

AMEDD APPLICATION WORKSHEET
(For use of this form see USAREC Reg 601-37)

PRIVACY ACT STATEMENT

AUTHORITY: Collection of the information requested by the recruiter and recorded on this form is authorized by Title 10 U. S. Code, Section 591.

PRINCIPAL PURPOSE: To provide such data as is requested by the recruiter to contact, process, and enlist prospects for Army service.

ROUTINE USES:

- a. Used by the recruiter to contact and process interested prospects.
- b. Used by the recruiter in making such routine contacts as may be necessary to verify information provided by the prospects.
- c. Used by the Army to transcribe data on application forms.
- d. Used by the recruiting personnel in the formulation of market data to determine current recruiting trends.

EFFECT OF NOT PROVIDING INFORMATION: The disclosure, by the prospect, of the information requested is entirely voluntary. Failure to provide this information, however, will result in discontinuance of processing.

GENERAL INSTRUCTIONS

1. ADDRESSES: Need street address. P.O. boxes unacceptable.
2. If you run out of room in any section, continue on plain paper. Indicate section.
3. Ensure all entries are legible and complete.
4. The following documents should accompany this worksheet:
 - a. Transcript releases for all schools attended.
 - b. Copy of all health care licenses, registrations, and certifications both current and expired.
 - c. Copy of birth certificate.
 - d. For prior service applicants: DD Form 214. Your recruiter will also notify you of any other prior service documents needed, such as OER, NCOER, promotion orders, etc. MC needs all prior service records.

GENERAL

NAME: _____ DCA PRID# _____

ALIASES: _____ MAIDEN NAME: _____
 (include nicknames) (give dates used on ALL Aliases, Yr, Mo thru Yr, Mo)

DATE OF BIRTH: _____ PLACE OF BIRTH: _____
 (YYMMDD) CITY COUNTY STATE COUNTRY

CITIZENSHIP Born in US Born abroad of US parents US National

Naturalized Naturalization Certificate Number _____ Derived

Dual Citizenship Where _____

Alien 1-151 Number _____ Date, Place, Court _____

Current Citizenship _____ Registration Number _____

Date and Port of Entry _____

NUMBER OF DEPENDENTS UNDER THE AGE OF 18: _____ MARITAL STATUS (check): Married Single Divorced Separated

HIGH SCHOOL GRADUATE YES NO _____
 NAME OF SCHOOL CITY AND STATE

PERSONAL SCREENING QUESTIONNAIRE

Complete all questions. If additional information is required for 'YES' answers given, the question requiring additional information will be specified. Refer to the end of the Personal Screening Questionnaire section for additional space if needed.	Y/N
1. Have you ever been divorced?	
2. Are you legally separated?	
3. Do you have a former spouse (such as divorced, annulled, widowed, or other spouses) to report?	
4. Are you married?	
5. Have you ever been married?	
6. Do you presently reside with a cohabitant?	
7. Have you used any other names?	
8. Have you fathered/mothered any children?	How many?
9. Is anyone dependent upon you for financial support?	How many?
10. Do you have custody of any minor children?	How many?
11. Are you now or have you ever been negligent in providing alimony or support for children?	
12. Have you served in any branch of Armed Services to include the National Guard?	
13. Been rejected for military service (temporary or permanent) for medical or other reasons Date (dd-MM-yyyy): Explanation:	
14. Do you have an immediate relative (father, mother, brother or sister) who: is now a prisoner of war or is missing in action (MIA); or died or became 100% permanently disabled while serving in the Armed Services? Explanation:	
15. Are you the only living child in your immediate family?	
16. Have you ever been rejected for enlistment, reenlistment, or induction by any branch of the Armed Forces of the United States? Explanation:	
17. Have you ever been required to appear before a medical or state regulating authority, regardless of the result, concerning your health status as an impaired, hindered, or otherwise restricted practitioner? Doctor's Last Name: Street address, City, State, Zip Code, Country: Country Code: Telephone.: Extension: Explanation:	
18. Have you ever had a license to practice health care profession denied in any state?	
19. Have you ever had a license to prescribe narcotics voluntarily or involuntarily refused, revoked, suspended, or denied or have you ever voluntarily surrendered a license to prescribe narcotics? Explanation	
20. Have you ever had professional privileges denied, withdrawn, or restricted by any health care facility?	
21. Have you ever been asked to resign from a facility or organization staff or professional society?	
22. Have you ever been denied membership or renewal or been subject to disciplinary procedures in any health care organization?	
23. Do you currently have Malpractice Insurance?	
24. Have you ever had Malpractice Insurance (other than current Malpractice Insurance)?	
25. Are you currently a defendant in a Malpractice Claim?	
26. Have you ever been a defendant in a Malpractice Claim (other than current Malpractice Claim)?	

MORAL SCREENING QUESTIONNAIRE

Report information regardless of whether the record in your case has been sealed, expunged, or otherwise stricken from the court record, or the charge was dismissed. You need not report convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607. Be sure to include all incidents whether occurring in the U.S. or abroad. List all involvement with any agency if you have ever been arrested, charged, cited, held, or detained in any way by any law enforcement agency (to include juvenile authorities, Police Officers, Sheriff, Department of Natural Resources, Fish and Game Wardens, Military Police, etc.) regardless of the disposition (whether the case resulted in no charges filed, fine, probation, dismissal, or other disposition). This includes traffic tickets. Do not list charges more than once.

We note, with reference to this section, that neither your truthful responses nor information derived from your responses to this section will be used as evidence against you in a subsequent criminal proceeding. As to this particular section, this applies whether or not you are currently employed by the Federal government. The following questions pertain to the illegal use of drugs or controlled substances or drug or controlled substance activity.

Include question number and continue explanations below for all 'YES' answers that may apply:

This Question is related to your Security Clearance.

Y/N

1. Have any of the following happened? (If "Yes", you will be asked to provide details for each offense that pertains to the actions that are identified below.)

- **In the past seven (7) years** have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you? (Do not check if all the citations involved traffic infractions where the fine was less than \$300 and did not include alcohol or drugs).

- **In the past seven (7) years** have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official?

- **In the past seven (7) years** have you been charged, convicted, or sentenced of a crime in any court? (Include all qualifying charges, convictions or sentences in any Federal, state, local, military, or non-U.S. court, even if previously listed on this form).

- **In the past seven (7) years** have you been or are you currently on probation or parole?

Are you currently on trial or awaiting a trial on criminal charges?

Felony Offense? Y/N: Date of Offense (dd-MM-yyyy):

Offense Action:

Action Taken:

Amount fine: \$

Name of Parties Involved:

Explanation:

Court Information (Name, Street address, City, State, County, Zip Code, Country):

Law Enforcement Authority (Name, Street address, City, State, County, Zip Code, Country):

Questions about this offense	Y/N
1: Domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse, former spouse, or someone with whom you share a child in common? *	
2: Involve firearms or explosives? *	
3: Involve alcohol or drugs?	
Charged or Convicted Information	
As a result of this offense were you fined, charged, convicted, currently awaiting trial, and/or ordered to appear in court in a proceeding against you? *	
Explanation*	
Sentencing Information	
Were you sentenced as a result of this offense? *	
Were you sentenced to imprisonment for a term exceeding 1 year? *	
Were you incarcerated as a result of that sentence for not less than 1 year?	
No Incarceration	
Incarcerated From Date Incarcerated to Date	
No Probation or Parole	
Parole or Probation from date Parole or Probation to date	
This Question is related to your Enlistment Eligibility.	Y/N
3. Other than those offenses already listed, have any of the following happened? (If ""Yes"", you will be asked to provide details for each offense that pertains to the actions that are identified below.)	
• Have you EVER been issued a summons, citation, or ticket to appear in court in a proceeding against you? (Include all traffic infractions infractions regardless of the fine amount.)	
• Have you EVER been arrested by any police officer, sheriff, marshal or any other type of law enforcement official?	
• Have you EVER been charged, convicted, or sentenced of a crime in any court? (Include all qualifying charges, convictions or sentences in any Federal, state, local, military, or non-U.S. court, even if previously listed on this form.)	
• Have you EVER been or are you currently on probation or parole?	
Felony Offense? Y/N: Date of Offense (dd-MM-yyyy): Offense Action: Action Taken: Amount fine: \$ Name of Parties Involved: Explanation: Court Information (Name, Street address, City, State, County, Zip Code, Country): Law Enforcement Authority (Name, Street address, City, State, County, Zip Code, Country):	

13. In the last seven (7) years have you been involved in the illegal purchase, manufacture, cultivation, trafficking, production, transfer, shipping, receiving, handling or sale of any drug or controlled substance?	Y/N
14. Have you EVER illegally used or otherwise been involved with a drug or controlled substance while possessing a security clearance other than previously listed?	
15. Have you EVER illegally used or otherwise been involved with a drug or controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; or while in a position directly and immediately affecting the public safety other than previously listed?	
16. In the last seven (7) years have you intentionally engaged in the misuse of prescription drugs, regardless of whether or not the drugs were prescribed for you or someone else?	
17. Have you EVER been ordered, advised, or asked to seek counseling or treatment as a result of your illegal use of drugs or controlled substances?	
18. Have you EVER voluntarily sought counseling or treatment as a result of your use of a drug or controlled substance?	

Include question number and continue explanations below for all 'YES' answers that may apply:

TECHNOLOGY INFORMATION QUESTIONNAIRE

The following questions ask about your use of information technology systems. Information technology systems include all related computer hardware, software, firmware, and data used for the communication, transmission, processing, manipulation, storage, or protection of information. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you. Neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding

Complete all questions. Additional information is required for 'YES' answers given. Refer to the end of the Technology Information Questionnaire section for additional information.

1. In the last seven (7) years have you illegally or without proper authorization accessed or attempted to access any information technology system?	Y/N
2. In the last seven (7) years have you illegally or without authorization, modified, destroyed, manipulated, or denied others access to information residing on an information technology system or attempted any of the above?	
3. In the last seven (7) years have you introduced, removed, or used hardware, software, or media in connection with any information technology system without authorization, when specifically prohibited by rules, procedures, guidelines, or regulations or attempted any of the above?	

Include question number and explain all 'YES' answers that apply to include the following information: From-To Date(s), (dd-MM-yyyy)
Organization Name and Group/Member Association Information (Street address, City, State, County, Zip Code, Country)

Group Members/Associations

The following questions pertain to your Group/Member Associations. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment, security, or credentialing decision. For the purpose of this question, terrorism is defined as any criminal acts that involve violence or are dangerous to human life and appear to be intended to intimidate or coerce a civilian population to influence the policy of a government by intimidation or coercion, or to affect the conduct of a government by mass destruction, assassination or kidnapping.

Complete all questions. Additional information is required for 'YES' answers given. Refer to the end of the Group/Member Associations Questionnaire section for additional information

1. Are you now or have you EVER been a member of an organization dedicated to terrorism, either with an awareness of the organization's dedication to that end, or with the specific intent to further such activities	Y/N
2. Have you EVER knowingly engaged in any acts of terrorism?	
3. Have you EVER advocated any acts of terrorism or activities designed to overthrow the U.S. Government by force?	
4. Have you EVER been a member of an organization dedicated to the use of violence or force to overthrow the United States Government, and which engaged in activities to that end with an awareness of the organization's dedication to that end or with the specific intent to further such activities.	
5. Have you EVER been a member of an organization that advocates or practices commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or any state of the United States with the specific intent to further such action.	
6. Have you EVER knowingly engaged in activities designed to overthrow the U.S. Government by force?	
7. Have you EVER associated with anyone involved in activities to further terrorism?	

Include question number and explain all 'YES' answers that apply to include the following information:

From - T Date(s) (dd-MM-yyyy), Organization Name and Group/Member Association Information (Street address, City, State, County, Zip Code, Country)

CONTACT INFORMATION AND METHOD

List the contact information below along with the best method to contact you. Permanent phone number, Current phone number and an email are required
 (Permanent and current phone number can be the same number).

Type	Country Code	Telephone No.	Ext.	Best time to contact (Day, Night or Both)
Permanent				
Home/Current				
Business				
Mobile/Cell				
DSN				
Pager				
Temporary				

EMAIL

Home Email:

School Email:

Work Email:

Which is your primary email? (Home, School or Work)

ALIAS

Provide other names used and the time period used (i.e., your maiden name, name(s) by a former marriage, nickname(s) or legal name changes, etc.

Name Type (Maiden, Former Marriage, Nickname, Alias, etc.)	Other #1 Last Name	Other #1 First Name	Other #1 Middle Name	Suffix (Jr., II, etc.)

From (dd-MM-yyyy):

To (dd-MM-yyyy):

Reason(s) why the name changed:

Name Type (Maiden, Former Marriage, Nickname, Alias, etc.)	Other #2 Last Name	Other #2 First Name	Other #2 Middle Name	Suffix (Jr., II, etc.)

From (dd-MM-yyyy):

To (dd-MM-yyyy):

Reason(s) why the name changed:

Name Type (Maiden, Former Marriage, Nickname, Alias, etc.)	Other #3 Last Name	Other #3 First Name	Other #2 Middle Name	Suffix (Jr., II, etc.)

From (dd-MM-yyyy):

To (dd-MM-yyyy):

Reason(s) why the name changed:

RESIDENCES

List the places where you have lived beginning with your present residence and working back 10 years. Residences for the entire period must be accounted for without breaks. Indicate the actual physical location of your residence, not a Post Office box. If you split your time between one or more residences during a time period, you must list all residences. Do not list residence before your 18th birthday unless to provide a minimum of 2 years residence history. List the places where you lived beginning with your current address (#1) (include temporary school addresses) and working back 10 years from NOW with NO GAPS in dates (NO P.O boxes). For all addresses in the last 10 years, list a reference who knew you at that time period (do not list spouse, former spouses, or other relatives and use each "person who knew you" only ONCE in the entire application.

Time at Residence:	Reference Information:
From Date (dd-MM-yyyy):	Last Name:
To Date (dd-MM-yyyy):	First Name:
	Middle Name:
	Suffix:
	Date of last contact:
Residence Information: (Mark 'X' to one that applies)	Relationship: (Mark 'X' to one that applies)
Status:	Business Associate
Military Housing	Friend
Owned by you	Landlord
Rented or leased by you	Neighbor
Other	Other
Explanation:	Explanation:
Address Type: Current	Reference Address:
Street:	Street:
City:	City:
State:	State:
County:	Zip Code:
Zip Code:	Country:
Country:	Reference Daytime Phone Number: ['X' here if unknown]
Set as Mailing Address? Y/N:	Country Code:
Set as Permanent Address? Y/N:	Telephone No.:
	Extension:
	Reference Evening Phone Number: ['X' here if unknown]
	Country Code:
	Telephone No.:
	Reference Cell/Mobile Phone Number: ['X' here if unknown]
	Country Code:
	Telephone No.:
	Reference Email Address: ['X' here if unknown]
	Email address:

RESIDENCES

List the places where you lived beginning with your current address (#1) (include temporary school addresses) and working back 10 years from NOW with NO GAPS in dates (NO P.O boxes). For all addresses in the last 10 years, list a reference who knew you at that time period (do not list spouse, former spouses, or other relatives and use each "person who knew you" only ONCE in the entire application.

Time at Residence:	Reference Information:
From Date (dd-MM-yyyy):	Last Name:
To Date (dd-MM-yyyy):	First Name:
	Middle Name:
	Suffix:
	Date of last contact:
Residence Information: (Mark 'X' to one that applies)	Relationship: (Mark 'X' to one that applies)
Status:	Business Associate
Military Housing	Friend
Owned by you	Landlord
Rented or leased by you	Neighbor
Other	Other
Explanation:	Explanation:
Address Type: Previous	Reference Address:
Street:	Street:
City:	City:
State:	State:
County:	Zip Code:
Zip Code:	Country:
Country:	Reference Daytime Phone Number: ['X' here if unknown]
Set as Mailing Address? Y/N:	Country Code:
Set as Permanent Address? Y/N:	Telephone No.:
	Extension:
	Reference Evening Phone Number: ['X' here if unknown]
	Country Code:
	Telephone No.:
	Reference Cell/Mobile Phone Number: ['X' here if unknown]
	Country Code:
	Telephone No.:
	Reference Email Address: ['X' here if unknown]
	Email address:

PERMANENT ADDRESS

Complete below if you need to add a Permanent Address for a location that is not a former or current address.

Street:	City:
State:	County:
Zip Code:	Country:
Start Date: (DDMMYYYY):	

FOREIGN LANGUAGES

A proficiency is not required when the primary foreign language selected is "None." When finished entering foreign language information, select

Primary Foreign Language:	None	Secondary Foreign Language
Proficiency: [Mark 'X' to those that apply]		Proficiency: [Mark 'X' to those that apply]
Read		Read
Speak		Speak
Understand		Understand
Write		Write

EMPLOYMENT SCREENING/MILITARY SERVICE HISTORY

Complete all questions. If additional information is required for 'YES' answers given, additional information will be specified. Refer to the end of the Employment Screening section for additional space if needed.	Y/N
<p>1. For this employment, in the last ten (10) years have you received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as a violation of security policy?</p> <p>Violation:</p> <p>Date of Violation (dd-MM-yyyy):</p> <p>Date of Official Action (dd-MM-yyyy)</p> <p>Explanation of Violation:</p> <p>Employer Name:</p> <p>Location of violation (Street address, City, State, County, Zip Code, Country):</p>	
2. Do you have former federal civilian employment, excluding military service, NOT indicated previously, to report?	
<p>3. Have any of the following happened to you in the last ten (10) years at employment activities that you have not previously listed? (If 'Yes', you will be required to add an additional employment in Employment/Military History.)</p> <ul style="list-style-type: none"> • Fired from a job? • Quit a job after being told you would be fired? • Have you left a job by mutual agreement following charges or allegations of misconduct? • Left a job by mutual agreement following notice of unsatisfactory performance? • Received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as violation of a security policy? 	

Explanations*

EMPLOYMENT HISTORY DETAIL (Civilian)

ALL Civilian Employment History (paid full time, paid part time and unemployment) must cover the last 10 years.

**Provide ALL medical professional employment (i.e. Nurse, MD, etc.) to back date up to the start of initial licensing even if beyond the last 10 years. Indicate all periods of unemployment between jobs if applicable. For periods of unemployment, list reference name, address and phone number. List employment in strict chronological order beginning with the present employment and working back with no gaps. Do not use reference more than once.

Employer: Position:			
Employer Name		Position Title	
Full Time:	Part Time:	Number of hours worked (per week):	
Employment Code: (Mark 'X' to one that applies)		Job Responsibilities:	
Federal Contractor (List contractor, not Federal Agency)			
Non-Government Employment (excluding self-employment)			
Self-Employment: (Include business name and name of person who can verify)			
State Government (Non-federal Employment)			
Other Federal Employment			
Other			
Explanation:			
Date Range of Employment:			
From Date (dd-MM-yyyy):		Last Name:	
To Date (dd-MM-yyyy):		First Name:	
Employer/Verifier Address and Phone No.:		Middle Name:	
Street:		Suffix:	
City:		Title:	
State:		Email Address: ['X' here if unknown]	
County:			
Zip Code:			
Country:			
Country Code:			
Telephone No.:			
Extension:			
<u>Applicant work address same as Employer Address?</u>		<u>Supervisor work address same as Employer Address?</u>	
If No, provide address and phone number.		If No, provide address and phone number.	
Street:		Street:	
City:	State:	City:	State:
County:	Zip Code:	County:	Zip Code:
Country:	Country Code:	Country:	Country Code:
Telephone No.:		Telephone No.:	
		Best time to contact:	

Reason for leaving:

EMPLOYMENT HISTORY DETAIL (U.S Military)

United States Military Employment History (Active Duty, National Guard/Reserve, Commissioned Corps) must be provided for each unit assigned to within the last 7 years.

Unit: Position:			
Unit Name:		Rank:	
Employment Code: (Mark 'X' to one that applies)		Full Time:	Part Time:
Active Military Duty Stations			
National Guard/Reserve			
U.S.P.H.S. Commissioned Corps			
Date Range of Employment		Supervisor/Verifier Information	
From Date (dd-MM-yyyy):		Last Name:	
To Date (dd-MM-yyyy):		First Name:	
Unit Address and Phone No.:		Middle Name:	
Street:		Suffix:	
City:		Title:	
State:		Email Address: ['X' here if unknown]	
County:			
Zip Code:			
Country:			
Country Code:			
Telephone No.:			
Extension:			
Best time to Contact?			
Applicant work address same as Unit?		Supervisor work address same as Unit?	
If No, provide address and phone number.		If No, provide address and phone number.	
Street:		Street:	
City:		City:	
State:		State:	
County:		County:	
Zip Code:		Zip Code:	
Country:		Country:	
Country Code:		Country Code:	
Telephone No.:		Telephone No.:	
Extension:		Extension:	
Best time to Contact?		Best time to Contact?	

EMPLOYMENT HISTORY DETAIL (U.S. Military)

List ALL military service history below, beginning from current and working back to include service in Active Duty, Reserves (Inactive Reserve/Delayed Entry Program/Unit Member), National Guard, U.S. Merchant Marine and Foreign Military Service. If there was a break in service, each separate period should be listed. Complete all entries blocks that may apply. All Non-Commissioned Officer Evaluation Reports and/or all Officer Evaluation Reports covering service periods will need to be submitted.

Type: (Mark 'X' to one that applies)		Service Status: (Mark 'X' to one that applies)	
Enlisted		Active	Active Reserve
Officer			
Warrant Officer		Inactive Reserve	Unit Member
Service: (Mark 'X' to one that applies)		Rank:	
Air Force	Marine Corps	Current/Highest Grade:	
Army	Merchant Marines	Effective Date of Grade (dd-MM-yyyy):	
Coast Guard	Navy		
	U.S. Public Health Service		
From Date (dd-MM-yyyy):		Date Active Tour Terminates (dd-MM-yyyy):	
To Date (dd-MM-yyyy):		NG State:	
Last Four SSN#		Country:	
Discharge Type: (Mark 'X' to one that applies)			
Bad Conduct Discharge		None	
Dishonorable		Other Than Honorable	
Honorable		Uncharacterized	
Honorable Conditions			
Narrative Reason:			
RE Code: (From DD 214/NGB 22)			
Separation Code: (From DD 214/NGB 22)			
MILITARY SPECIALITY INFORMATION			
Primary Military Occupation (PMOS)			
Additional Skill Identifier 1 (ASI1)			
Skilled Qualification Identifier 1 (SQI1)			
Secondary Military Occupation (SMOS)			
Additional Skill Identifier 2 (ASI2)			
Skilled Qualification Identifier 2 (SQI2)			
Alternate Military Occupation (AMOS)			
Additional Skill Identifier (ADI3)			
Skilled Qualification Identifier 3 (SQI3)			
UNIT INFORMATION			
Unit Name:			
Unit Street:	Unit City:	Unit State:	
Unit Zip Code:	Unit Country:		
SUPERVISOR INFORMATION			
Last Name:	First Name:	Middle Name:	
Suffix:	Title/Rank/Grade		
Lost Time (DDMMYYYY):	From Date:	To Date:	
Reason:			

EMPLOYMENT HISTORY DETAIL (U.S. Military)

List ALL military service history below, beginning from current and working back to include service in Active Duty, Reserves (Inactive Reserve/Delayed Entry Program/Unit Member), National Guard, U.S. Merchant Marine and Foreign Military Service. If there was a break in service, each separate period should be listed. Complete all entries blocks that may apply. All Non-Commissioned Officer Evaluation Reports and/or all Officer Evaluation Reports covering service periods will need to be submitted.

Type: (Mark 'X' to one that applies) Enlisted Officer Warrant Officer	Service Status: (Mark 'X' to one that applies) Active Active Reserve Inactive Reserve Unit Member
---	--

Service: (Mark 'X' to one that applies) Air Force Army Coast Guard Marine Corps Merchant Marines Navy U.S. Public Health Service	Rank: Current/Highest Grade: Effective Date of Grade (dd-MM-yyyy):
--	---

From Date (dd-MM-yyyy):	Date Active Tour Terminates (dd-MM-yyyy):
To Date (dd-MM-yyyy):	NG State:
Last Four SSN#	Country:

Discharge Type: (Mark 'X' to one that applies)

Bad Conduct Discharge	None
Dishonorable	Other Than Honorable
Honorable	Uncharacterized
Honorable Conditions	

Narrative Reason:

RE Code: (From DD 214/NGB 22)
Separation Code: (From DD 214/NGB 22)

MILITARY SPECIALITY INFORMATION

Primary Military Occupation (PMOS)
Additional Skill Identifier 1 (AS11)
Skilled Qualification Identifier 1 (SQI1)
Secondary Military Occupation (SMOS)
Additional Skill Identifier 2 (AS12)
Skilled Qualification Identifier 2 (SQI2)
Alternate Military Occupation (AMOS)
Additional Skill Identifier (ADI3)
Skilled Qualification Identifier 3 (SQI3)

UNIT INFORMATION

Unit Name:		
Unit Street:	Unit City:	Unit State:
Unit Zip Code:	Unit Country:	

SUPERVISOR INFORMATION

Last Name:	First Name:	Middle Name:
Suffix:	Title/Rank/Grade	
Lost Time (DDMMYYYY):	From Date:	To Date:

Reason:

EMPLOYMENT HISTORY DETAIL (U.S. Military)

List ALL military service history below, beginning from current and working back to include service in Active Duty, Reserves (Inactive Reserve/Delayed Entry Program/Unit Member), National Guard, U.S. Merchant Marine and Foreign Military Service. If there was a break in service, each separate period should be listed. Complete all entries blocks that may apply. All Non-Commissioned Officer Evaluation Reports and/or all Officer Evaluation Reports covering service periods will need to be submitted.

Type: (Mark 'X' to one that applies)		Service Status: (Mark 'X' to one that applies)	
Enlisted		Active	Active Reserve
Officer		Inactive Reserve	Unit Member
Warrant Officer			
Service: (Mark 'X' to one that applies)		Rank:	
Air Force	Marine Corps	Current/Highest Grade:	
Army	Merchant Marines	Effective Date of Grade (dd-MM-yyyy):	
Coast Guard	Navy		
	U.S. Public Health Service		
From Date (dd-MM-yyyy):		Date Active Tour Terminates (dd-MM-yyyy):	
To Date (dd-MM-yyyy):		NG State:	
Last Four SSN #		Country:	

Discharge Type: (Mark 'X' to one that applies)

Bad Conduct Discharge	None
Dishonorable	Other Than Honorable
Honorable	Uncharacterized
Honorable Conditions	

Narrative Reason:

RE Code: (From DD 214/NGB 22)
 Separation Code: (From DD 214/NGB 22)

MILITARY SPECIALITY INFORMATION

Primary Military Occupation (PMOS)
Additional Skill Identifier 1 (ASI1)
Skilled Qualification Identifier 1 (SQI1)
Secondary Military Occupation (SMOS)
Additional Skill Identifier 2 (ASI2)
Skilled Qualification Identifier 2 (SQI2)
Alternate Military Occupation (AMOS)
Additional Skill Identifier (ADI3)
Skilled Qualification Identifier 3 (SQI3)

UNIT INFORMATION

Unit Name:		
Unit Street:	Unit City:	Unit State:
Unit Zip Code:	Unit Country:	

SUPERVISOR INFORMATION

Last Name:	First Name:	Middle Name:
Suffix:	Title/Rank/Grade	
Lost Time (DDMMYYYY):	From Date:	To Date:

Reason:

<p>13. Have you in the past seven (7) years sponsored any foreign national to come to the U.S. as a student, for work, or for permanent residence?</p> <p>Name of Foreign National: Last First Middle Suffix</p> <p>Purpose of stay: From date of stay (dd-MM-yyyy): To date of stay (dd-MM-yyyy):</p> <p>Purpose of sponsorship: Countries of Citizenship:</p> <p>Birth Date (or I don't know): Place of Birth: City State Zip Country</p> <p>Current address of Foreign National: City State Zip Country</p> <p>Sponsorship Organization: Name City State Zip Country</p> <p>Address of Foreign National while residing in the U.S.: City State Zip Country</p>	Y/N
<p>14. Have you EVER voted in the election of a foreign country?</p> <p>Date you voted in the foreign election (dd-MM-yyyy):</p> <p>Name of country involved:</p> <p>Reasons for these activities:</p> <p>Current eligibility to vote in a foreign election:</p>	
<p>15. Are you now or have you ever been employed by or acted as a consultant for a foreign government, firm, or agency?</p> <p>From date (dd-MM-yyyy): To date (dd-MM-yyyy):</p> <p>Firm:</p> <p>Government:</p> <p>Explanation:</p> <p>16. Have you EVER been issued a passport (or identity card for travel) by a country other than the U.S.?</p> <p>Name in which passport (or identity card) was issued:</p> <p>Last First Middle Suffix</p> <p>Place issued: City Country</p> <p>Passport (or identity card) information: Issuing country Number</p> <p>Issue Date Expiration</p> <p>Have you ever used this passport (or identity card) for foreign travel?</p>	
<p>17. Have you traveled outside the U.S. in the last seven (7) years?</p> <p>If yes, has your travel in the last seven (7) years? been solely for U.S. Government business (i.e., no personal trips in conjunction with the official U.S. Government business)?</p>	
Please fill out one set of questions for each visit out of the country in the last 7 years that was NOT travel under official U.S. Government business.	
From Date (dd-MM-yyyy):	To Date (dd-MM-yyyy):
Purpose of Visit : Business/Professional	Conference Education Other
Tourism	Visit family or friends Volunteer Activities
Country Visited:	Number of days involved in the visit:
While traveling to, or in this country, were you questioned, searched, or otherwise detained (other than for normal customs requirements) by the local customs or security service officials when entering or leaving this country?	Y/N
While traveling to or in this country, were you involved in any encounter with the police?	
While traveling to or in this country, were you contacted by, or in contact with any person known or suspected of being involved or associated with foreign intelligence, terrorist, security, or military organizations?	
While traveling to, or in this country, were you involved in any counter intelligence or security issues not reported?	
While traveling to or in this country, were you contacted by, or in contact with anyone exhibiting excessive knowledge of or undue interest in you or your job?	
While traveling to or in this country, were you contacted by, or in contact with anyone attempting to obtain classified information or unclassified, sensitive information?	
While traveling to, or in this country, were you threatened, coerced, or pressured in any way to cooperate with a foreign government official or foreign intelligence or security service?	

From Date (dd-MM-yyyy):		To Date (dd-MM-yyyy):	
Purpose of Visit : Business/Professional		Conference	Education
Tourism		Visit family or friends	Volunteer Activities
Country Visited:		Number of days involved in the visit:	
While traveling to, or in this country, were you questioned, searched, or otherwise detained (other than for normal customs requirements) by the local customs or security service officials when entering or leaving this country?			Y/N
While traveling to or in this country, were you involved in any encounter with the police?			
While traveling to or in this country, were you contacted by, or in contact with any person known or suspected of being involved or associated with foreign intelligence, terrorist, security, or military organizations?			
While traveling to, or in this country, were you involved in any counter intelligence or security issues not reported?			
While traveling to or in this country, were you contacted by, or in contact with anyone exhibiting excessive knowledge of or undue interest in you or your job?			
While traveling to or in this country, were you contacted by, or in contact with anyone attempting to obtain classified information or unclassified, sensitive information?			
While traveling to, or in this country, were you threatened, coerced, or pressured in any way to cooperate with a foreign government official or foreign intelligence or security service?			
From Date (dd-MM-yyyy):		To Date (dd-MM-yyyy):	
Purpose of Visit : Business/Professional		Conference	Education
Tourism		Visit family or friends	Volunteer Activities
Country Visited:		Number of days involved in the visit:	
While traveling to, or in this country, were you questioned, searched, or otherwise detained (other than for normal customs requirements) by the local customs or security service officials when entering or leaving this country?			Y/N
While traveling to or in this country, were you involved in any encounter with the police?			
While traveling to or in this country, were you contacted by, or in contact with any person known or suspected of being involved or associated with foreign intelligence, terrorist, security, or military organizations?			
While traveling to, or in this country, were you involved in any counter intelligence or security issues not reported?			
While traveling to or in this country, were you contacted by, or in contact with anyone exhibiting excessive knowledge of or undue interest in you or your job?			
While traveling to or in this country, were you contacted by, or in contact with anyone attempting to obtain classified information or unclassified, sensitive information?			
While traveling to, or in this country, were you threatened, coerced, or pressured in any way to cooperate with a foreign government official or foreign intelligence or security service?			
Include question number and explain all 'YES' answers that apply: _____			

