

For use of this form, see AR 135-100, AR 145-1, AR 351-5, and AR 601-100; the proponent agency is DCSPER

**AUTHORITY:** Title 10 United States Code, Section 3012 (Title 5 United States Code, Section 552a)

**PRINCIPAL PURPOSE:** To obtain an appointment as a commissioned or warrant officer in the Regular Army or Army Reserve, or to obtain selection to attend the US Army Officer Candidate School.

**ROUTINE USES:** Basis for determination of qualifications and background information for eligibility for consideration for appointment as a Regular Army or Army Reserve commissioned/warrant officer or for selection for attendance at the US Army Officer Candidate School.

**DISCLOSURE** Disclosure of information requested in DA Form 61 is voluntary. Failure to provide the required information will result in non-acceptability of the application.

APD I C v2.01ES

24. ARE YOU NOW, OR HAVE YOU EVER BEEN A CONSCIENTIOUS OBJECTOR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If yes, attach affidavit)									
25. <input checked="" type="checkbox"/> I UNDERSTAND THAT, IF I AM SELECTED FOR APPOINTMENT, I WILL BE EXPECTED TO ACCEPT SUCH ASSIGNMENTS AS ARE IN THE BEST INTEREST OF THE SERVICE REGARDLESS OF MY MARITAL STATUS AND/OR RESPONSIBILITY FOR DEPENDENTS; AND IT IS MY RESPONSIBILITY TO MAKE APPROPRIATE ARRANGEMENTS FOR THE CARE OF MY DEPENDENTS SHOULD I BE REQUIRED TO PERFORM DUTY IN AN AREA WHERE DEPENDENTS ARE NOT PERMITTED.									
26. HAVE YOU EVER UNDER EITHER MILITARY OR CIVILIAN LAW BEEN INDICTED OR SUMMONED IN TO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING (Including any proceedings involving juvenile offenses, article 15, UCMJ, and any court-martial) REGARDLESS OF THE RESULT OF TRIAL, OR CONVICTED, FINED, IMPRISONED, PLACED ON PROBATION, PAROLED OR PARDONED, OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE? (Exclude traffic violations involving a fine or forfeiture of \$100 or less).									
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO    IF YES, ATTACH REQUEST FOR WAIVER LISTING THE DATE, THE NATURE OF EACH ALLEGED OFFENSE OR VIOLATION, THE NAME AND LOCATION OF THE COURT OR PLACE OF HEARING, AND THE PENALTY IMPOSED OR OTHER DISPOSITION OF EACH CASE AND FURNISH COPY OF COURT ACTION OR DETAILED STATEMENT IN AFFIDAVIT FORM AS TO THE OUTCOME OF EACH CASE.									
27. ACTIVE MILITARY SERVICE (Indicate tour with each organization separately - show ROTC Camps in Item 39)									
		a. ORGANIZATION (US Armed Forces, USCG, NOAA, US Public Health Service, Peace Corps)		b. DATES (Day, Month, Year)		c. BRANCH/MOS (As appropriate)	d. PRIOR SERVICE NO. (If applicable)	e. HIGHEST GRADE AND COMPONENT	
				FROM	TO				
ENLISTED	US Army			01 SEP 13	PRESENT	35L		E-6/RA	
WARRANT OFFICER									
COMMISS- SIONED									
f. DATE CURRENT ACTIVE DUTY TOUR TERMINATES				ETS: 31 AUG 24		g. DATE OF LAST ADL PROMOTION		DOR: 01 APR 18	
28. RESERVE OR NATIONAL GUARD SERVICE (Not on active duty)									
		a. ORGANIZATION (US Armed Forces, USCG, NOAA, US Public Health Service, Peace Corps)		b. DATES (Day, Month, Year)		c. BRANCH/MOS (As appropriate)	d. PRIOR SERVICE NO. (If applicable)	e. HIGHEST GRADE AND COMPONENT	
				FROM	TO				
ENLISTED									
WARRANT OFFICER									
COMMISS- SIONED									
29. SOURCE OF CURRENT COMMISSION (If applicable)					30. AWARDS (Do not list theater or service medals)				
ARNGUS: <input type="checkbox"/> OCS <input type="checkbox"/> DIRECT APPOINTMENT <input type="checkbox"/> OTHER USAR: <input type="checkbox"/> ROTC <input type="checkbox"/> ROTC (ECP) <input type="checkbox"/> ROTC (SMP) <input type="checkbox"/> OCS <input type="checkbox"/> DIRECT APPOINTMENT					ARCOM - 4, AAM - 3				
31. HAVE YOU EVER APPLIED AND NOT BEEN SELECTED FOR:    a. ROTC <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO    b. OCS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
c. APPOINTMENT IN RESERVE COMPONENT (USAR/ARNG)				YES	NO	d. APPOINTMENT IN REGULAR ARMY		YES	NO
AS A WARRANT OFFICER				<input checked="" type="checkbox"/>	<input type="checkbox"/>	AS A WARRANT OFFICER		<input type="checkbox"/>	<input checked="" type="checkbox"/>
AS A COMMISSIONED OFFICER				<input type="checkbox"/>	<input checked="" type="checkbox"/>	AS A COMMISSIONED OFFICER		<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. IF ANSWER IS "YES", EXPLAIN FULLY FQNS MAR 2021, NCNS JUL 2021									
32. ARE YOU NOW OR HAVE YOU EVER BEEN IN THE MILITARY SERVICE OF OR BEEN EMPLOYED BY A FOREIGN GOVERNMENT (If yes, give dates, country and type of service or employment) NO									
33. HAVE YOU EVER RESIGNED OR BEEN ASKED TO RESIGN IN LIEU OF ELIMINATION PROCEEDINGS; BEEN DISCHARGED IN LIEU OF ELIMINATION, FURLOUGHED (other than regular furlough or leave), OR PLACED ON INACTIVE STATUS WHILE SERVING IN THE US ARMED FORCES; OR, HAVE YOU EVER RESIGNED OR BEEN ASKED TO RESIGN FROM A POSITION WHILE IN PRIVATE OR GOVERNMENT EMPLOYMENT? (If yes, state circumstances; if more space is required, continue on separate sheet). <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									

