Full Name:

 Address:

 Phone # best reached at:

 Age:

 Birth Date:

 Place of Birth:

 Are you a US Citizen:

 Approx. Height and Weight:

 Single, Married or Divorced:

 Any Children:

 High School/College (name, grad year):

 Ever had Asthma:

 Prescribed and Inhaler:

 Car accident requiring you to go to the hospital:

 Any Surgeries:

 Have you ever been diagnosed with ADHD, ADD, anxiety, depression, stress, ect:

 Have you ever attempted suicide or self-harm:

 Tattoos or Piercings (list all along with location):

 Drug Use (what/how many times):

 Law Violations (even if it was dropped, sealed, dismissed, etc. because we will find out during the investigation):

 Traffic Tickets (list all):

 Are you Prior Service:

 Have you taken the ASVAB?

If so, what was the Score:

**Do you Have the Following?**

 Drivers License:

 Birth Certificate:

 Social Security Card:

 High School Diploma:

 US Passport: