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) (giv	ve dates used on ALL Alia	ases, Yr, Mo thru Yr, Mo)			
DATE OF BIRTH:	PLACE OF BIRTH:				
(YYMMDD)		CITY	COUNTY	STATE	COUNTRY
CITIZENSHIP Born in US	Born abro	ad of US parents	US Na	tional	
Naturalized	Naturaliza	ation Certificate Number		Derive	ed
Dual Citizenship	Where		_		
Alien	1-151 Number	Da	te, Place, Court		
Current Citizenship		Registration 1	Number		
Date and Port of Er	ntry				
NUMBER OF DEPENDENTS UNDE	R THE AGE OF 18:	MARITAL STATUS	6 (check): Married	Single	Divorced Separated
HIGH SCHOOL GRADUATE YES	5 <u>NO</u>	NAME OF S	CHOOL	CITY /	AND STATE
USAREC Form 601-37-13 (ut	odate) IIII 18				V30

PERSONAL SCREENING QUESTIONNAIRE		
Complete all questions. If additional information is required for 'YES' answers given, the question requiring additional information Refer to the end of the Personal Screening Questionnaire section for additional space if needed.	on will be specified.	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 (I became 100% permanently disabled while serving in the Armed Services?	MIA); or died or	
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 St Explanation:	ates?	
17. Have you ever been required to appear before a medical or state regulating authority, regardless of the result, concerning y an impaired, hindered, or otherwise restricted practitioner?	/our health status as	
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 a voluntarily surrendered a license to prescribe narcotics?	ave you ever	
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 organiza	ition?	
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.

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):

Y/N

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 Security Clearance.	Y/N
2. Other than those offenses already listed, have you EVER had the following happen to you?	
 Have you EVER been convicted in any court of the United States of a crime, sentenced to imprisonment for a term exceeding 1 year for that crime and incarcerated as a result of that sentence for not less than 1 year? (Include all qualifying convictions in Federal, state, local, or military court, even if previously listed on this form). 	
 Have you EVER been charged with any felony offense? (Include those under the Uniform Code of Military Justice and nonmilitary/civilian felony offenses). 	
 Have you EVER been convicted of an offense involving 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? 	
Have you EVER been charged with an offense involving firearms or explosives?	
Have you EVER been charged with an offense involving alcohol or drugs?	
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. 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.)	Y/N
 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):	

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	
4. Is there currently a domestic violence protective order or restraining order issued against you?	
5. In the last seven (7) years, have you consulted with a health care professional regarding an emotional or mental health condition or were you hospitalized for such a condition?	
Answer 'No' if the counseling was for any of the following reasons and was not court ordered: 1) strictly marital, family, grief not related to violence by you; or strictly related to adjustments from service in a military combat environment.	
From - To Dates (dd-MM-yyyy):	
Doctor's Last Name:	
Age:	
Explanation:	
Treatment Facility Information (Name, Street address, City, State, Country, Zip Code):	
	Y/N
6. In the last ten (10) years, have you been a party to any public record civil court action not listed elsewhere on this form?	
7. Has your use of alcoholic beverages (such as liquor, beer, wine) resulted in any alcohol-related treatment or counseling (such as for alcohol abuse or alcoholism)?	
8. In the last seven (7) years has your use of alcohol had a negative impact on your work performance, your professional or personal relationships, your finances, or resulted in intervention by law enforcement/public safety personnel?	
9. Have you EVER been ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol?	
10. Have you EVER voluntarily sought counseling or treatment as a result of your use of alcohol?	
11. Have you EVER received counseling or treatment as a result of your use of alcohol in addition to what you have already listed on this form?	
12. In the last seven (7) years have you illegally used any drugs or controlled substances? Use of a drug or controlled substance includes injecting, snorting, inhaling, swallowing, experimenting with or otherwise consuming any drug or controlled substance.	

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	
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	
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	
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	
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	er
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? 2. In the last seven (7) years have you illegally or without authorization, modified, destroyed, manipulated, or denied others access to	er

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	Y/N
	dedication to that end, or with the specific intent to further such activities	

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. <u>Permanent phone number, Current phone number and an email are required</u> (Permanent and current phone number can be the same number).								
Туре	Country Code Telephone No.			hone No.	Ext	Ext. Best time to contact		Day, Night or Both)
Permanent								
Home/Current								
Business								
Mobile/Cell								
DSN								
Pager								
Temporary								
EMAIL	1		<u> </u>		I			
Home Email:								
School Email:								
Work Email:								
Which is your primary ema	ail? (Home,	, School or Wor	k)					
				AL	IAS			
Provide other names used	and the tir	ne period used	(i.e., your maide	n name, nar	ne(s) by a former ma	arriage, nickr	ame(s) or legal name ch	langes, etc.
Name Type(Maiden, Former Marriage, Nickname, Alias, etc.)Other #1 LastOther #1Name		#1 First Name	Othe	Suffix Other #1 Middle Name (Jr., II, etc.)				
From (dd-MM-yyyy):					To (dd-MM-yyyy):			
Reason(s) why the name) changed	l: 						
Name Type (Maiden, Former Marriage Nickname, Alias, etc.)	,	Other # Nar		Other	#2 First Name	Othe	r #2 Middle Name	Suffix (Jr., II, etc.)
From (dd-MM-yyyy):			I	L	To (dd-MM-yyyy):			
Reason(s) why the name	echanged	1:						
Name Type (Maiden, Former Marriage Nickname, Alias, etc.)	ʻ ,	Other # Nar		Other	#3 First Name	Othe	r #2 Middle Name	Suffix (Jr., II, etc.)
From (dd-MM-yyyy):				<u>i</u>	To (dd-MM-yyyy):			
					10 (uu-iviivi-yyyy).			
Reason(s) why the name	> changed	l:						

DESIDENCES

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:				
Set as Mailing Address? Y/N:	['X' here if unknown]				
Set as Permanent 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:				

1

RESIDENCES

spouses, or other relatives and use each "person who knew you"	
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:
Set as Mailing Address? Y/N:	['X' here if unknown]
Set as Permanent 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:
Р	PERMANENT ADDRESS
Complete below if you need to add a Permanent Address for a lo	ocation that is not a former or current address.
Street: City:	
State: County:	
Zip Code: Country:	

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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			
	MILITARY SERVICE HISTORY			
Complete all questions. If additional information is required for 'YES' answers gi end of the Employment Screening section for additional space if needed.		Y/N		
 For this employment, in the last ten (10) years have you received a written disciplined for misconduct in the workplace, such as a violation of security por 	•			
Violation:				
Date of Violation (dd-MM-yyyy):				
Date of Official Action (dd-MM-yyyy)				
Explanation of Violation:				
Employer Name:				
Location of violation (Street address, City, State, County, Zip Code, Country)):			
2. Do you have former federal civilian employment, excluding military service, N	NOT indicated previously, to report?			
 Have any of the following happened to you in the last ten (10) years at em (If 'Yes', you will be required to add an additional employment in Employment 				
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	ce?			
 Received a written warning, been officially reprimanded, suspended, or disc of a security policy? 	iplined for misconduct in the workplace, such as violation			
Explanations*				

EMPLOYMENT HISTORY DETAIL (Civilian)

List all of your employment activities, including unemployment and self-employment, beginning with the present working back 10 years. The entire period must be accounted for without breaks. If the employment activity was military duty, list separate employment activity periods to show each change of military duty station. Do not list employment before your 18th birthday unless to provide a minimum of 2 years employment history. For each period of Military Service in this range, provide information for each unit assignment. To add former federal civilian employment greater than 10 years ago, use the Add Former Federal Employment button.

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):	
	lark 'X' to one that applies)	Job Responsibilities:	
Federal Contractor (List of	contractor, not Federal Agency)		
Non-Government Employ	yment (excluding self-employment)		
Self-Employment: (Incluc	de business name and name of		
person who can verify))		
State Government (Non-	federai Employment)		
Other Federal Employme	ent		
Other			
Explanation:			
Date Range of Employ	vment:	Supervisor/Verifier Information:	
From Date (dd-MM-yyyy)):	Last Name:	
To Date (dd-MM-yyyy):		First Name:	
Employer/Verifier Add	ress and Phone No.:	Middle Name:	
Street:		Suffix:	
City:		Title:	
State:		Email Address: ['X' here if ur	ıknown]
County:			
Zip Code:			
Country:			
Country Code:			
Telephone No.:			
Extension:			
Applicant work addres	ss same as Employer Address?	Supervisor work address same as Employer Ad	dress?
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 Co	ode:
Telephone No.:		Telephone No.:	
		Best time to contact:	

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):
	Mark 'X' to one that applies) t contractor, not Federal Agency)	Job Responsibilities:
Non-Government Emplo	oyment (excluding self-employment)	
person who can verify		
State Government (Nor	n-federal Employment)	
Other Federal Employm	nent	
Other		
Explanation:		
Date Range of Emplo	oyment:	Supervisor/Verifier Information:
From Date (dd-MM-yyy	y):	Last Name:
To Date (dd-MM-yyyy):		First Name:
Employer/Verifier Ad	dress 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	ess same as Employer Address? s 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:

	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:	
County:	County:	
Country Code:	Country Code:	
Telephone No.:	Telephone No.:	
Extension:	Extension:	
Best time to Contact?	Best time to Contact?	

		EMPLOYMENT HIST	ORY 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					
Officer			Active		Active Reserve
Warrant Officer			Inactive Reserve		Unit Member
Service: (Mark 'X' to one that applies)			Rank:		
Air Force Marine	Corps		Current/Highest Grade:		
Army Mercha	nt Marines	S	Effective Date of Grade	(dd-MM-yyy	у):
Coast Guard Navy					
U.S. Pu	blic Health	h Service			
From Date (dd-MM-yyyy):			Date Active Tour Terminate	s (dd-MM-yy	уу):
To Date (dd-MM-yyyy):			NG State:		
Last Four SSN#			Country:		
		Discharge Type: (Ma	ark '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 SPEC	ALITY 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)					
			IFORMATION		
Unit Name:					
Unit Street:	Unit (City		Unit State:	
Unit Zip Code:		Country:		onit otale.	
		-	OR INFORMATION		
Last Name:		First Name:		Midd	le Name:
Suffix:		Title/Rank/Grade		Midd	
		From Date:		To D	ata
Lost Time (DDMMYYYY):				10 D	ai c .
Reason:					

	EMPLOYMENT HISTORY DETAIL (U.S. Military)					
Entry Program/Unit Member), National Gu should be listed. Complete all entries block	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						
Officer	Officer			Active Reserve		
Warrant Officer			Inactive Reserve	Unit Member		
Service: (Mark 'X' to one that applies)			Rank:			
Air Force Mari	ne Corps		Current/Highest Grade:			
Army Merc	chant Marin	es	Effective Date of Grade	(dd-MM-yyyy):		
Coast Guard Navy	/					
U.S.	Public Hea	Ith 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: (Ma	ark '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 SPEC	IALITY 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)						
			FORMATION			
Unit Name:						
Unit Street:	Uni	t City:		Unit State:		
Unit Zip Code:	Uni	t Country:				
	1	SUPERVISO				
Last Name:		First Name:		Middle Name:		
Suffix:		Title/Rank/Grade				
Lost Time (DDMMYYYY):		From Date:		To Date:		
Reason:						

	EMPLOYMENT HIST	ORY 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					
Officer		Active	Active Reserve		
Warrant Officer		Inactive Reserve	Unit Member		
Service: (Mark 'X' to one that applies)		Rank:			
Air Force Marine Cor		Current/Highest Grade:			
Army Merchant M	larines	Effective Date of Grade (dd-M	М-уууу):		
Coast Guard Navy	Li - Mi Ormian				
	Health Service	D to Asting Tampington (dd A			
From Date (dd-MM-yyyy):		Date Active Tour Terminates (dd-M	1М-уууу):		
To Date (dd-MM-yyyy):		NG State:			
Last Four SSN #		Country:			
	Discharge Type: (Ma	ark '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 SPEC	IALITY 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 IN	FORMATION			
Unit Name:					
Unit Street:	Unit City:	Unit S	tate:		
Unit Zip Code:	Unit Country:				
	SUPERVISO	DR INFORMATION			
Last Name:	First Name:		Middle Name:		
Suffix:	Title/Rank/Grade				
Lost Time (DDMMYYYY):	From Date:		To Date:		
Reason:					

MILITARY SERVICE SCHOOLS					
Enter ALL Military Schools attended.					
From Date: (dd-MM-yyyy) To Date: (dd-MM-yyyy)					
School Name:	-				
Course Name:					
Is this the Highest Level service school attended? Y/N	Completed? Y/N				
MILITAR	Y SERVICE SCHOOLS				
Enter ALL Military Schools attended.					
From Date: (dd-MM-yyyy)	To Date: (dd-MM-yyyy)				
School Name:					
Course Name:					
Is this the Highest Level service school attended? Y/N	Completed? Y/N				
R					
From Date: (dd-MM-yyyy)	To Date: (dd-MM-yyyy)				
Installation:					
Type: (Mark 'X' to one that applies)					
Advanced Basic Ranger	Completed? Y/N				
**More Military History to be added? Continue on blank sheet prov	iding the above information.				
	STORY QUESTIONNAIRE				
Complete all questions. If additional information is required for 'YES' answers given, additional information will be specified. Refer to the end of the Foreign History section for additional space if needed.					
 Do you have, or have you had, close and/or continuing contact with a for spouse, or cohabitant are bound by affection, influence, common intere previously listed in Family & Associates. 					
Name of Person Extending Offer: Last First	t Middle Suffix				
Countries of Citizenship:					
Approximate date of first contact:					
Approximate date of last contact:					
Approximate frequency of contact:					
	lectronic (Such as email/texting/chat rooms/etc)				
	rritten correspondence Other				
Nature of relationship with the foreign national: (X all that apply) Professional/Business Personal	Other				
Obligation (explain):	Outer				
Is this foreign national affiliated with a foreign government, mili intelligence service? Y/N/I don't know:	tary, security, defense industry, or				
Does the foreign national have any other names and/or nicknam	nes? Y/N:				
2. Have you, your spouse, cohabitant, or dependent children EVER had					
investments, bank accounts, ownership of corporate entities, corporate direct ownership? (Exclude financial interests in companies or diversified					
Parties involved: Yourself Spouse Cohabi	itant Dependent Children				
Date acquired:					
Type (Bank Accounts, Financial Business, Other):					
Cost at time of acquisition in USD:	Actual or Estimated?				
Current Value or Value at the time control or ownership was sold, lost o	r otherwise disposed (in USD)?				
Actual or Estimated?					
Was control or ownership relinquished? Are there	any co-owners of this foreign financial interest?				