	Y/N
17. Have you ever applied and not been selected for OCS?	
18. Have you ever applied and not been selected for ROTC?	
19. Have you ever resigned or been asked to resign in lieu of elimination proceedings; been discharged in lieu of elimination, furloughed, or placed on inactive status while serving in the US Armed Forces; or, have you ever resigned or been asked to resign from position while in government or private employment? Date (dd-MM-yyyy): Explanation:	
20. Have you been employed by the U.S. Army as a Dietitian, Occupational or Physical Therapist? From date (dd-MM-yyyy): To date (dd-MM-yyyy): Explanation:	
21. Are you in a promotable status and on a published promotion list?	
22. 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.	
23. Do you have an ADL Promotion Date? Date of last ADL Promotion (dd-MM-yyyy):	
24. Have you ever been passed over for a military promotion? If Yes, how many times?	
25. Do you have a current commission? If Yes, give source:	
ARNGUS (Direct Appointment, OCS, Other):	
USAR (Direct Appointment, OCS, ROTC, ROTC (ECP), ROTC (SMP), Other:	
26. Have you EVER had a security clearance eligibility/access authorization denied, suspended, or revoked? (Note: An administrative downgrade or administrative termination of a security clearance is not a revocation.) Date (dd-MM-yyyy): Name of the Agency that took the action: Circumstances:	
27. Has the U.S. Government (or a foreign government) EVER investigated your background and/or granted you a security clearance eligibility/access? Investigation Completion Date (dd-MM-yyyy): Investigating Agency: Level of Clearance Eligibility/Access Granted: Date Clearance Eligibility/Access Was Granted: Agency Issuing Clearance Eligibility/Access:	
28. Have you EVER been debarred from government employment? Debarment Date (dd-MM-yyyy): Debarment Agency Name: Circumstances of the Debarment:	
29. Are you a male born after December 31, 1959? If Yes, complete the following information below (Registration number available at http://www.SSS.gov/) Must be registered. Have you registered with the Selective Service System (SSS)? Yes No I don't know Registration Number: Explanation (if check no or I don't know):	
Include question number and explain all 'YES' answers that apply to include the following information: Explanation	

EDUCATION QUESTIONNAIRE

Complete all questions. Additional information is required for 'YES' answers given. Refer to the end of the Education Questionnaire section for additional information.

Y/N

1. Is your Qualifying Degree from a foreign school?

2. Did you graduate from a High School? (Must list high school information)

3. Are you now or have you ever been enrolled in ROTC or any of the USMAs?

Do you have a guaranteed reserve forces duty service obligation?

Do you have an Active Duty remaining service obligation?

Have you received an ARNG or GRFD-ARNG ROTC scholarship?

Have you received an ARNG or GRFD-ARNG ROTC nonscholarship?

Are you a GRFD-ROTC scholarship cadet?

Are you a GRFD-ROTC nonscholarship cadet?

Are you currently fulfilling a reserve obligation because of receiving an ARNG ROTC scholarship or nonscholarship?

Are you currently fulfilling a reserve obligation because of receiving an GRFD-ROTC scholarship or nonscholarship?

4. Have you attended any schools **in the last 10 years?**

In the next section you will list details of your education,

- you must list your high school
- transcripts from ALL colleges will be required
- list Fellowships, Residencies, and Internships (GME) on an "Advanced Education" section
- you may use the school registrar as a reference for verification, but you must list the school phone number

EDUCATION

The Education function captures all high school, undergrad, and graduate types of education. All Internship, Residency, Specialty Training, and Fellowship are captured on Advanced Education

School Information:

Name:

From Date: (dd-MM-yyyy)

Education Type: (Mark 'X' to one that applies)

To Date: (dd-MM-yyyy)

High School

Graduate

Undergraduate

Doctorate

Online School?

Website address:

Area of Study:

Degree/Diploma/Other:

Major:

Credit Hours:

Credit Type: (semester, quarter, etc.)

Graduated?: (Y/N)

Graduation Date:

School Location:

Street:

State:

Zip Code:

City:

Country:

Reference Information:

Last Name:

Country Code:

First Name:

Telephone No.:

Middle Name:

Suffix:

Extension:

Street:

State:

Zip Code:

City:

Country:

Questions About School (If answering Yes, provide detailed explanation below).

Y/N

Have you ever been expelled from school or placed on probation?

Have you ever been the recipient of special educational honors, Dean's List, awards or scholarships?

For all YES answers that apply, provide a brief explanation:

EDUCATION

School Information:

Name: _____ From Date: (dd-MM-yyyy)

Education Type: (Mark 'X' to one that applies) _____ To Date: (dd-MM-yyyy)

High School _____ Graduate _____

Undergraduate _____ Doctorate _____

Online School? _____ Website address: _____

Area of Study:

Degree/Diploma/Other: _____ Major: _____

Credit Hours: _____ Credit Type: (semester, quarter, etc.)

Graduated?: (Y/N) _____ Graduation Date: _____

School Location:

Street: _____ State: _____ Zip Code: _____

City: _____ Country: _____

Reference Information:

Last Name: _____ Country Code: _____

First Name: _____ Telephone No.: _____

Middle Name: _____ Suffix: _____ Extension: _____

Street: _____ State: _____ Zip Code: _____

City: _____ Country: _____

Questions About School (If answering Yes, provide detailed explanation below).

Y/N

Have you ever been expelled from school or placed on probation? _____

Have you ever been the recipient of special educational honors, Dean's List, awards or scholarships? _____

For all YES answers that apply, provide a brief explanation:

School Information:

Name: _____ From Date: (dd-MM-yyyy)

Education Type: (Mark 'X' to one that applies) _____ To Date: (dd-MM-yyyy)

High School _____ Graduate _____

Undergraduate _____ Doctorate _____

Online School? _____ Website address: _____

Area of Study:

Degree/Diploma/Other: _____ Major: _____

Credit Hours: _____ Credit Type: (semester, quarter, etc.)

Graduated?: (Y/N) _____ Graduation Date: _____

School Location:

Street: _____ State: _____ Zip Code: _____

City: _____ Country: _____

Reference Information:

Last Name: _____ Country Code: _____

First Name: _____ Telephone No.: _____

Middle Name: _____ Suffix: _____ Extension: _____

Street: _____ State: _____ Zip Code: _____

City: _____ Country: _____

Questions About School (If answering Yes, provide detailed explanation below).

Y/N

Have you ever been expelled from school or placed on probation? _____

Have you ever been the recipient of special educational honors, Dean's List, awards or scholarships? _____

Do you have additional education to enter (include education within the last 10 years, as well as degrees or diplomas more than 10 years ago)?

Yes No

For all YES answers that apply, provide a brief explanation:

ADVANCED EDUCATION

List ALL education/training received to include fellowship, internship, residency and specialty training. Complete all entries that may apply. All information must match professional certificate(s) and verification letters submitted.

Hospital/School Information: [Mark 'X' to one that applies]

Fellowship Residency From Date: (dd-MM-yyyy)

Internship Specialty Training To Date: (dd-MM-yyyy)

Hospital/School Name:

Specialty:

Hospital/School Location Information:

Street: State: Zip Code:

City: Country: Phone #:

Questions About School (If answering Yes, provide detailed explanation below).

Board Eligible? Y/N: If Yes, Specialty Board Name:

Board Certified? Y/N: Certification Date (dd-MM-yyyy):

ADVANCED EDUCATION

List ALL education/training received to include fellowship, internship, residency and specialty training. Complete all entries that may apply. All information must match professional certificate(s) and verification letters submitted.

Hospital/School Information: [Mark 'X' to one that applies]

Fellowship Residency From Date: (dd-MM-yyyy)

Internship Specialty Training To Date: (dd-MM-yyyy)

Hospital/School Name:

Specialty:

Hospital/School Location Information:

Street: State: Zip Code:

City: Country: Phone #:

Questions About School (If answering Yes, provide detailed explanation below).

Board Eligible? Y/N: If Yes, Specialty Board Name:

Board Certified? Y/N: Certification Date (dd-MM-yyyy):

ADVANCED EDUCATION

List ALL education/training received to include fellowship, internship, residency and specialty training. Complete all entries that may apply. All information must match professional certificate(s) and verification letters submitted.

Hospital/School Information: [Mark 'X' to one that applies]

Fellowship Residency From Date: (dd-MM-yyyy)

Internship Specialty Training To Date: (dd-MM-yyyy)

Hospital/School Name:

Specialty:

Hospital/School Location Information:

Street: State: Zip Code:

City: Country: Phone #:

<p>6. Other than previously listed, have any of the following happened to you? (You will be asked to provide details about each financial obligation that pertains to the items identified below).</p> <ul style="list-style-type: none"> • In the past seven (7) years, you have been delinquent on alimony or child support payments. • In the past seven (7) years, you had a judgment entered against you. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor.) • In the past seven (7) years, you had a lien placed against your property for failing to pay taxes or other debts. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor). • You are currently delinquent on any Federal debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are cosigner or guarantor). 	Y/N
--	------------

<p>7. Other than previously listed, have any of the following happened?</p> <ul style="list-style-type: none"> • In the past seven (7) years, you had any possessions or property voluntarily or involuntarily repossessed or foreclosed? (Include financial obligations for which you were the sole debtor as well as those where you were a cosigner or guarantor) • In the past seven (7) years, you defaulted on any type of loan? (Include financial obligations for which you were the sole debtor as well as those where you were a cosigner or guarantor) • In the past seven (7) years, you had bills or debts turned over to a collection agency? (Include financial obligations for which you were the sole debtor as well as those where you were a cosigner or guarantor) • In the past seven (7) years you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed? (Include financial obligations for which you were the sole debtor as well as those where you were a cosigner or guarantor) • In the past seven (7) years, you were evicted for non-payment? • In the past seven (7) years, you had your wages, benefits, or assets garnished or attached for any reason? • In the past seven (7) years, you have been over 120 days delinquent on any debt not previously entered? (Include financial obligations for which you were the sole debtor as well as those where you were a cosigner or guarantor) • You are currently over 120 days delinquent on any debt? (Include financial obligations for which you were the sole debtor as well as those where you were a cosigner or guarantor) 	
--	--

Include question number and explain all 'YES' answers without prior explanation to include the following information:

Date (dd-MM-yyyy) Financial issue began, Type of Action, Amount (USD), Account Number, Name of Agency/Organization/Individual to whom Debt is/was owed, Name Action Occurred Under, Status of Action, Explanation, Court/Agency Name and Address.

FAMILY & ASSOCIATES

Complete all entries that apply to the best of your knowledge. Mother and Father information is required. If married provide Spouse, Mother in Law and Father in Law information. If divorced, Former Spouse information is required. For any family member that is deceased, provide only name, birth date and place of birth information. SSNs are required for those you will list as beneficiaries. If anyone was not born in the U.S., but currently reside in the U.S., provide citizenship information.

Relationship: (Mark 'X' to one that applies)

	Adult Living w/you		Associate		Brother		Cohabitant
	Child (custody)		Father		Father in Law		Former Spouse
	Foster Parent		Guardian		Half Brother		Half Sister
X	Mother		Mother in Law		Other Relative		Sister
	Stepbrother		Stepchild		Stepfather		Stepmother
	Stepsister						

Last Name:		Maiden Name:		Deceased? Y/N	
First Name:				Dependent? Y/N	
		Gender:			
Middle Name:		Suffix:		Adopted? Y/N	
Date of Birth: (dd-MM-yyyy)		Approximate? Y/N			
Has this relative used any other names? Name:		Dates used: From		To	
Use Applicant's Current Address? Y/N		Street:		City:	
Use Applicant's Home of Record? Y/N		State:		Zip Code:	
Country:					
Place of Birth: City:	State:	Country:	Country(ies) of Citizenship:		

Citizenship Document Information: (i.e. Naturalization Cert., U.S. Passport, Alien Reg., etc.)			
Certificate/Registration No.:	Date Issued (dd-MM-yyyy):	Street/City/State/Zip Code	Court:
Foreign Citizenship on any of your Family and Associates this screen must be filed out on each member affected above.			
Approximate date of first contact*		Approximate date of last contact*	
Method of Contact* (check all that apply) <input type="checkbox"/> Electronic (such as e-mail, texting, chat rooms etc) <input type="checkbox"/> Telephone <input type="checkbox"/>			
<input type="checkbox"/> In Person <input type="checkbox"/> Written Correspondence <input type="checkbox"/> Other (provide explanation) <input type="checkbox"/>			
Approximate frequency of contact* (Select one) <input type="checkbox"/> Annually <input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly			
Employer Address <input type="checkbox"/> I don't know <input type="checkbox"/> Location is in the US			
Street*	City*	State*	Zip Code Country
Foreign Affiliation			
Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know			
Explanation Comments			
Relationship: (Mark "X" to one that applies)			
<input type="checkbox"/>	Adult Living w/you	<input type="checkbox"/>	Associate
<input type="checkbox"/>	Child (custody)	X	Father
<input type="checkbox"/>	Foster Parent	<input type="checkbox"/>	Guardian
<input type="checkbox"/>	Mother	<input type="checkbox"/>	Mother in Law
<input type="checkbox"/>	Stepbrother	<input type="checkbox"/>	Stepchild
<input type="checkbox"/>	Stepsister	<input type="checkbox"/>	Stepfather
<input type="checkbox"/>		<input type="checkbox"/>	Cohabitant
<input type="checkbox"/>		<input type="checkbox"/>	Former Spouse
<input type="checkbox"/>		<input type="checkbox"/>	Half Brother
<input type="checkbox"/>		<input type="checkbox"/>	Half Sister
<input type="checkbox"/>		<input type="checkbox"/>	Sister
<input type="checkbox"/>		<input type="checkbox"/>	Stepmother
Last Name:		Maiden Name:	
First Name:		Deceased? Y/N	
Middle Name:		Dependent? Y/N Gender:	
Suffix:		Adopted? Y/N	
Has this relative used any other names? Name:		Dates used: From To	
Date of Birth: (dd-MM-yyyy)		Approximate? Y/N	
Use Applicant's Current Address? Y/N		Street: City:	
Use Applicant's Home of Record? Y/N		State: Country: Zip Code:	
Place of Birth: City:		State: Country: Country(ies) of Citizenship:	
Citizenship Document Information: (i.e. Naturalization Cert., U.S. Passport, Alien Reg., etc.)			
Certificate/Registration No.:	Date Issued (dd-MM-yyyy):	Sreet/City/State/Zip Code	Court:
Foreign Citizenship on any of your Family and Associates this screen must be filed out on each member affected above.			
Approximate date of first contact*		Approximate date of last contact*	
Method of Contact* (check all that apply) <input type="checkbox"/> Electronic (such as e-mail, texting, chat rooms etc) <input type="checkbox"/> Telephone <input type="checkbox"/>			
<input type="checkbox"/> In Person <input type="checkbox"/> Written Correspondence <input type="checkbox"/> Other (provide explanation) <input type="checkbox"/>			
Approximate frequency of contact* (Select one) <input type="checkbox"/> Annually <input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly			
Employer Address <input type="checkbox"/> I don't know <input type="checkbox"/> Location is in the US			
Street*	City*	State*	Zip Code Country

Foreign Affiliation

Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?

 Yes No I don't know**Explanation Comments****Relationship: (Mark "X" to one that applies)**

<input type="checkbox"/>	Adult Living w/you	<input type="checkbox"/>	Associate	<input type="checkbox"/>	Brother	<input type="checkbox"/>	Cohabitant
<input type="checkbox"/>	Child (custody)	<input type="checkbox"/>	Father	<input type="checkbox"/>	Father in Law	<input type="checkbox"/>	Former Spouse
<input type="checkbox"/>	Foster Parent	<input type="checkbox"/>	Guardian	<input type="checkbox"/>	Half Brother	<input type="checkbox"/>	Half Sister
<input type="checkbox"/>	Mother	<input type="checkbox"/>	Mother in Law	<input type="checkbox"/>	Other Relative	<input type="checkbox"/>	Sister
<input type="checkbox"/>	Stepbrother	<input type="checkbox"/>	Stepchild	<input type="checkbox"/>	Stepfather	<input type="checkbox"/>	Stepmother
<input type="checkbox"/>	Stepsister						

Last Name: Maiden Name: Deceased? Y/N

First Name: Dependent? Y/N Gender:

Middle Name: Suffix: Adopted? Y/N

Has this relative used any other names? Name: Dates used: From To

Date of Birth: (dd-MM-yyyy) Approximate? Y/N

Last Four SSN #

Use Applicant's Current Address? Y/N Street: City:

Use Applicant's Home of Record? Y/N State: Zip Code: Country:

Place of Birth: City: State: Country: Country(ies) of Citizenship:

Citizenship Document Information: (i.e. Naturalization Cert., U.S. Passport, Alien Reg., etc.)

Certificate/Registration No.: Date Issued (dd-MM-yyyy): Street/City/State/Zip Cod Court:

Foreign Citizenship on any of your Family and Associates this screen must be filed out on each member affected above.

Approximate date of first contact* Approximate date of last contact*

Method of Contact* (check all that apply) Electronic (such as e-mail, texting, chat rooms etc) Telephone In Person Written Correspondence Other (provide explanation)Approximate frequency of contact* (Select one) Annually Daily Monthly Quarterly**Employer Address** I don't know Location is in the US

Street* City* State* Zip Code Country

Foreign Affiliation

Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?

 Yes No I don't know**Explanation Comments**

Relationship: (Mark "X" to one that applies)							
<input type="checkbox"/>	Adult Living w/you	<input type="checkbox"/>	Associate	<input type="checkbox"/>	Brother	<input type="checkbox"/>	Cohabitant
<input type="checkbox"/>	Child (custody)	<input type="checkbox"/>	Father	<input type="checkbox"/>	Father in Law	<input type="checkbox"/>	Former Spouse
<input type="checkbox"/>	Foster Parent	<input type="checkbox"/>	Guardian	<input type="checkbox"/>	Half Brother	<input type="checkbox"/>	Half Sister
<input type="checkbox"/>	Mother	<input type="checkbox"/>	Mother in Law	<input type="checkbox"/>	Other Relative	<input type="checkbox"/>	Sister
<input type="checkbox"/>	Stepbrother	<input type="checkbox"/>	Stepchild	<input type="checkbox"/>	Stepfather	<input type="checkbox"/>	Stepmother
<input type="checkbox"/>	Stepsister						
Last Name:		Maiden Name:		Deceased? Y/N			
First Name:				Dependent? Y/N		Gender:	
Middle Name:		Suffix:		Adopted? Y/N			
Has this relative used any other names? Name:				Dates used: From		To	
Date of Birth: (dd-MM-yyyy)				Approximate? Y/N			
Last Four SSN #							
Use Applicant's Current Address? Y/N			Street:			City:	
Use Applicant's Home of Record? Y/N			State:		Zip Code:		Country:
Place of Birth: City:		State:		Country:		Country(ies) of Citizenship:	
Citizenship Document Information: (i.e. Naturalization Cert., U.S. Passport, Alien Reg., etc.)							
Certificate/Registration No.:		Date Issued (dd-MM-yyyy):		Sreet/City/State/Zip Code		Court:	
Foreign Citizenship on any of your Family and Associates this screen must be filed out on each member affected above.							
Approximate date of first contact*				Approximate date of last contact*			
Method of Contact* (check all that apply)							
<input type="checkbox"/> In Person		<input type="checkbox"/> Written Correspondence		<input type="checkbox"/> Electronic (such as e-mail, texting, chat rooms etc)		<input type="checkbox"/> Telephone	
		<input type="checkbox"/> Other (provide explanation)					
Approximate frequency of contact* (Select one)				<input type="checkbox"/> Annually		<input type="checkbox"/> Daily	
				<input type="checkbox"/> Monthly		<input type="checkbox"/> Quarterly	
Employer Address <input type="checkbox"/> I don't know <input type="checkbox"/> Location is in the US							
Street*		City*		State*		Zip Code	
Country							
Foreign Affiliation							
Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?							
<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> I don't know			
Explanation Comments							

SPOUSE INFORMATION

Last Name:		Current Spouse? Y/N	
First Name:		Separated? Y/N	Date separated?
Middle Name:	Suffix:	My Spouse is currently serving in the active duty and I am requesting joint domicile? Y/N	
Date of Birth: (dd-MM-yyyy)		Approximate DOB?	
Last Four SSN# or check not Applicable <input type="checkbox"/>			
Use Applicant's Current Address? Y/N	Street:		City:
Use Applicant's Home of Record? Y/N	State:	Zip Code:	Country:
Place of Birth:			
City/County of Birth:	State of Birth:	Country of Birth:	Country of Citizenship:
Phone:			
Country Code:	Telephone No.:		Ext.:
Place of Marriage:			
Date Married: (dd-MM-yyyy)			
City:	State:	County:	Country:
Location of Record:			
City:	State:	County:	Zip Code: Country:
Citizenship Document Information: (i.e. Naturalization Cert., U.S. Passport, Alien Reg., etc.)			
Certificate/Registration No.:	Date Issued: (dd-MM-yyyy):	Sreet/City/State/Zip Code	Court:
Alias:			
Maiden Name:	From: (dd-MM-yyyy)	To: (dd-MM-yyyy)	
Former Married:	From: (dd-MM-yyyy)	To: (dd-MM-yyyy)	
Former Name:	From: (dd-MM-yyyy)	To: (dd-MM-yyyy)	
Nickname:	From: (dd-MM-yyyy)	To: (dd-MM-yyyy)	
Married:	From: (dd-MM-yyyy)	To: (dd-MM-yyyy)	
Foreign Citizenship on any of your Family and Associates this screen must be filed out on each member affected above.			
Approximate date of first contact*		Approximate date of last contact*	
Method of Contact* (check all that apply) <input type="checkbox"/> Electronic (such as e-mail, texting, chat rooms etc) <input type="checkbox"/> Telephone			
<input type="checkbox"/> In Person <input type="checkbox"/> Written Correspondence <input type="checkbox"/> Other (provide explanation)			
Approximate frequency of contact* (Select one) <input type="checkbox"/> Annually <input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly			
Employer Address <input type="checkbox"/> I don't know <input type="checkbox"/> Location is in the US			
Street*	City*	State*	Zip Code Country
Foreign Affiliation			
Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know			
Explanation Comments			