34. APPLICANTS FOR JUDGE ADVOCATE GENERAL'S CORPS ONLY				35. APPLICANTS FOR CHAPLAINS BRANCH ONLY	
BARS OF WHICH YOU ARE A MEMBER (Specify dates)				RELIGIOUS DENOMINATION BY WHICH YOU WILL BE ENDORSED	
36. APPLICANTS FOR MEDICAL AND DENTAL CORPS ONLY					
a. TRAINING		b. NAME AND LOCATION OF HOSPITAL		c. DATES (Month and Year)	
LEVEL	TYPE			FROM	TO
INTERNSHIP					
RESIDENCY TNG					
SPECIALTY TNG					
d. SPECIALTY BOARDS				e. DATES OF CERTIFICATION (Day, Month, Yr)	
f. PLACE IN WHICH CURRENTLY LICENSED					
37. APPLICANTS FOR ARMY NURSE CORPS AND ARMY MEDICAL SPECIALIST CORPS ONLY					
a. NAME OF NURSING OR ACCREDITED PROFESSIONAL SCHOOL			b. LOCATION		
c. DATES OF ATTENDANCE (Mo, Yr)		d. STATE AND CURRENT REGISTRATION NUMBER		e. STATE AND DATE OF INITIAL REGISTRATION (Day, Month, Year)	
FROM	TO				
f. POSTGRADUATE COURSES (Include courses at general hospitals, service schools, and short courses)					
(1)	SUBJECT OR COURSE	(2)	NAME AND LOCATION OF SCHOOL OR HOSPITAL	(3)	SEMESTER CREDITS EARNED
38. HAVE YOU BEEN EMPLOYED BY THE US ARMY AS A DIETITIAN, OCCUPATIONAL OR PHYSICAL THERAPIST? (If yes, give dates)					
<input type="checkbox"/> YES <input type="checkbox"/> NO					
39. ARMY ROTC (To be completed only by prospective ROTC graduates applying for appointment in USAR or RA)					
SUCCESSFULLY COMPLETED AROTC PROGRAM AS FOLLOWS					
COURSE	DATES ATTENDED (Month and Year)		c. CAMP TRAINING		
	FROM	TO			
a. BASIC			(1) INSTALLATION (Basic)	COMPLETION DATE (Month, Year)	
b. ADVANCED			(2) INSTALLATION (Advanced/Ranger)	COMPLETION DATE (Month, Year)	
40. MAIN CIVILIAN EMPLOYMENT					
a. NAME AND ADDRESS OF EMPLOYER		b. JOB TITLE		c. MONTH AND YEAR	
Get Insurance Today, LLC		Human Resources, Pay Clerk		FROM	TO
89 Classical Street, Best Place, AX 07085				20120701	20130831
b. PRINCIPAL DUTIES (Describe briefly)					
Process time cards, process personal time off requests, distribute pay, and resolve pay conflicts					
41. REMARKS (Experience, proficiencies and special abilities not shown elsewhere in this application. Those required to enter primary entry specialties, see Para 1-27d,e, AR 601-100). (If more space is required, attach additional sheet)					
If 21a is "NO": GED Institution Name, GED certificate number, Date received GED					
I certify that SSG Doe, John Brown successfully passed the ACFT consisting of maximum dead lift (MDL), standing power throw (SPT), hand-release push-up (HRP), sprint/drag/carry (SDC), plank (PLK), and 2-mile run (2MR) with a score of XXX on DD-MMM-YYYY. The verified height is XX inches and verified weight is XXX lbs. SSG Doe is within body fat standards according to AR 600-9.					
NOT.REAL.SIGNATURE Digitally signed by NOT.REAL.SIGNATURE.0000000000 Date: 2022.05.02 14:32:35 - 10'00'					
//Commander's Digital or Hand Signature// BRETT A. HIGHSPEED CPT, MI					
42. THE INFORMATION CONTAINED HEREIN IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.		DATE	SIGNATURE OF APPLICANT	NOT.REAL.SIGNATURE	
		CURRENT DATE	APPLICANT SIGNS	Digitally signed by NOT.REAL.SIGNATURE.0000000000 Date: 2022.05.02 14:32:35 - 10'00'	

**LETTER OF RECOMMENDATION**  
(Warrant Officer Procurement Program)

**PRIVACY ACT STATEMENT**

**AUTHORITY:** Collection of this information is authorized by Title 10, USC, Sections 503, 505, 508, 3013, and 12102 and Executive Order 9397.  
**PRINCIPAL PURPOSE:** Information collected will be used by selection board members to determine qualifications of warrant officer candidates.  
**ROUTINE USES:** Blanket routine use disclosures as described in AR 340-21, The Army Privacy Program, paragraph 3-2.  
**DISCLOSURE:** Voluntary; however, failure to provide the information may delay or terminate the warrant officer candidate's application process.

**SECTION I - ADMINISTRATIVE DATA**

1. NAME (Last, first, middle initial) : DOE, JOHN B.	2. RANK: SSG	3. DATE OF RANK: 2018-04-01
4. UNIT, ORGANIZATION, STATION, ZIP CODE OR APO, MAJOR COMMAND: HHC, XII Corps 123 Military Street Fort Base, TA 12223		5. I am completing this form as the applicant's: <input type="checkbox"/> Senior Warrant Officer <input checked="" type="checkbox"/> Company Grade Officer <input type="checkbox"/> Field Grade Officer <input type="checkbox"/> Other _____ (Specify)
6. I have known this applicant from <u>2022/06</u> to <u>Present</u> . (Year/Month) (Year/Month)		7. RELATIONSHIP TO APPLICANT (i.e., supervisor, interviewer) : COMPANY COMMANDER

**SECTION II - NARRATIVE**

(Write a narrative explaining the applicant's leadership qualities, character, experience, and special expertise that uniquely qualify him or her to serve as a future warrant officer.)

**NARRATIVE:**

1. Must be digitally signed.
2. Recommending Senior Warrant Officer must include Branch and WOMOS in Section IV, block 3.
3. Should be 3-5 paragraphs with specific, quantifiable comments about the applicant's character, leadership abilities, and tactical and technical competence.
4. Include information from the applicant's service records, including schools, assignments, deployments, awards, achievements, and accomplishments.
5. Effectively communicate the applicant's attributes to board members.
6. Recommender unit information, email, and phone number is required at the end of the narrative.

**SECTION III - DISCLAIMER**

**Notice: I understand by submitting this recommendation I am endorsing this applicant to be boarded for warrant officer selection.**

**SECTION IV - SIGNATURE**

1. NAME (Last, first, middle initial) : SMITH, MICHAEL A.	2. RANK: CPT	3. BRANCH/MOS: MI/ 35A	4. SIGNATURE: NOT.REAL.SIGNATURE <small>Digitally signed by NOT.REAL.SIGNATURE.000000 DN: cn=NOT.REAL.SIGNATURE.000000, Date: 2022.05.02 14:32:55 - 10'00'</small>	5. DATE (YYYYMMDD): TODAY
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**LETTER OF RECOMMENDATION**

(Warrant Officer Procurement Program)

**PRIVACY ACT STATEMENT****AUTHORITY:** Collection of this information is authorized by Title 10, USC, Sections 503, 505, 508, 3013, and 12102 and Executive Order 9397.**PRINCIPAL PURPOSE:** Information collected will be used by selection board members to determine qualifications of warrant officer candidates.**ROUTINE USES:** Blanket routine use disclosures as described in AR 340-21, The Army Privacy Program, paragraph 3-2.**DISCLOSURE:** Voluntary; however, failure to provide the information may delay or terminate the warrant officer candidate's application process.**SECTION I - ADMINISTRATIVE DATA**

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4. UNIT, ORGANIZATION, STATION, ZIP CODE OR APO, MAJOR COMMAND: HHC, XII Corps 123 Military Street Fort Base, TA 12223		5. I am completing this form as the applicant's: <input type="checkbox"/> Senior Warrant Officer <input type="checkbox"/> Company Grade Officer <input checked="" type="checkbox"/> Field Grade Officer <input type="checkbox"/> Other _____ (Specify)
6. I have known this applicant from <u>2022/06</u> to <u>Present</u> . (Year/Month) (Year/Month)		7. RELATIONSHIP TO APPLICANT (i.e., supervisor, interviewer) : BATTALION COMMANDER

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**NARRATIVE:**

1. Must be digitally signed.
2. Recommending Senior Warrant Officer must include Branch and WOMOS in Section IV, block 3.
3. Should be 3-5 paragraphs with specific, quantifiable comments about the applicant's character, leadership abilities, and tactical and technical competence.
4. Include information from the applicant's service records, including schools, assignments, deployments, awards, achievements, and accomplishments.
5. Effectively communicate the applicant's attributes to board members.
6. Recommender unit information, email, and phone number is required at the end of the narrative.

**SECTION III - DISCLAIMER****Notice: I understand by submitting this recommendation I am endorsing this applicant to be boarded for warrant officer selection.****SECTION IV - SIGNATURE**

1. NAME (Last, first, middle initial) : SMITH, MICHAEL A.	2. RANK: LTC	3. BRANCH/MOS: SF/ 18A	4. SIGNATURE: NOT.REAL.SIGNATURE Digitally signed by NOT.REAL.SIGNATURE.00000000 DN: cn=NOT.REAL.SIGNATURE.00000000, o=NOT.REAL.SIGNATURE.00000000, ou=NOT.REAL.SIGNATURE.00000000, email=NOT.REAL.SIGNATURE.00000000@NOT.REAL.SIGNATURE.00000000, c=US Date: 2022.05.02 14:32:55 - 10700'	5. DATE (YYYYMMDD): TODAY
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(Warrant Officer Procurement Program)

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**DISCLOSURE:** Voluntary; however, failure to provide the information may delay or terminate the warrant officer candidate's application process.

1. NAME (Last, first, middle initial) : DOE, JOHN B.		2. RANK: SSG		3. DATE OF RANK: 2018-04-01	
4. UNIT, ORGANIZATION, STATION, ZIP CODE OR APO, MAJOR COMMAND: HHC, XII Corps 123 Military Street Fort Base, TA 12223			5. I am completing this form as the applicant's: <input checked="checked" type="checkbox"/> Senior Warrant Officer <input type="checkbox"/> Company Grade Officer <input type="checkbox"/> Field Grade Officer <input type="checkbox"/> Other _____ <i>(Specify)</i>		
6. I have known this applicant from <u>2022/06</u> to <u>Present</u> . <i>(Year/Month)</i> <i>(Year/Month)</i>			7. RELATIONSHIP TO APPLICANT <i>(i.e., supervisor, interviewer)</i> : Senior Warrant Officer		

**(Write a narrative explaining the applicant's leadership qualities, character, experience, and special expertise that uniquely qualify him or her to serve as a future warrant officer.)**

1. Must be digitally signed.
2. Recommending Senior Warrant Officer must include Branch and WOMOS in Section IV, block 3.
3. Should be 3-5 paragraphs with specific, quantifiable comments about the applicant's character, leadership abilities, and tactical and technical competence.
4. Include information from the applicant's service records, including schools, assignments, deployments, awards, achievements, and accomplishments.
5. Effectively communicate the applicant's attributes to board members.
6. Recommender unit information, email, and phone number is required at the end of the narrative.

**Notice: I understand by submitting this recommendation I am endorsing this applicant to be boarded for warrant officer selection.**

1. NAME (Last, first, middle initial) : <b>SMITH, MICHAEL A.</b>	2. RANK: <b>CW4</b>	3. BRANCH/MOS: <b>AV/153A</b>	4. SIGNATURE: <b>NOT.REAL.SIGNATURE</b> <small>Digitally signed by NOT.REAL.SIGNATURE#00000000 Date: 2022.05.02 14:32:35 - 10'00</small>	5. DATE (YYYYMMDD): <b>TODAY</b>
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**WARRANT OFFICER RESUME**  
(This form will be used in place of the resume.)

**PRIVACY ACT STATEMENT**

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**PRINCIPAL PURPOSE:** Information collected will be used by selection board members to determine qualifications of warrant officer candidates.  
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**DISCLOSURE:** Voluntary; however, failure to provide the information may delay or terminate the warrant officer candidate's application process.

**SECTION I - ADMINISTRATIVE DATA**

1. NAME (Last, first, middle initial) DOE, JOHN B.	2. RANK/GRADE: SSG/E-6	3. PMOS: 35S3P
4. UNIT, ORGANIZATION, STATION, ZIP CODE OR APO, MAJOR COMMAND: HHC, XII Corps, 123 Military Street Fort Base, TA 12223		5. E-MAIL ADDRESS: JOHN.B.DOE.MIL@SAMPLE.MIL

**SECTION II - CIVILIAN EDUCATION**

(Include the highest degree level obtained. Include your GPA, Dean's List, and any other special recognition.)

Bachelor of Science - Business Administration, Tank University, GPA 3.96, Summa Cum Laude  
Master of Arts - Human Resources, Winster University, current GPA 3.6, projected graduation 31 December 2021

**SECTION III - OBJECTIVE**

(List all of the warrant officer MOSs to include 4-digit code and official title you are applying for in order of preference.)

1. **153A - ROTARY WING AVIATOR**

2.

3.

**SECTION IV - MILITARY EXPERIENCE**

(List in order from most recent to earliest duty assignment or position. Be sure to mention any accomplishments, special recognition, or achievements that will illustrate to the board your potential for leadership as a warrant officer.)

1. DATES (YY/MM): 19/07 to Present ORGANIZATION: HHC, XII Corps, 123 Military Street, Fort Base, TA 12223

POSITION TITLE: MATCH TITLES TO SRB AND/OR EVALUATION REPORTS

DUTIES (list below to include significant contributions):

NOTES: List all assignments in descending order, beginning with most recent. Write in clear, concise, and complete sentences. Focus on quantifiable measures of success, unique characteristics, outstanding achievements, exceeded standards, and additional duties. Use evaluations as a reference only, not as resume entry. Make a separate entry for deployments, especially if position title, description, or contributions are different.

2. DATES (YY/MM): 16/07 to 19/07 ORGANIZATION: HHC, 1-23rd ACA, 456 Navy Lane, Camp Base, AD 01112

POSITION TITLE: MATCH TITLES TO SRB AND/OR EVALUATION REPORTS

DUTIES (list below to include significant contributions):

NOTES: Focus on measures of success, not just a job description. Describe contributions at domestic or international training exercises, for example JMRC or NTC. List career enhancement events, for example NCO/Soldier of the Quarter or Sergeant Audie Murphy Club induction. Avoid fragments, bullets, jargon, slang, or other types of informal terminologies.

**SECTION V - CIVILIAN EXPERIENCE**

(List in order any civilian experience that specifically relates to the warrant officer position for which you are applying. Be sure to mention any accomplishments, special recognition, or achievements that will illustrate to the board your potential for leadership as a warrant officer.)

1. DATES (YY/MM): 12/07 to 13/08 ORGANIZATION: Get Insurance Today, LLC 89 Classical Street, Best Place, AX 07085

POSITION TITLE: Human Resources, Pay Clerk

DUTIES (list below to include significant contributions):

Describe applicable civilian employment experiences relevant to warrant officer specialties on the application. Omit civilian employment or experience not pertaining to being a warrant officer or the requested specialty.

2. DATES (YY/MM): \_\_\_\_\_ to \_\_\_\_\_ ORGANIZATION: \_\_\_\_\_

POSITION TITLE:

DUTIES (list below to include significant contributions):

3. DATES (YY/MM): \_\_\_\_\_ to \_\_\_\_\_ ORGANIZATION: \_\_\_\_\_

POSITION TITLE:

DUTIES (list below to include significant contributions):

**SECTION VI - MILITARY EDUCATION**

(List up to 21 military courses and give a brief description focusing on the main learning objective.)

1. DATES (YY/MM): 19/10 to 19/12 COURSE: Counter Intelligence Advanced Leadership Course (ALC), Camp Fort

DESCRIPTION:

NOTES: List all phases of military education in descending order, beginning with most recent. Include class standing, GPA, physical fitness score, or an any other achieved measure of success. Do not include special skill courses, for example airborne, air assault, or pathfinder. Completed correspondence courses may be listed to display technical acumen.

2. DATES (YY/MM): \_\_\_\_\_ to \_\_\_\_\_ COURSE: \_\_\_\_\_

DESCRIPTION:

3. DATES (YY/MM): \_\_\_\_\_ to \_\_\_\_\_ COURSE: \_\_\_\_\_

DESCRIPTION:

**SECTION VII - SUMMARY**

All resumes must be submitted on the USAREC Form 3.2, with summary, signature, and date. The resume is a display of abilities to communicate effectively in writing and pay attention to details. Write a few paragraphs describing technical and exceptional qualifications. Use correct spelling and syntax. Keep descriptions concise and easily understood by board members unfamiliar with a specific MOS. Avoid overuse of acronyms. Reiterate previously mentioned significant accomplishments or achievements. Describe differentiating knowledge, skills and abilities, reasons for applying to become a Warrant Officer, or long term military career plans as a Warrant Officer.

**THIS PAGE IS NOT  
OPTIONAL**

**SECTION VIII - SIGNATURE**

1. NAME (*Last, first, middle initial*)  
DOE, JOHN B.

2. RANK:  
SSG

3. SIGNATURE: NOT.REAL.SIGNAT  
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Date: 2022.05.02 14:32:35 - 10'00'

4. DATE (*YYYYMMDD*):  
TODAY



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AND ETHNIC  
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TO OLDEST**

1059

ALL

MOST RECENT  
TO OLDEST

# **COLLEGE**

# **TRANSCRIPTS**

**PROFESSIONAL**  
**CERTIFICATES**  
**OR LICENSES**  
GRANTED BY  
NON-ARMY  
ORGANIZATIONS



# DEPARTMENT OF THE ARMY

ARMY PERSONNEL TESTING  
1600 SPEARHEAD DIVISION AVE DEPT #410  
FORT KNOX KY 40122 - 5401

12/14/2022

JOHN DOE  
CMR 999 BOX 999  
APO,AE 00000

**Dear JOHN DOE**

**Subj: OFFICIAL SIFT RESULTS**

**Exam Information:**

Exam Date:	12/14/2022
Exam Serial Number:	0000000000000001
Form Number:	SIFT
Test Site:	SOMEWHERE
Exam Administered by:	TIM, KELLY

The official exam results are as follows:

SIFT Exam Score:	80
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Your most recent SIFT scores are your official scores and supersede any previous scores. Official scores do not expire but will be replaced by new scores if you retest. The minimum qualifying score is 40. You are authorized two attempts to attain a minimum qualifying SIFT score. If you attain a minimum qualifying SIFT score, you are no longer authorized to retest. If you do not attain a minimum qualifying SIFT score in two attempts, you are no longer authorized to retest. Retests will not be given prior to the 45 days following the previous administration.

Questions concerning your eligibility for the Army's aviation program should be directed to the Organization and Personnel Force Development Directorate, USAACE, Ft. Rucker, AL 36362 or COMM: (334) 255-1420 / DSN: 558-1420.

Questions concerning these results should be directed to the Operational Psychology Department at (850) 452-2379/4349 (DSN 459) or by email at [usarmy.knox.hrc.mbx.tagd-army-personnel-testing@mail.mil](mailto:usarmy.knox.hrc.mbx.tagd-army-personnel-testing@mail.mil).

**TCO**

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Date: 2022.05.02 14:32:35 - 10'00'



# WARRANT OFFICER APPLICATION

## SECURITY CLEARANCE VERIFICATION REVIEW

Digital signature acceptable

Instructions: The applicant's Security Manager or Special Security Officer (SSO) completes and signs this security questionnaire. Accepted clearance levels are SECRET, TOP SECRET, or TOP SECRET/SCI. Input resubmission state and date when clearance is due for reinvestigation.

### APPLICANT PERSONAL DATA

Rank: SSG                      Last, First MI: DOE, JOHN B  
Full SSN: 000-00-0000

### SECURITY CLEARANCE DATA

Adjudicated Clearance Granted: TOP SECRET  
Adjudicated Clearance Date Granted: 2019-05-24  
Resubmission Status and Date: CE - 20220613  
CI Scope Polygraph Date - 352N/352S:

### SECURITY MANAGER OR SSO

Rank: CIV                      Last, First MI: TABLE, JON A  
Phone Number: 555-555-5555  
Email: JON.A.TABLE.CIV@MAIL.MIL

TABLE.JON.ADDE  
LEE

Digitally signed by  
TABLE.JON.ADDELEE.00000000  
00  
Date: 2022.05.02 14:32:35 - 10'00'

Security Representative Signature

November 11, 2020

(Date)

MEMORANDUM FOR Commander, US Army Recruiting Command, ATTN: RCRO-SP, Fort Knox,  
KY 40121-2725

SUBJECT: Results of Medical Examination

The results of a commissioning/aviation physical are furnished for the following individual:

a. SSG DOE, JOHN B.  
(Rank) (Print or Type Last Name, First Name, MI)

b. HHC, XII Corps, 123 Military Street Fort Base, TA 12223  
(Unit, Company, Duty Station)

c. Physical Profile Code:

P	U	L	H	E	S
1	1	1	1	1	1

d. Height: 68 Weight: 192 Age: 29

**DATE MUST BE WITHIN 18  
MONTHS AND NOT  
EXPIRE PRIOR TO  
CONVENING BOARD**

e. Date of Physical Examination (Block 1 of DD 2808): November 11, 2022  
(Date)

f. If Flight Physical, date approved from USAAMA: APRIL 5, 2023 Stamped: 1W  
(Date) (1W, 1A)

- g. Individual ☒ is Fully Qualified IAW AR 40-501, Chapter 2 (Chap 2&4 for flight physicals only)  
Medical Standards for Appointment and is medically adaptable to the military  
environment without the necessity of geographical area limitations.
- ☐ is NOT Fully Qualified IAW AR 40-501, Chapter 2. RECOMMEND WAIVER.
- ☐ is NOT Fully Qualified IAW AR 40-501, Chapter 2.

h. Waiver Request for:

**MUST HAVE PHYSICIAN'S STAMP**

If Physician does NOT have a stamp,  
applicant must include a Memorandum for  
Record (MFR) signed by the physician  
stating:

1. He/she completed the physical for  
applicant "X" on date "Y";
2. Does NOT have a stamp;
3. Email and contact information.

Johnny B. Done  
(Physician's Signature)  
JOHNNY B. DONE  
PA-O  
(Physician's Stamp)  
ATTN: DEPARTMENT OF PRIMARY CARE  
CALLED ARMY HEALTH CLINIC  
PHYSICIAN STAMP  
Johnny B. Done, PA-O 125-741-9999  
(Provide full name, title and phone number)

REPORT OF MEDICAL EXAMINATION			1. DATE OF EXAMINATION (YYYYMMDD) 20221111		2a. SOCIAL SECURITY NUMBER XXX-XX-XXX		2b. DoD ID NUMBER (If applicable)						
<b>PRIVACY ACT STATEMENT</b> <b>AUTHORITY:</b> 10 U.S.C. 504, Persons not qualified; 10 U.S.C. 505, <b>Regular components: qualifications, term, grade;</b> 10 U.S.C. 507, <b>Extension of enlistment for members needing medical care or hospitalization;</b> 10 U.S.C. 532, Qualifications for original appointment as a commissioned officer; 10 U.S.C. 978, Drug and alcohol abuse and dependency; testing of new entrants; 10 U.S.C. 1201, Regulars and members on active duty for more than 30 days: retirement; 10 U.S.C. 1202, Regulars and members on active duty for more than 30 days: temporary disability retired list; 10 U.S.C. 4346, Cadets: requirements for admission; DoD Directive 1145.2, United States Military Entrance Processing Command; E.O. 9397 (SSN) and 10 U.S.C. 1204, Members on Active Duty for 30 Days or Less or on Inactive Duty Training: Retirement, as amended. <b>PRINCIPAL PURPOSE(S):</b> To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces. <b>ROUTINE USE(S):</b> The Routine Uses are listed in the applicable system of records notice found at: <a href="http://dpclid.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570661/a0601-270-usmepcom-dod/">http://dpclid.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570661/a0601-270-usmepcom-dod/</a> <b>DISCLOSURE:</b> Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.													
3. LAST NAME - FIRST NAME - MIDDLE NAME (Suffix) DOE, JOHN, B			4. HOME ADDRESS (Street, Apartment Number, City, State and Zip Code) 123 ALL AMERICAN WAY APT 99			5a. HOME TELEPHONE NUMBER (Include Area Code) 000-000-0000		5b. E-MAIL ADDRESS .MIL@ARMY.MIL					
6. GRADE/ RANK		7. DATE OF BIRTH (YYYYMMDD)		8. AGE		9a. BIRTH SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		9b. PREFERRED GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		10a. ETHNIC CATEGORY <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non Hispanic/Latino		10b. RACIAL CATEGORY (Select one) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
11. TOTAL YEARS GOVERNMENT SERVICE a. MILITARY b. CIVILIAN			12. AGENCY (Non-Service Members Only)				13. ORGANIZATION UNIT AND UIC/CODE						
14a. RATING OR SPECIALTY (Aviators Only)				14b. TOTAL FLYING TIME				14c. LAST SIX MONTHS					
15a. SERVICE <input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard		15b. COMPONENT <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard		15c. PURPOSE OF EXAMINATION <input type="checkbox"/> Enlistment <input type="checkbox"/> Retirement <input type="checkbox"/> Commission <input type="checkbox"/> U.S. Service Academy <input type="checkbox"/> Retention <input type="checkbox"/> ROTC Scholarship Program <input type="checkbox"/> Separation <input type="checkbox"/> Medical Board <input type="checkbox"/> Other				16. NAME OF EXAMINING LOCATION, AND ADDRESS (Include Zip Code)					
<b>MEDICAL EVALUATION</b> (Check each item in appropriate column. Enter "NE" if not evaluated.)								43. DENTAL DEFECTS AND DISEASE (Please explain. Use dental form if completed by dentist. If abnormality noted, explain in item 44.)					
								Acceptable <input type="checkbox"/> Not Acceptable <input type="checkbox"/> Class					
17. Head, face, neck and scalp								<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE					
18. Nose								<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE					
19. Sinuses								<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE					
20. Mouth and throat								<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE					
21. Ears - General (Int. and ext. canals/Auditory acuity under item 71)								<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE					
22. Tympanic Membranes (Perforation)								<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE					
23. Eyes - General								<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE					
24. Ophthalmoscopic								<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE					
25. Pupils (Equality and reaction)								<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE					
26. Ocular motility (Associated parallel movements, nystagmus)								<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE					
27. Heart (Thrust, size, rhythm, sounds)								<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE					
28. Lungs and chest (Include breasts)								<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE					
29. Vascular system (Varicosities, etc.)								<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE					
30. Anus and rectum (Hemorrhoids, Fistulae) (Prostate if indicated)								<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE					
31. Abdomen and viscera (Include hernia)								<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE					
32. External genitalia (Genitourinary)								<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE					
33. Upper extremities								<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE					
34. Lower extremities (Except feet)								<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE					
35. Feet (Check category)								<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE					
35a. <input type="checkbox"/> Normal Arch <input type="checkbox"/> Pes Planus <input type="checkbox"/> Pes Cavus													
35b. <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe													
35c. <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Symptomatic <input type="checkbox"/> Rigid													
36. Spine, other musculoskeletal								<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE					
37. Body marks, scars, tattoos								<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE					
38. Skin, lymphatics								<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE					
39. Neurologic								<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE					
40. Psychiatric (Specify any personality disorder)								<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE					
41. Pelvic (Females only)								<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE					
42. Endocrine								<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE					
								44. NOTES: (Mandatory comment for every abnormality identified in items 17 - 43. Enter pertinent item number before each comment. Continue comments or use drawings in item 89 and use additional sheets if necessary.)					

