	6.00	3.00	12.00	4.000
cum	107.00	36.00	107.00	36.00	141.00	3.916

---------- (F2T) Fall II 2005 ----------

CJ313 The Law of Evidence 3.00 A

	Total Earned	Earned	Total Applied	Grade Pt Hrs	Grade Points	GPA
ses	3.00	3.00	3.00	[illegible]	12.00	4.000
cum	110.00	39.00	110.00	39.00	[illegible]	[illegible]

---------- (S1Z) Spring I 2006 ----------

CS219 Programming Fundamentals 3.00 A

	Total Earned	Earned	Total Applied	Grade Pt Hrs	Grade Points	GPA
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

---------- (S2Z) Spring II 2006 ----------

Transfer from DANTES
SG483 The Civil War & Reconstruction 3.00 TR

	Total Earned	Earned	Total Applied	Grade Pt Hrs	Grade Points	GPA
ses	3.00	0.00	3.00	0.00	0.00	0.000
cum	116.00	42.00	116.00	42.00	165.00	3.928

---------- (U1T) Summer 2006 ----------

CJ350 Criminal Justice Mgt & Planning 3.00 A

	Total Earned	Earned	Total Applied	Grade Pt Hrs	Grade Points	GPA
ses	3.00	3.00	3.00	3.00	12.00	4.000
cum	119.00	45.00	119.00	45.00	177.00	3.933

---------- (F1T) Fall I 2006 ----------

[illegible] Constitutional Law in Crim Just 3.00 A

	Total Earned	Earned	Total Applied	Grade Pt Hrs	Grade Points	GPA
ses	3.00	3.00	3.00	3.00	12.00	4.000
cum	122.00	[illegible]	[illegible]	48.00	189.00	3.937

---------- (F2T) Fall II 2006 ----------

CJ450 Senior Seminar in Criminal Just 3.00 A

	Total Earned	Earned	Total Applied	Grade Pt Hrs	Grade Points	GPA
ses	3.00	3.00	3.00	3.00	12.00	4.000
cum	125.00	51.00	125.00	51.00	201.00	3.941

---------- (S1T) Spring I 2007 ----------

SO302 The Study of the Family 3.00 A
SO315 Minority Group Relations 3.00 A

	Total Earned	Earned	Total Applied	Grade Pt Hrs	Grade Poin	GPA
ses	6.00	6.00	6.00	6.00	24.00	4.000
cum	131.00	57.00	131.00	57.00	225.00	3.947

EXAMPLE

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:

---------- (S1Z) Spring I 2007 ----------

Transfer from DANIES

SE495	Drug & Alcohol Abuse	3.00	TR
SF531	Organizational Behavior	3.00	TR
SGS30	Human Resource Management	3.00	TR

	Total Earned	Earned	Total Applied	Grade Pt Hrs	Grade Points	GPA
ses	9.00	0.00	9.00	0.00	0.00	.000
cum	140.00	57.00	140.00	57.00	[illegible].00	.947

---------- (U1Z) Summer 2007 ----------

CJ440	Internship in Criminal [illegible]	3.00	[illegible]

	Total Earned	Earned	Total Applied	Grade Pt Hrs	Grade Points	GPA
ses	3.00	3.00	3.00	3.00	12.00	4.000
cum	143.00	60.00	143.00	60.00	237.00	3.950

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

	Total Earned	Park Earned	Total Applied	Grade Pt Hrs	Grade Points	GPA
	60.00	60.00	60.00	60.00	237.00	3.950
TRSFR	83.00	0.00	83.00	0.00	0.00	0.000
TOTAL	143.00	60.00	143.00	60.00	237.00	3.950

Official Birth Registrar Date Issued:

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

EXAMPLE

RECORD OF DISENROLLMENT FROM OFFICER CANDIDATE - TYPE TRAINING

DATE SUBMITTED

TO: *(Appropriate agency of the service concerned) (Include Zip Code)*

FROM: *(Appropriate agency of the service concerned) (Include Zip Code)*

SECTION I - IDENTIFICATION INFORMATION ON STUDENT AT TIME DISENROLLED

1. LAST NAME - FIRST NAME - MIDDLE INITAL	2. RATE OR GRADE	3. BRANCH OF ARMED FORCES	4. FILE OR SERVICE NUMBER	5. SOCIAL SECURITY NUMBER

6. BIRTH	a. DATE	b. PLACE	7. SEX

8. HOME OF RECORD ADDRESS	9. OTHER

SECTION II - PROGRAM INFORMATION APPLICABLE AT TIME DISENROLLED

10. TRAINING STATION ADDRESS	11. TYPE OF PROGRAM *(OCS, ROTC, Academy, NavCad, etc.)*	12. SPECIFIC TYPE OF TRAINING *(Supply, Pilot training, Bombardier, Infantry, Artillery, etc.)*

13. DATE ENTERED PROGRAM	14. DATE DISENROLLED	15. DATE SCHEDULED FOR COMMISSION *(If training had been completed successfully)*

SECTION III - REASONS AND CIRCUMSTANCES FOR DISENROLLMENT

SECTION IV - EVALUATION TO BE CONSIDERED IN THE FUTURE FOR DETERMINING ACCEPTABILITY FOR OTHER OFFICER TRAINING

1. ☐ *HIGHLY* RECOMMENDED
2. ☐ RECOMMENDED AS AN *AVERAGE* CANDIDATE
3. ☐ SHOULD NOT BE CONSIDERED WITHOUT WEIGHING THE "NEEDS OF THE SERVICE" AGAINST THE REASONS FOR THIS DISENROLLMENT
4. ☐ RECOMMENDED *IF* PHYSICAL DEFECTS ARE CORRECTED OR IF SUCH DEFECTS ARE NOT DISQUALIFYING FOR OTHER PROGRAMS
5. ☐ *DEFINITELY NOT RECOMMENDED*
6. ☐ OTHER REMARKS

REMARKS

TYPED NAME AND GRADE	SIGNATURE

Reset

CERTIFICATE

OF

AIR FORCE

ROTC

(RESERVE OFFICER TRAINING CORPS)

FOUND AT http://www.e-publishing.af.mil/shared/media/epubs/af883.xfd

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, 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.

EXAMPLE

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.

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.

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.

USE UNIT LETTERHEAD

19 July 2014

MEMORANDUM FOR SELECTING OFFICIALS

FROM: YOUR WING INFORMATION PROTECTION REP OFFICE SYMBOL

SUBJECT: Verification of Security Clearance Information – SSgt Iwanna B. Weather

1. As of the date of this memorandum, I have verified the above individual does have a valid security clearance and is able to attain a Top Secret Clearance. No security administrative actions are currently pending, initiated or being completed on the individual that could affect the processing of an SSBI. If additional information concerning security clearance information is required, please request an authorized user of the Joint Personnel Adjudication System (JPAS) to conduct a current review of JPAS if there is any reason to believe this information may have changed.
2. Please note, my signature on this memo reflects the review of the most current information reflected in the JPAS system as of the date of this memo. Please feel free to contact me at email address, DSN#, or Commercial # to discuss this security clearance verification.

I. M. SECURITY, MSgt, DCANG
Wing Information Protection Representative

Personal Individual Medical Readiness (PIMR) found on the AF Portal > Featured Links > Fitness & Health > Medical Readiness-Deployment Health > My Individual Medical Readiness Status

Air Force Surgeon General

ASIMS Web

Individual Medical Readiness Status

APPLICANT.JOHNNY.K.1234567890

ANG

EMAIL: johnny.applicant@ang.af.mil

Action List

(Nothing due)

Immunizations

Immunization	Series	Date	Next Due
Hep A	2	2 Oct 1999	
Influenza	13	22 Nov 2011	1 Sep 2012
MMR	1	1 Jan 1985	
Polio	1	1 Mar 1995	
Td	4	12 Jul 2009	12 Jul 2019

View DD2766 | View Worksheet

EXAMPLE

Medical Readiness

		Overall Status:		Current							
PHA		Dental		Labs		Profile		Med Equipment		Other	
Current		Current		Current		Ready		Current			
Health Assessment:	27 Apr 2011	Dental Class:	1	Blood Type:	O	Restriction:	No	GMI Required:	No	ANAM Date:	-
Interval History:	27 Apr 2011	Dental Date:	28 Feb 2012	RH:	Positive	Release Date:	1 May 2012				
DD2766 Review and Update:	25 May 2011			Sickle Cell:	Negative						
Provider Review/Signature:	25 May 2011			G6PD:	Normal		AF469			AF422a	
Last In-Person Visit:	-			HIV Date:	24 May 2011						
				DNA:	On File						

ENSURE YOU ARE CURRENT

Deployment Health Assessments

		Form	Form Date	Deploy Date	Return Date	Closed Date
No deployment health assessment forms.						

For More Information Contact

Passing Fitness Test results within the last 12 months found on the AF Portal > Featured Links > AFFMS-AF Fitness Management System