FORMER SPOUSE INFORMATION

Last Name:		Deceased? Y/N	
First Name:		Dependent? Y/N	
Middle Name:	Suffix:	Former Spouse Status: (Divorced, Widowed, Annulled)	
Date of Birth: (dd-MM-yyyy)		Approximate DOB?	
Last Four SSN #			
Last Known Address:			
Use Other Family Members/Associates Address? Y/N		Street:	City:
If Yes, provide name used:		State:	Zip Code:
			Country:
Place of Birth:			
City /County of Birth:	State of Birth:	Country of Birth:	Country of Citizenship:
Phone:			
Country Code:	Telephone No.:	Ext.:	
Place of Marriage:			
Date Married: (dd-MM-yyyy)			
City:	State:	County:	Country:
Location of Record:			
Date Divorced: (dd-MM-yyyy)			
City:	State:	County:	Zip Code:
			Country:
Alias:			
Maiden Name:	From: (dd-MM-yyyy)	To: (dd-MM-yyyy)	
Former Married:	From: (dd-MM-yyyy)	To: (dd-MM-yyyy)	
Former Name:	From: (dd-MM-yyyy)	To: (dd-MM-yyyy)	
Nickname:	From: (dd-MM-yyyy)	To: (dd-MM-yyyy)	
Married:	From: (dd-MM-yyyy)	To: (dd-MM-yyyy)	
Foreign Citizenship on any of your Family and Associates this screen must be filed out on each member affected above.			
Approximate date of first contact*		Approximate date of last contact*	
Method of Contact* (check all that apply)			
<input type="checkbox"/> In Person	<input type="checkbox"/> Written Correspondence	<input type="checkbox"/> Electronic (such as e-mail, texting, chat rooms etc)	<input type="checkbox"/> Telephone
<input type="checkbox"/> Other (provide explanation)			
Approximate frequency of contact* (Select one)			
<input type="checkbox"/> Annually	<input type="checkbox"/> Daily	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
Employer Address			
<input type="checkbox"/> I don't know		<input type="checkbox"/> Location is in the US	
Street*	City*	State*	Zip Code
			Country
Foreign Affiliation			
Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don't know	
Explanation Comments			

Family and Associates with an ALIAS (complete below)

Provide other names used and the time period used (i.e., your maiden name, name(s) by a former marriage, nickname(s), etc).

Name Type (Maiden, Former Marriage, Nickname, Alias, etc.)	Other #1 Last Name	Other #1 First Name	Other #1 Middle Name	Suffix (Jr., II, etc.)

From (dd-MM-yyyy): _____ **To** (dd-MM-yyyy): _____

Reason(s) why the name changed:

Name Type (Maiden, Former Marriage, Nickname, Alias, etc.)	Other #2 Last Name	Other #2 First Name	Other #2 Middle Name	Suffix (Jr., II, etc.)

From (dd-MM-yyyy): _____ **To** (dd-MM-yyyy): _____

Reason(s) why the name changed:

Name Type (Maiden, Former Marriage, Nickname, Alias, etc.)	Other #3 Last Name	Other #3 First Name	Other #3 Middle Name	Suffix (Jr., II, etc.)

From (dd-MM-yyyy): _____ **To** (dd-MM-yyyy): _____

Reason(s) why the name changed:

CITIZENSHIP

Complete all sections that apply. If additional information is required for 'YES' answers given, additional information will be specified.

Do you possess a U.S. passport (current or expired)

U.S. Passport Number :

Date Issued: (dd-MM-yyyy)

Expiration Date: (dd-MM-yyyy)

Name in Which Passport Was First Issued:

Citizenship: (Mark 'X' to one that applies)

U.S. Citizen at Birth, Native Born

U.S. Citizen Born Abroad of US Parents

U.S. Citizen Naturalized

Immigrant Alien

Do/did you have a U.S. alien registration number? *Yes **No**

Alien Registration number* (if answered yes above)

Which document supports your naturalization? * Citizenship Certificate

Naturalization Certificate

Naturalization Certificate/Citizenship Certificate

Date issue* (ddmmyyyy)

Certificate Number*

Name Issued Naturalization Certificate/ Citizenship Certificate

Name* (applicant name as show on certificate)

Place of Issuance- Naturalization Certificate/Citizenship Certificate

Court*

Street* **City*** **State*** **Zip Code**

Base of Naturalization		
Base on Naturalization* Based on my own individual Naturalization Application		
By Operation of Law through my US Citizen Parent (Derived)		Other (Provide Explanation)
Place of entry into the United States		
Entry Date*	City*	State*
Do you now hold or have you EVER held dual or multiple citizenships?		
Country:	Start date:	End date:
Reason*		
Do you have any additional citizenship information to provide? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Explanation/Comments:		
PROFESSIONAL REFERENCES		
<p>These are Professional References used to determine your qualifications and ability to perform. Character References are entered on the Character Reference function.</p> <p>List a minimum of three people who know your work. They should be supervisors or peers you have worked with during the last year and who are in a position to know the quality of your work and your work habits and ethics. At least one reference must be in a supervisory position and you must have reported to that person. The supervisory positions have a Reference Type of Supervisor, Instructor or Dean. If need be, an individual you use as a Character Reference or the individual(s) you list as your supervisor(s) on the Employment function can be used as Professional References.</p>		
#1 Reference Information:		From Date: (yyyymmdd)
First Name:		To Date: (yyyymmdd)
Middle Name:		Reference Type: (Mark 'X' to one that applies)
Last Name:		Dean Instructor Peer
Suffix:		Supervisor Unit Commander
Reference Address:		
Street:		State: Zip Code:
City:		Country:
Home Phone:		Work Phone:
Available Day or Night?	Day Night	Available Day or Night? Day Night
Country Code:		Country Code:
Telephone No.:		Telephone No.:
Extension:		Extension:
Cell /Mobile Phone Number <input type="checkbox"/> or check I don't know		Country Code Telephone No
Best Time to Contact <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Both		
#2 Reference Information:		From Date: (yyyymmdd)
First Name:		To Date: (yyyymmdd)
Middle Name:		Reference Type: (Mark 'X' to one that applies)
Last Name:		Dean Instructor Peer
Suffix:		Supervisor Unit Commander
Reference Address:		
Street:		State: Zip Code:
City:		Country:
Home Phone:		Work Phone:
Available Day or Night?	Day <input type="checkbox"/> Night <input type="checkbox"/>	Available Day or Night? Day <input type="checkbox"/> Night <input type="checkbox"/>
Country Code:		Country Code:
Telephone No.:		Telephone No.:
Extension:		Extension:
Cell /Mobile Phone Number <input type="checkbox"/> or check I don't know		Country Code Telephone No
Best Time to Contact <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Both		

#3 Reference Information:		From Date: (yyyymmdd)	
First Name:		To Date: (yyyymmdd)	
Middle Name:		Reference Type: (Mark 'X' to one that applies)	
Last Name:		Dean	Instructor Peer
Suffix:		Supervisor	Unit Commander
Reference Address:			
Street:		State:	Zip Code:
City:		Country:	
Home Phone:		Work Phone:	
Available Day or Night?	Day <input type="checkbox"/>	Night <input type="checkbox"/>	
Available Day or Night?	Day <input type="checkbox"/>	Night <input type="checkbox"/>	
Country Code:		Country Code:	
Telephone No.:		Telephone No.:	
Extension:		Extension:	
Cell /Mobile Phone Number <input type="checkbox"/> or check I don't know		Country Code	Telephone No
Best Time to Contact <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Both <input type="checkbox"/>			
CHARACTER REFERENCES			
<p>These are Character References used to obtain a security clearance. Professional References are entered on the Professional Reference function.</p> <p>Provide three people who know you well and who preferably live in the U.S. They should be friends, peers, colleagues, college roommates, associates, etc., who are collectively aware of your activities outside of your workplace, school, or neighborhood, and whose combined association with you covers at least the last seven (7) years. Do not list your spouse, former spouse(s), other relatives, or anyone listed elsewhere on this form.</p> <p><u>If need be, an individual you use as a Professional Reference can also be used as a Character Reference.</u></p>			
#1 Reference Information:		From Date: (dd-MM-yyyy)	
Last Name:		To Date: (dd-MM-yyyy)	
First Name:		Reference Type: (Mark 'X' to one that applies)	
Middle Name:		Friend	Neighbor Schoolmate
Suffix:		Work Associate	Other:
Reference email address:		I don't know: <input type="checkbox"/>	
Reference Address:			
Street:		State:	Zip Code:
City:		Country:	
Home Phone:		Work Phone:	
Available Day or Night?	Day <input type="checkbox"/>	Night <input type="checkbox"/>	
Available Day or Night?	Day <input type="checkbox"/>	Night <input type="checkbox"/>	
Country Code:		Country Code:	
Telephone No.:		Telephone No.:	
Extension:		Extension:	
Cell /Mobile Phone Number <input type="checkbox"/> or check I don't know		Country Code	Telephone No
Best Time to Contact <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Both <input type="checkbox"/>			
#2 Reference Information:		From Date: (dd-MM-yyyy)	
Last Name:		To Date: (dd-MM-yyyy)	
First Name:		Reference Type: (Mark 'X' to one that applies)	
Middle Name:		Friend	Neighbor Schoolmate
Suffix:		Work Associate	Other:
Reference email address:		I don't know:	
Reference Address:			
Street:		State:	Zip Code:
City:		Country:	

Home Phone:			Work Phone:			
Available Day or Night?	Day	Night	Available Day or Night?	Day	Night	
Country Code:			Country Code:			
Telephone No.:		Extension:	Telephone No.:		Extension:	
Cell /Mobile Phone Number <input type="checkbox"/> or check I don't know			Country Code		Telephone No	
Best Time to Contact <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Both						
#3 Reference Information:			From Date: (dd-MM-yyyy)			
Last Name:			To Date: (dd-MM-yyyy)			
First Name:			Reference Type: (Mark 'X' to one that applies)			
Middle Name:			Friend		Neighbor	
Suffix:			Work Associate		Other:	
Reference email address:			I don't know: <input type="checkbox"/>			
Reference Address:						
Street:			State:		Zip Code:	
City:			Country:			
Home Phone:			Work Phone:			
Available Day or Night?	Day <input type="checkbox"/>	Night <input type="checkbox"/>	Available Day or Night?	Day <input type="checkbox"/>	Night <input type="checkbox"/>	
Country Code:			Country Code:			
Telephone No.:		Extension:	Telephone No.:		Extension:	
Cell /Mobile Phone Number <input type="checkbox"/> or check I don't know			Country Code		Telephone No	
Best Time to Contact <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Both						
BENEFICIARIES and Emergency Data (HSPS Applicant must complete this screen) Optional for others						
Provide the information regarding Beneficiaries. Totals must equal 100%. SSN and phone numbers are required.						
SGLV Share %						
Name/Last Four SSN	Relationship	Principal %	Contingent %	Lump Sum OR	36 Equal Payments?	
NAME Last Four SSN						
NAME Last Four SSN						
NAME Last Four SSN						
NAME Last Four SSN						
DD 93 Share %						
Name/Last Four SSN Address/Phone Number	Relationship	Death Gratuity %	Lump Sum OR 36 Equal Payments?	Unpaid pay/allow %	Lump Sum?	36 Equal Payments
NAME Last Four SSN Address Phone						
NAME Last Four SSN Address Phone						
NAME Last Four SSN Address Phone						

EMERGENCY NOTIFICATIONS

Mother's Phone Number:

Father's Phone Number:

Person authorized to direct disposition: Name:

Relationship:

Address:

Phone Number:

PROFESSIONAL ORGANIZATION(S)

Organization Name (i.e. Am. Medical Assoc.)	From Date (yyyymmdd)	To Date (yyyymmdd)	Status (i.e. Current Restricted, Current, Unrestricted, Suspended, Resigned, Withdrawn Revoked, Voluntarily Limited, Unvoluntarily Limited, Denied or Expired...)