DEPT OF THE ARMY  
ARMY AEROMEDICAL CENTER

05-APR-2023

QUALIFIED

CLASS 1W FLYING DUTY

# MEDICAL WAIVER

REQUIRED IF RECOMMENDED ON  
UF 3.1 OR IF THERE IS A 2 IN PULHES

## **MUST INCLUDE:**

DD Form 2808,  
DD Form 2807-1,  
DA Form 3349 (Profile),  
COMMISSIONING LABS,  
MEDICAL TREATMENT PLAN,  
PHARMACY RECORDS,  
-BEHAVIORAL HEALTH-  
DA Form 3822

MEMO- COC ENDORSMENT, O6 LEVEL  
CPAP- INCLUDE 30/60/90 DAY REPORT

**APPLICATION FOR ACTIVE DUTY**

For use of this form, see AR 135-210; the proponent agency is DCS, G-1.

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**AUTHORITY:** Title 10 USC, 12301(d), 10 USC 10204.

**PRINCIPAL PURPOSE:** Used by Reserve Component Soldiers to apply for active duty programs announced by HQDA. Application is reviewed to determine the member's eligibility for announced active duty requirements.

**ROUTINE USES:** To determine qualifications and make final selection of individuals applying for active duty. Also used to schedule medical examinations, security screening and to issue active duty orders.

**DISCLOSURE:** Voluntary, failure to furnish information may result in denial of application for active duty.

**SEE INSTRUCTIONS ON PAGE 2 BEFORE COMPLETING THIS FORM.**

1. DATE 20191219	2. TO: Commander, U.S. ARMY RECRUITING COMMAND, FORT, KNOX, KY 40121		
3. FROM (Last, First, MI) DOE, JOHN B.		4a. PRESENT RESERVE GRADE	4b. RESERVE COMPONENT
4c. <b>BRANCH</b> Enlisted leave blank; ONLY for Officers	5a. MOS/AOC 35L		5b. COMPONENT REGULAR ARMY
6a. PERMANENT HOME ADDRESS (Include ZIP code)  ENTER HOME OF RECORD			6b. PHONE NO. (Include area code) +1 (321) 665-5959
7a. <b>TEMPORARY ADDRESS</b> (Include ZIP code)  ENTER CURRENT ADDRESS		7b. DURATION  <b>20201012</b>	7c. PHONE NO. (Include area code) +1 (123) 867-5309
7b NOTE: Text cuts off. Processed as normal.			

**ITEM 8 TO BE COMPLETED ONLY BY PERSONNEL CURRENTLY SERVING ON ACTIVE DUTY IN A WARRANT OFFICER OR ENLISTED STATUS.**

8a. PRESENT ACTIVE DUTY GRADE E-6	8b. ORGANIZATION AND STATION ASSIGNMENT HHC, XII Corps, 123 Military Street Fort Base, TA 12223		
9. I hereby volunteer to enter on active duty, for the period indicated below, in my branch or any of the following branches that I may be qualified for; and if accepted for active duty in another branch, I request transfer to that branch: (Check as appropriate)			
<input checked="" type="checkbox"/> a. FOR A PERIOD OF <b>10</b> YEARS <input type="checkbox"/> b. FOR AN INDEFINITE PERIOD			
c. OTHER BRANCHES (List in order of preference)			
10. I understand that if accepted for active duty I may be assigned to any command, including an overseas command, to fill any Army-wide vacancy. However, I would like to be considered for one of the three duty assignments and areas of assignment listed below in the order of my choice.			
	CHOICE NO. 1	CHOICE NO. 2	CHOICE NO. 3
a. DUTY ASSIGNMENT	153A	153A	153A
b. AREA ASSIGNMENT	FORT CAMP, TO	FORT BASE, TA	CAMP BASE, AD
11. If it is possible, I prefer to enter on active duty during one of the three periods indicated below in order of preference:			
PREFERENCE NO. 1 (Month and Year) <b>ASAP</b>	PREFERENCE NO. 2 (Month and Year) <b>ASAP</b>	PREFERENCE NO. 3 (Month and Year) <b>ASAP</b>	
12. Upon receipt of active duty orders, I will require the time indicated below to settle my affairs for entry on active duty. (Check appropriate box)			
<input type="checkbox"/> 60 DAYS <input type="checkbox"/> 30 DAYS <input type="checkbox"/> 10 DAYS <input checked="" type="checkbox"/> <b>AVAILABLE ON DATE OF RECEIPT OF ORDERS</b>			
13. REMARKS (If more space is needed, continue on separate sheet) INCLUDE ESSENTIAL ASSIGNMENT CONSIDERATIONS, E.G. EXCEPTIONAL FAMILY MEMBER PROGRAM OR MARRIED ARMY COUPLES PROGRAM			
14. SIGNATURE OF APPLICANT  NOT.REAL.SIGNATURE		Digitally signed by NOT.REAL.SIGNATURE.00000000 Date: 2022.05.02 14:32:35 - 10'00'	
		DATE SIGNED	





DEPARTMENT OF THE ARMY  
UNITED STATES ARMY SPECIAL OPERATIONS RECRUITING BATTALION (AIRBORNE)  
BUILDING E-3323, EL SALVADOR STREET  
FORT BRAGG, NORTH CAROLINA 28310

RCMR-SO-E

1 February 2023

MEMORANDUM FOR Commander, US Army Recruiting Command, ATTN: RCRO-SP,  
Fort Knox, KY 40121-2725

SUBJECT: Statement of Understanding, effective 1 February 2023

As part of the Warrant Officer application, by signing and submitting this Statement of Understanding, I acknowledge and understand the following:

1. The application, to include all enclosures, will be converted to an electronic file and made available for review by qualifying officials at the Warrant Officer Military Occupational Specialty (WOMOS) proponent schools, Headquarters, Department of the Army, and other locations in order to determine qualifications and competitive standing for appointment as a Warrant Officer (WO).
2. If appointed as a WO in the U.S. Army Reserves with concurrent active duty, this appointment is contingent upon technical and tactical certification by successful completion of the appropriate Warrant Officer Basic Course (WOBC), unless pre-certified by the WOMOS proponent.
3. If appointed as a WO in the U.S. Army Reserves without concurrent active duty, this appointment is contingent upon technical and tactical certification by successful completion of the appropriate WOBC within two years of appointment, unless pre-certified by the WOMOS proponent or extended by Headquarters, Department of the Army.
4. A conduct waiver is required when a court has convicted or imposed another type of adverse disposition such as, but not limited to, fines, imprisonment, community service, placed on probation, paroled / pardoned, or have been ordered to deposit bail or collateral for a violation of any law, police regulation or ordinance, and traffic violations involving a fine or forfeiture of \$100 or more. This includes juvenile offenses, expunged dispositions, non-judicial punishments, and courts-martial proceedings. Major misconduct offenses require general officer endorsement and conduct waiver case summary. If applicable, any / all offenses of this nature must be disclosed in the application in accordance with Army Directive 2020-09, dated 20 August 2020.
5. If commissioning physical medical waiver is recommended or a PULHES numerical designator of 2 or higher denotes a restriction IAW AR 40-501, Chapter 2, and DoDI 6130.03 Section 5, submit all commissioning physical pages i.e. DD 2808, DD 2807-1, UF 3.1, commissioning labs, audiogram report if not annotated on DD 2808, VA C&P exam reports if received or receiving VA disability, medical treatment records and



RCMR-SO-E

SUBJECT: Statement of Understanding, effective 1 February 2023

pharmacy records for disqualifying condition(s), and APPLICABLE profile(s) for medical waiver processing. Optionally, submit clearance letter or MFR from the physician or primary care provider with diagnosis, treatment performed, treatment / monitoring required, and any restrictions. Reference website for detailed submission instructions.

Protected health information and personally identifiable information (PHI/PII), or personal data disclosed during the accession process, is no longer protected by Health Insurance Portability and Accountability (HIPPA) Privacy Rules and may further be disseminated as applicable.

6. If selected for the WO program, prior to completing Warrant Officer Candidate School (WOCS), and prior to appointment as a WO, the Commandant of the Warrant Officer Career College will require: (a) compliance of the Army's Tattoo, Branding, and Body Mutilation Policy, in accordance with AR 670-1, para 3-3 dated 26 January 2021 and Army Directive 2022-09; (b) pass the standard Army Combat Fitness Test; (c) completion of a 6.2 mile foot march with a 48lbs ruck sack or 30% of body weight, whichever is less, within approximately 106 minutes; (d) accomplishment of a land navigation course, that requires a minimum 3 correct points of 4 assigned points within 3 hours.

7. If eliminated from or fail to successfully complete the technical and tactical certification as specified above, the applicant is subject to discharge under regulations in effect at the time from the U.S. Army Reserve.

8. COMMISSIONED OFFICERS ONLY: Application submission certifies not currently selected for involuntary separation. This includes but is not limited to Officer Separation Board or twice non-select for promotion.

9. INTERSERVICE APPLICANTS ONLY (Air Force, Coast Guard, Marines, and Navy): If selected for the WO Program and have not already successfully completed Army Basic Training, Marine Basic Training, Air Force or Navy Special Operations Forces, or Air Force Security Police Training, it is required to attend Army Basic Training prior to WOCS. This requirement applies to all ranks and components.

10. AGR TITLE 10 APPLICANTS ONLY: If selected for the WO Program (U.S. Army Reserves with concurrent active duty), it is required to submit a voluntary release from the AGR program (AGR REFRAD) through the appropriate AGR separations team. Additionally, the AGR REFRAD date must align with given WOCS date based on HRC orders.

SIGNATURE: NOT.REAL.SIGNATURE  
Digitally signed by NOT.REAL.SIGNATURE.000000  
0000  
Date: 2022.05.02 14:32:35 - 10'00'

NAME: JOHN DOE

RANK, Current MOS: SSG, 35G

**DA705**

**SIGNED AND  
MUST MATCH  
ACFT  
STATEMENT  
ON DA61,  
BLOCK 41**

BODY FAT CONTENT WORKSHEET (Male)

For use of this form, see AR 600-9; the proponent agency is DCS, G-1.

NAME (Last, First, Middle Initial) DOE, JOHN, B		RANK SSG		NOTE:
HEIGHT (to nearest 0.50 inch) 71		WEIGHT (to nearest pound) 205		AGE 35 ½" =.50
STEP	FIRST	SECOND	THIRD	AVERAGE (to nearest 0.50 in.)
1. Measure neck just below level of larynx (Adam's apple.) <b>Round up</b> to the nearest 0.50 inch. Repeat three times, then average to the nearest 0.50 inch.	16.00	16.00	16.00	16.00
2. Measure abdomen at the level of the navel (belly button.) <b>Round down</b> to the nearest 0.50 inch. Repeat three times, then average to the nearest 0.50 inch.	35.00	35.00	35.00	35.00
3. Enter the average neck circumference.				16.00
4. Enter the average abdominal circumference.				35.00
5. Enter circumference value (step 4 - step 3).				19.00
6. Enter height in inches to the nearest 0.50 inch.				71.00
7. Find the Soldier's circumference value (step 5) and height (step 6) in <a href="#">figure B-1 (Percent Fat Estimation for Men)</a> . Enter the percent body fat value that intercepts with the circumference value and height. This is Soldier's Percent Body Fat.				23.00

REMARKS

ONLY NEEDED IF EXCEED  
HT/WT STANDARDS ON  
DA 61 OR UF 3.1

CHECK ALL THAT APPLY

☒ Individual is in compliance with Army Standards.
 ☐ Is not in compliance with the standards. Recommended monthly weight loss is 3-8 lbs. or 1% body fat.