Report of Individual Fitness for: SSG JOHNNY APPLICANT
SSAN: XXX-XX-6789

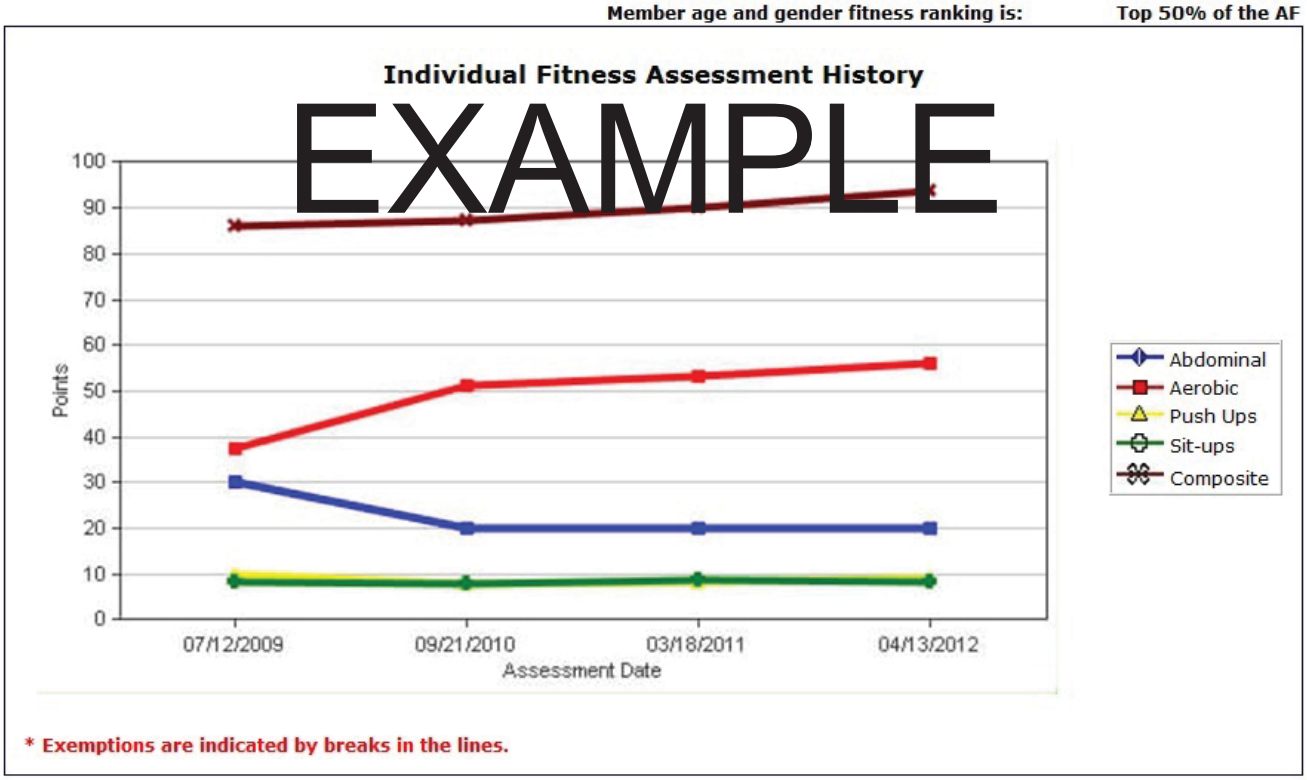
Click here to print

ANG READINESS **Pascode: AB1CDE2** **Prepared on: 04/27/2012 at 12:06 GMT**

Age	Gender	Height	Weight	BM
27	M	72”	190.0 lbs	11 kg/m

	Score	Points	Max Points
1.5 Mile Run	35	56.00	60.00
Abdominal Circumference	30”	20.00	20.00
Push Ups	45	9.20	10.00
Sit-ups	44	8.50	10.00
Test entered/changed by: FACILITATOR	***Total Points***	**93.7**	**100.00**
Exemption Type:	Next test due date: 04/30.2013	**Fitness Level**	**Excellent**

Member Air Force fitness ranking is: **Top 50% of the AF**
Member age and gender fitness ranking is: **Top 50% of the AF**



*** Exemptions are indicated by breaks in the lines.**

Individual Test History

Name: JOHNNY APPLICANT Rank: SSG Unit: ANG SSAN: XXX-XX-6789

Test Date	Cardio Results	Abdominal Circumference (in)	Push Ups	Sit-Ups	Composite Score	Fitness Level	Test Entered By
04/13/2012	35/56	30	45	44	93.7	Excellent	FACILITATOR

PRINT AND INCLUDE ALL PAGES, NOT JUST FIRST PAGE. May be more or less than 8, this is an example.
Found at AF Portal > Virtual MPF > Record Review/Update > View/Print All Pages.

NAME: JOHNNY K APPLICANT RANK: SSG SSAN: 123-45-6789 DATE: 24 APR 2012

INDIVIDUAL INFORMATION

MARITAL STATUS: MARRIED

PERSONAL EMAIL ADDRESS:
JOHNNYAPPLICANT@GMAIL.COM

DUTY EMAIL ADDRESS:
JOHNNYAPPLICANT@ANG.AF.MIL

HOME PHONE: 123-456-7890

HOME ADDRESS:
1234 APPLE DRIVE
CITY, ST 12345

MAILING ADDRESS:
1234 APPLE DRIVE
CITY, ST 12345

SEX: MALE

EXAMPLE

RACE: ASIAN, NATIVE HI/PACIFIC ISL

HISPANIC DECLARATION: NOT HISPANIC OR LATINO

ETHNIC GROUP: ASIAN

RELIGIOUS PREFERENCE: NO RELIGIOUS PREFERENCE

DATE OF BIRTH: 12 JUN 1984

PLACE OF BIRTH: CALIFORNIA

CITIZENSHIP: BY BIRTH IN UNITED STATES

WEIGHT MANAGEMENT:

EFFECTIVE DATE:
N/A

UNFAVORABLE INFORMATION FILE: NO UIF

CONTROL ROSTER: NOT ON CONTROL ROSTER

CONSENT TO RELEASE:

THIS DOCUMENT CONTAINS INFORMATION WHICH MUS TBE PROTECTED
IAW AFI 33-322 AND DOD REGULATION 5400.11.
PRIVACY ACT OF 1974, AS AMENDED, APPLIES.

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