Explanation*

PROFESSIONAL LICENSE(S)

List all professional licenses/certifications ever held, **even if expired S(elect State or National)**

State (i.e. HI)	National License? Y/N	License No. (i.e. 01234)	License Type (i.e. Registered Nurse/DEA)	Initial Issue Date (yyyymmdd)	Expiration Date (yyyymmdd)	Status (i.e. Current Restricted, Current, Unrestricted, Suspended, Resigned Withdrawn, Revoked, Voluntarily Limited, Unvoluntarily Limited, Denied or Expired...)

Explanation*

PROFESSIONAL PRIVILEGE(S)

All information must match professional privilege(s) verification letter(s) submitted.

Facility Name:

From Date: (yyyymmdd)

To Date: (yyyymmdd)

Status:

Facility Address: Street:

State:

Zip Code:

City:

Country:

Facility Phone No.:

Country Code:

Telephone No.:

Extension:

PROFESSIONAL PRIVILEGE(S)

Facility Name:

From Date: (yyyymmdd)

To Date: (yyyymmdd)

Status:

Facility Address: Street:

State:

Zip Code:

City:

Country:

Facility Phone No.:

Country Code:

Telephone No.:

Extension:

MALPRACTICE INSURANCE PROVIDER

Provide the information regarding all malpractice insurance carriers. Please provide all current and past malpractice carrier information for the last seven years and any carrier information that was involved with a malpractice claim regardless of the time frame.

Carrier Name: Policy No.:

Street Address:

City: State: Zip Code:

Telephone No.:

Time of Provider Coverage:

From Date: (yyyymmdd) To Date: (yyyymmdd)

MALPRACTICE INSURANCE PROVIDER

Carrier Name: Policy No.:

Street Address:

City: State: Zip Code:

Telephone No.:

Time of Provider Coverage:

From Date: (yyyymmdd) To Date: (yyyymmdd)

MALPRACTICE CLAIM (will be listed in the Moral Screening as Civil Case up to include out of court Settlements)

Case No.: Allegation:

Suit Filed? Y/N: Court Date: (yyyymmdd):

Claim Status (Closed, Open, Settled or Suit Withdrawn):

Disposition Favored:

Payment Required? Y/N: Payment Amount: \$ Payment Type (Award or Settlement):

Detailed Medical Facts:

Associated Carrier(s):

Case No.:

Allegation:

Suit Filed? Y/N: Court Date: (yyyymmdd):

Claim Status (Closed, Open, Settled or Suit Withdrawn):

Disposition Favored:

Payment Required? Y/N: Payment Amount: \$ Payment Type (Award or Settlement):

Detailed Medical Facts:

Associated Carrier(s):

ACTIVE DUTY ASSIGNMENT PREFERENCES

Complete the information below regarding active duty preferences.

First Assignment Preference:

Duty Assignment (Location):

Area Assignment (AOC-if applicable):

Second Assignment Preference:

Duty Assignment (Location):

Area Assignment (AOC-if applicable):

Third Assignment Preference:

Duty Assignment (Location):

Area Assignment (AOC-if applicable):

RESIDENCES

List the places where you have lived beginning with your present residence and working back 10 years. Residences for the entire period must be accounted for without breaks. Indicate the actual physical location of your residence, not a Post Office box. If you split your time between one or more residences during a time period, you must list all residences. Do not list residence before your 18th birthday unless to provide a minimum of 2 years residence history. List the places where you lived beginning with your current address (#1) (include temporary school addresses) and working back 10 years from NOW with NO GAPS in dates (NO P.O boxes). For all addresses in the last 10 years, list a reference who knew you at that time period (do not list spouse, former spouses, or other relatives and use each "person who knew you" only ONCE in the entire application.

Time at Residence:	Reference Information:
From Date (dd-MM-yyyy):	Last Name:
To Date (dd-MM-yyyy):	First Name:
	Middle Name:
	Suffix:
	Date of last contact:
Residence Information: (Mark 'X' to one that applies)	Relationship: (Mark 'X' to one that applies)
Status:	Business Associate
Military Housing	Friend
Owned by you	Landlord
Rented or leased by you	Neighbor
Other	Other
Explanation:	Explanation:
Address Type: Previous	Reference Address:
Street:	Street:
City:	City:
State:	State:
County:	Zip Code:
Zip Code:	Country:
Country:	Reference Daytime Phone Number: ['X' here if unknown]
Set as Mailing Address? Y/N:	Country Code:
	Telephone No.:
	Extension:
	Reference Evening Phone Number: ['X' here if unknown]
	Country Code:
	Telephone No.:
	Reference Cell/Mobile Phone Number: ['X' here if unknown]
	Country Code:
	Telephone No.:
	Reference Email Address: ['X' here if unknown]
	Email address:

RESIDENCES

List the places where you lived beginning with your current address (#1) (include temporary school addresses) and working back 10 years from NOW with NO GAPS in dates (NO P.O boxes). For all addresses in the last 10 years, list a reference who knew you at that time period (do not list spouse, former spouses, or other relatives and use each "person who knew you" only ONCE in the entire application.

Time at Residence:	Reference Information:
From Date (dd-MM-yyyy):	Last Name:
To Date (dd-MM-yyyy):	First Name:
	Middle Name:
	Suffix:
	Date of last contact:
Residence Information: (Mark 'X' to one that applies)	Relationship: (Mark 'X' to one that applies)
Status:	Business Associate
Military Housing	Friend
Owned by you	Landlord
Rented or leased by you	Neighbor
Other	Other
Explanation:	Explanation:
Address Type: Previous	Reference Address:
Street:	Street:
City:	City:
State:	State:
County:	Zip Code:
Zip Code:	Country:
Country:	Reference Daytime Phone Number: ['X' here if unknown]
Set as Mailing Address? Y/N:	Country Code:
Set as Permanent Address? Y/N:	Telephone No.:
	Extension:
	Reference Evening Phone Number: ['X' here if unknown]
	Country Code:
	Telephone No.:
	Reference Cell/Mobile Phone Number: ['X' here if unknown]
	Country Code:
	Telephone No.:
	Reference Email Address: ['X' here if unknown]
	Email address:

Do you have an additional residence to report Yes No

****More residences need to be added? Continue on blank sheet providing the above information** _____

EMPLOYMENT HISTORY DETAIL (Civilian)

ALL Civilian Employment History (paid full time, paid part time and unemployment) must cover the last 10 years.

**Provide ALL medical professional employment (i.e. Nurse, MD, etc.) to back date up to the start of initial licensing even if beyond the last 10 years. Indicate all periods of unemployment between jobs if applicable. For periods of unemployment, list reference name, address and phone number. List employment in strict chronological order beginning with the present employment and working back with no gaps. Do not use reference more than once.

Employer: Position:

Employer Name	Position Title
Full Time: _____ Part Time: _____	Number of hours worked (per week): _____
Employment Code: (Mark 'X' to one that applies) Federal Contractor (List contractor, not Federal Agency)	Job Responsibilities:
Non-Government Employment (excluding self-employment)	
Self-Employment: (Include business name and name of person who can verify)	
State Government (Non-federal Employment)	
Other Federal Employment	
Other	
Explanation:	
Date Range of Employment:	Supervisor/Verifier Information:
From Date (dd-MM-yyyy): _____	Last Name: _____
To Date (dd-MM-yyyy): _____	First Name: _____
Employer/Verifier Address and Phone No.:	Middle Name: _____
Street: _____	Suffix: _____
City: _____	Title: _____
State: _____	Email Address: _____ ['X' here if unknown]
County: _____	
Zip Code: _____	
Country: _____	
Country Code: _____	
Telephone No.: _____	
Extension: _____	
<u>Applicant work address same as Employer Address?</u> If No, provide address and phone number.	<u>Supervisor work address same as Employer Address?</u> If No, provide address and phone number.
Street: _____	Street: _____
City: _____ State: _____	City: _____ State: _____
County: _____ Zip Code: _____	County: _____ Zip Code: _____
Country: _____ Country Code: _____	Country: _____ Country Code: _____
Telephone No.: _____	Telephone No.: _____
	Best time to contact: _____

Reason for leaving:

EMPLOYMENT HISTORY DETAIL (Civilian)

ALL Civilian Employment History (paid full time, paid part time and unemployment) must cover the last 10 years.

**Provide ALL medical professional employment (i.e. Nurse, MD, etc.) to back date up to the start of initial licensing even if beyond the last 10 years. Indicate all periods of unemployment between jobs if applicable. For periods of unemployment, list reference name, address and phone number. List employment in strict chronological order beginning with the present employment and working back with no gaps. Do not use reference more than once.

Employer: Position:			
Employer Name		Position Title	
Full Time:	Part Time:	Number of hours worked (per week):	
Employment Code: (Mark 'X' to one that applies)		Job Responsibilities:	
Federal Contractor (List contractor, not Federal Agency)			
Non-Government Employment (excluding self-employment)			
Self-Employment: (Include business name and name of person who can verify)			
State Government (Non-federal Employment)			
Other Federal Employment			
Other			
Explanation:			
Date Range of Employment:		Supervisor/Verifier Information:	
From Date (dd-MM-yyyy):		Last Name:	
To Date (dd-MM-yyyy):		First Name:	
Employer/Verifier Address and Phone No.:		Middle Name:	
Street:		Suffix:	
City:		Title:	
State:		Email Address: ['X' here if unknown]	
County:			
Zip Code:			
Country:			
Country Code:			
Telephone No.:			
Extension:			
Applicant work address same as Employer Address? If No, provide address and phone number.		Supervisor work address same as Employer Address? If No, provide address and phone number.	
Street:		Street:	
City:	State:	City:	State:
County:	Zip Code:	County:	Zip Code:
Country:	Country Code:	Country:	Country Code:
Telephone No.:		Telephone No.:	
		Best time to contact:	
Reason for leaving:			

EMPLOYMENT HISTORY DETAIL (Civilian)

ALL Civilian Employment History (paid full time, paid part time and unemployment) must cover the last 10 years.

**Provide ALL medical professional employment (i.e. Nurse, MD, etc.) to back date up to the start of initial licensing even if beyond the last 10 years. Indicate all periods of unemployment between jobs if applicable. For periods of unemployment, list reference name, address and phone number. List employment in strict chronological order beginning with the present employment and working back with no gaps. Do not use reference more than once.