PREPARED BY (Printed Name and Signature)	RANK	DATE (YYYYMMDD)	APPROVED BY SUPERVISOR (Printed Name and Signature)	RANK	DATE (YYYYMMDD)
PREPARER	SSG		1SG	1SG	
NOT.REAL.SIGNATURE		NOT.REAL.SIGNATURE			

# **WOMOS SPECIFIC** **PREREQUISITES**

Please click on link below to  
ensure packet completion.

[https://recruiting.army.mil/ISO/AWOR/ARMY\\_FEEDER](https://recruiting.army.mil/ISO/AWOR/ARMY_FEEDER)

## Warrant Officer Application Checklist

Submit legible copies in checklist order. Reference website for application submission instructions.

**Applicant Name (Last, First, MI / Rank):**

DOE, JOHN B.

**IPSS-A Employee ID Number:** (Located in IPSS-A, under My Personnel Actions)

SMITH

**WOMOS 1:**

153A

**WOMOS 2:**

**WOMOS 3:**

**Board Packet:**

- ☒ DA Form 61: Application for Appointment
- ☒ UF 3.3: Company Commander LOR (*or applicable 1<sup>st</sup> level UCMJ authority*) - Must be digitally signed
- ☒ UF 3.3: Battalion Commander LOR (*or applicable 2<sup>nd</sup> level UCMJ authority*) - Must be digitally signed
- ☐ UF 3.3: Group Commander LOR (*or authorized representative*) - 180A ONLY- Must be digitally signed
- ☐ UF 3.3: Senior Warrant Officer LOR (*check MOS prerequisites*) - Must be digitally signed
- ☐ OSJA Confirmation Interview MFR: 270A ONLY
- ☒ UF 3.2: Resume
- ☒ Soldier Talent Profile (STP) or equivalent - Redact Photo, Gender, Race, and Ethnic Group (MUST DISPLAY GT SCORE)
- ☒ Evaluation Reports (ALL) In order from the most recent to oldest
- ☒ Academic Evaluation Reports (DA Form 1059s) In order from the most recent to oldest (MLC, SLC, ALC, BLC)
- ☒ College Transcripts (*official or unofficial*)
- ☐ Professional certificates or licenses
- ☒ SIFT Results - signed - 153A ONLY

**Supporting Documents:**

- ☒ S2 Security Clearance Verification Review (*signed by S2 or SSO*)
- ☒ UF 3.1: Physical Coversheet
- ☐ Medical Waiver/Review: DD Form 2808, DD Form 2807-1, commissioning labs, medical treatment/pharmacy records, and DA Form 3349 (profile) to verify PULHES
- ☒ DD Form 2808: Report of Medical Examination, Page 1 - stamped by AEROMED - 150A and 153A ONLY
- ☒ DA Form 160: Application for Active Duty (required for ALL applicants)
- ☐ DA Form 7434: Application for US Army Marine Certification - 880A and 881A ONLY
- ☒ Statement of Understanding
- ☐ DD Form 368: Request for Conditional Release- Reserve and Inter-service Transfers ONLY
- ☐ Official Conditional Release approval message - Inter-service Transfers ONLY
- ☐ Conditional Rank Resignation Memorandum - Commissioned Officers ONLY
- ☐ Conditional Branch Release Memorandum - Army Commissioned Officers ONLY
- ☐ DD Form 330: Language Proficiency Questionnaire (*at least 1/1 proficiency*) - 180A ONLY
- ☐ Assessment MFR/JQR Memo - 170D ONLY
- ☐ REDD Report/GT Conversion - Inter-service Transfers ONLY
- ☒ DA Form 705: ACFT Scorecard (*signed by Army E-5 or higher*)
- ☐ Tattoo Validation Memorandum - Inter-service Transfers ONLY
- ☒ DA 5500/5501: Body Fat Content Worksheet (*if not IAW height/weight standards in AR 600-9*) Exemptions reference Army Directive 2023-08, dated 15 March 2023
- ☐ Tattoo ETP: self-signed memo, supporting documents (*if not IAW AR 670-1, dated 26 January 2021 and Army Directive 2022-09, dated 23 June 2022*)
- ☐ Conduct Waiver: self-signed memo, supporting documents (*as identified on DA Form 61, block 26*)
- ☐ Serious Conduct Waiver: Additionally require GO endorsement and Case Summary in Word
- ☐ Age ETP: self-signed memo (*if older than 33 at time of WOSB - 153A or 46 at time of appointment to WO1 - TECH*)
- ☐ AFS ETP: self-signed memo (*if more than 8 yrs - 153A or 12 yrs - TECH by date on DA Form 61 block 42*)
- ☐ AFCS ETP: self-signed memo (*if more than 48 months - Commissioned Officers applying for 153A ONLY*)
- ☐ Prerequisite Waiver: self-signed memo (*check MOS prerequisites*)
- ☒ WOMOS Specific Prerequisites (certificates of training as required by WOMOS, see WOMOS page)
- ☒ Checklist: signed by S-1 OIC/HR Tech and recommending Senior Warrant Officer

**Completed and authenticated by S-1 OIC or HR Tech (Initial and Sign)**

I certify the applicant is not flagged or barred from re-enlistment. NR (initials)

I certify applicable tattoos are in compliance with AR 670-1 and properly documented in iPERMS. NR (initials)

I certify the applicant is not on Drill Sergeant assignment instructions- ARMY ONLY NR (initials)

S-1 Certifying Official (printed name and title):

SMITH, JANE S1 OIC

Signature:

NOT.REAL.SIGNATURE  
Dig. tally signed by  
NO F REAL SIGNATURE.000

**Recommending Senior Warrant Officer**

Reviewer (printed name and title):

CW4 SMITH, MICHAEL

Signature:

NOT.REAL.SIGNATURE  
Digitally signed by  
NOT REAL SIGNATURE.000000