Employer: Position:			
Employer Name		Position Title	
Full Time:	Part Time:	Number of hours worked (per week):	
Employment Code: (Mark 'X' to one that applies)		Job Responsibilities:	
Federal Contractor (List contractor, not Federal Agency)			
Non-Government Employment (excluding self-employment)			
Self-Employment: (Include business name and name of person who can verify)			
State Government (Non-federal Employment)			
Other Federal Employment			
Other			
Explanation:			
Date Range of Employment:			
From Date (dd-MM-yyyy):		Last Name:	
To Date (dd-MM-yyyy):		First Name:	
Employer/Verifier Address and Phone No.:		Middle Name:	
Street:		Suffix:	
City:		Title:	
State:		Email Address: ['X' here if unknown]	
County:			
Zip Code:			
Country:			
Country Code:			
Telephone No.:			
Extension:			
Applicant work address same as Employer Address? If No, provide address and phone number.		Supervisor work address same as Employer Address? If No, provide address and phone number.	
Street:		Street:	
City:	State:	City:	State:
County:	Zip Code:	County:	Zip Code:
Country:	Country Code:	Country:	Country Code:
Telephone No.:		Telephone No.:	
		Best time to contact:	
Reason for leaving:			

EMPLOYMENT HISTORY DETAIL (U.S Military)

United States Military Employment History (Active Duty, National Guard/Reserve, Commissioned Corps) must be provided for each unit assigned to within the last 7 years.

Unit: Position:			
Unit Name:		Rank:	
Employment Code: (Mark 'X' to one that applies)		Full Time:	Part Time:
Active Military Duty Stations			
National Guard/Reserve			
U.S.P.H.S. Commissioned Corps			
Date Range of Employment		Supervisor/Verifier Information	
From Date (dd-MM-yyyy):		Last Name:	
To Date (dd-MM-yyyy):		First Name:	
Unit Address and Phone No.:		Middle Name:	
Street::		Suffix:	
City:		Title:	
State:		Email Address: ['X' here if unknown]	
County:			
Zip Code:			
Country:			
Country Code:			
Telephone No.:			
Extension:			
Best time to Contact?			
Applicant work address same as Unit?		Supervisor work address same as Unit?	
If No, provide address and phone number.		If No, provide address and phone number.	
Street:		Street::	
City:		City:	
State:		State:	
County:		County:	
Zip Code:		Zip Code:	
Country:		Country:	
Country Code:		Country Code:	
Telephone No.:		Telephone No.:	
Extension:		Extension:	
Best time to Contact?		Best time to Contact?	

Do you have additional employment to add **Yes** **No**

EMPLOYMENT HISTORY DETAIL (U.S Military)

United States Military Employment History (Active Duty, National Guard/Reserve, Commissioned Corps) must be provided for each unit assigned to within the last 7 years.

Unit: Position:			
Unit Name:		Rank:	
Employment Code: (Mark 'X' to one that applies)		Full Time:	Part Time:
Active Military Duty Stations			
National Guard/Reserve			
U.S.P.H.S. Commissioned Corps			
Date Range of Employment		Supervisor/Verifier Information	
From Date (dd-MM-yyyy):		Last Name:	
To Date (dd-MM-yyyy):		First Name:	
Unit Address and Phone No.:		Middle Name:	
Street:		Suffix:	
City:		Title:	
State:		Email Address: ['X' here if unknown]	
County:			
Zip Code:			
Country:			
Country Code:			
Telephone No.:			
Extension:			
Best time to Contact?			
Applicant work address same as Unit?		Supervisor work address same as Unit?	
If No, provide address and phone number.		If No, provide address and phone number.	
Street:		Street:	
City:		City:	
State:		State:	
County:		County:	
Zip Code:		Zip Code:	
Country:		Country:	
Country Code:		Country Code:	
Telephone No.:		Telephone No.:	
Extension:		Extension:	
Best time to Contact?		Best time to Contact?	

Relationship: (Mark "X" to one that applies)								
<input type="checkbox"/>	Adult Living	<input type="checkbox"/>	Associate	<input type="checkbox"/>	Brother	<input type="checkbox"/>	Cohabitant	
<input type="checkbox"/>	Child (custody)	<input type="checkbox"/>	Father	<input type="checkbox"/>	Father in Law	<input type="checkbox"/>	Former Spouse	
<input type="checkbox"/>	Foster Parent	<input type="checkbox"/>	Guardian	<input type="checkbox"/>	Half Brother	<input type="checkbox"/>	Half Sister	
<input type="checkbox"/>	Mother	<input type="checkbox"/>	Mother in Law	<input type="checkbox"/>	Other Relative	<input type="checkbox"/>	Sister	
<input type="checkbox"/>	Stepbrother	<input type="checkbox"/>	Stepchild	<input type="checkbox"/>	Stepfather	<input type="checkbox"/>	Stepmother	
<input type="checkbox"/>	Stepsister							
Last Name:		Maiden Name:		Deceased? Y/N				
First Name:				Dependent? Y/N		Gender:		
Middle Name:		Suffix:		Adopted? Y/N				
Has this relative used any other names? Name:				Dates used: From		To		
Date of Birth: (dd-MM-yyyy)				Aproximate? Y/N				
Last Four SSN #								
Use Applicant's Current Address? Y/N			Street:			City:		
Use Applicant's Home of Record? Y/N			State:		Zip Code:		Country:	
Place of Birth: City:		State:		Country:		Country(ies) of Citizenship:		
Citizenship Document Information: (i.e. Naturalization Cert., U.S. Passport, Alien Reg., etc.)								
Certificate/Registration No.:		Date Issued (dd-MM-yyyy):		Sreet/City/State/Zip Code		Court:		
Foreign Citizenship on any of your Family and Associates this screen must be filed out on each member affected above.								
Approximate date of first contact*				Approximate date of last contact*				
Method of Contact* (check all that apply)								
<input type="checkbox"/> In Person		<input type="checkbox"/> Written Correspondence		<input type="checkbox"/> Electronic (such as e-mail, texting, chat rooms etc)		<input type="checkbox"/> Telephone		
<input type="checkbox"/> Other (provide explanation)								
Approximate frequency of contact* (Select one)								
<input type="checkbox"/> Annually		<input type="checkbox"/> Daily		<input type="checkbox"/> Monthly		<input type="checkbox"/> Quarterly		
Employer Address		<input type="checkbox"/> I don't know		Location is in the US				
Street*		City*		State*		Zip Code		Country
Foreign Affiliation								
Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?								
<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> I don't know				
Explanation Comments								

Relationship: (Mark "X" to one that applies)					
	Adult Living		Associate		Brother
	Child (custody)		Father		Father in Law
	Foster Parent		Guardian		Half Brother
	Mother		Mother in Law		Other Relative
	Stepbrother		Stepchild		Stepfather
	Stepsister				Cohabitant
					Former Spouse
					Half Sister
					Sister
					Stepmother
Last Name:		Maiden Name:		Deceased? Y/N	
First Name:				Dependent? Y/N	Gender:
Middle Name:		Suffix:		Adopted? Y/N	
Has this relative used any other names? Name:			Dates used: From _____ To _____		
Date of Birth: (dd-MM-yyyy)			Aproximate? Y/N		
Last Four SSN #					
Use Applicant's Current Address? Y/N			Street:		City:
Use Applicant's Home of Record? Y/N			State:		Zip Code:
Place of Birth: City:			State:		Country:
					Country(ies) of Citizenship:
Citizenship Document Information: (i.e. Naturalization Cert., U.S. Passport, Alien Reg., etc.)					
Certificate/Registration No.:		Date Issued (dd-MM-yyyy):		Sreet/City/State/Zip Code	
				Court:	
Foreign Citizenship on any of your Family and Associates this screen must be filed out on each member affected above.					
Approximate date of first contact*			Approximate date of last contact*		
Method of Contact* (check all that apply)					
<input type="checkbox"/> In Person		<input type="checkbox"/> Written Correspondence		<input type="checkbox"/> Electronic (such as e-mail, texting, chat rooms etc)	
				<input type="checkbox"/> Telephone	
		<input type="checkbox"/> Other (provide explanation)			
Approximate frequency of contact* (Select one)					
<input type="checkbox"/> Annually		<input type="checkbox"/> Daily		<input type="checkbox"/> Monthly	
				<input type="checkbox"/> Quarterly	
Employer Address <input type="checkbox"/> I don't know Location is in the US					
Street*		City*		State*	
				Zip Code	
				Country	
Foreign Affiliation					
Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?					
<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> I don't know	
Explanation Comments					

Relationship: (Mark "X" to one that applies)							
<input type="checkbox"/>	Adult Living	<input type="checkbox"/>	Associate	<input type="checkbox"/>	Brother	<input type="checkbox"/>	Cohabitant
<input type="checkbox"/>	Child (custody)	<input type="checkbox"/>	Father	<input type="checkbox"/>	Father in Law	<input type="checkbox"/>	Former Spouse
<input type="checkbox"/>	Foster Parent	<input type="checkbox"/>	Guardian	<input type="checkbox"/>	Half Brother	<input type="checkbox"/>	Half Sister
<input type="checkbox"/>	Mother	<input type="checkbox"/>	Mother in Law	<input type="checkbox"/>	Other Relative	<input type="checkbox"/>	Sister
<input type="checkbox"/>	Stepbrother	<input type="checkbox"/>	Stepchild	<input type="checkbox"/>	Stepfather	<input type="checkbox"/>	Stepmother
<input type="checkbox"/>	Stepsister						
Last Name:		Maiden Name:		Deceased? Y/N			
First Name:				Dependent? Y/N		Gender:	
Middle Name:		Suffix:		Adopted? Y/N			
Has this relative used any other names? Name:				Dates used: From		To	
Date of Birth: (dd-MM-yyyy)			Aproximate? Y/N				
Last Four SSN #							
Use Applicant's Current Address? Y/N			Street:			City:	
Use Applicant's Home of Record? Y/N			State:		Zip Code:		Country:
Place of Birth: City:		State:		Country:		Country(ies) of Citizenship:	
Citizenship Document Information: (i.e. Naturalization Cert., U.S. Passport, Alien Reg., etc.)							
Certificate/Registration No.:		Date Issued (dd-MM-yyyy):		Sreet/City/State/Zip Code		Court:	
Foreign Citizenship on any of your Family and Associates this screen must be filed out on each member affected above.							
Approximate date of first contact*				Approximate date of last contact*			
Method of Contact* (check all that apply)							
<input type="checkbox"/> In Person		<input type="checkbox"/> Written Correspondence		<input type="checkbox"/> Electronic (such as e-mail, texting, chat rooms etc)		<input type="checkbox"/> Telephone	
		<input type="checkbox"/> Other (provide explanation)					
Approximate frequency of contact* (Select one)				<input type="checkbox"/> Annually		<input type="checkbox"/> Daily	
				<input type="checkbox"/> Monthly		<input type="checkbox"/> Quarterly	
Employer Address <input type="checkbox"/> I don't know				Location is in the US			
Street*		City*		State*		Zip Code	
						Country	
Foreign Affiliation							
Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?							
<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> I don't know			
Explanation Comments							
Do you have an additional relative to enter <input type="checkbox"/> Yes <input type="checkbox"/> No							
**More Family and associates to be added? Continue on blank sheet providing the above information. _____							