 Have you, your spouse, cohabitant, o your behalf? 	r dependent childrer	EVER had any foreign	financial interests that so	meone controlled on	Y/N			
Parties involved: Yourself	Spouse	Cohabitant	Dependent Child	ren				
Date acquired:								
Type (Bank Accounts, Financial Busi	ness, Other):							
Cost at time of acquisition in USD:		Actual or E	stimated?					
Current Value or Value at the time co	Current Value or Value at the time control or ownership was sold, lost or otherwise disposed (in USD)?							
Actual or Estimated?								
Was control or ownership relinquishe	d?	Are there any co-own	ers of this foreign financia	l interest?				
 Have you, your spouse, cohabitant, o in a foreign country? 	r dependent childrer	n EVER owned, or do yo	u anticipate owning, or pla	an to purchase real estate	Y/N			
Parties involved: Yourself	Spouse	Cohabitant	Dependent Child	ren				
Date acquired or to be acquired:								
Cost at time of acquisition in USD:		Actual or Estimated?						
Type (Business, Land, Rental Proper	ty, Vacation Home, (Other):						
How the real estate was/is to be acqu	ired (such as purcha	ase, gift, etc):						
Foreign owned real estate address	: Street:	City:	C	ountry:				
Was control or ownership relinquishe	d? Are	there any co-owners of t	his foreign financial intere	est?				
 As a U.S. citizen, have you, your spor receive in the future, any educational. 		•		, ,	Y/N			
Parties involved: Yourself	Spouse	Cohabitant	Dependent Child	ren				
Type of benefit (Educational, medical	retirement, social w	velfare, other):						
Frequency of benefit(continuing, futur	e, one-time, other):							
Country providing benefit:								
Value in USD: A	ctual or Estimated?							
As a result of this benefit are you, your s	pouse, your cohabita	ant, or dependent childre	n obligated in any way to	this foreign country?				
6. Have you EVER provided financial su	upport for any foreig	n national?			Y/N			
	Last	First	Middle	Suffix				
Amount of all financial support provide	ed:	Actual or estimated:						
Frequency of support:		Actual of connuced.						
Countries of Citizenship:								
Nature of relationship:								
Foreign national's address: Street:		City:	State:	Country:				
 Have you in the past seven (7) yea organization that you have not previo pursuant to official U.S. Government 	usly listed as a form	••			Y/N			
From Date: (dd-MM-yyyy)		To Date: (dd-l	ММ-уууу)					
Name of Individual to whom Advice of	Support was given:	:						
Last Fire	st	Middle	Suffix					
Name of Foreign Organization or Bus	iness with whom ind	ividual is associated:						
Country of origin for Organization or E	Business:							
Description of advice or support giver	:							
Was Compensation provided:								

8.	Have you, your spouse, cohabitant, or any member of your immediate family in the past seven (7) years been asked to provide advice or serve as a consultant, even informally, by any foreign government official or agency? (Answer 'No' if all the advice or support was authorized pursuant to official U.S. Government business.) For this question, "Immediate Family" means your spouse, parent, step-parents, siblings, half and step-siblings, children, step-children, and cohabitant.						
	Name of Foreign Government Official: Last	First	Middle	Suffix			
	Date of request:						
	Name of agency:						
	Country with which the Government Official or Ag	ency is Affiliated:					
	Circumstances of request:						
9.	Has any foreign national in the past seven (7) with them?	years offered you a job, asked you	to work as a consultant, or cons	sider employment	Y/N		
	Name of Person Extending Offer: Last	First	Middle	Suffix			
	Position description:	Date Offer Extended:					
	Offer address: City State	e Zip	Country				
	Did you accept the offer?						
	Explanation:						
	-				X//N1		
10.	Have you in the past seven (7) years been in above (own, co-own, serve as business consultation).		s venture with a foreign national	not described	Y/N		
	Name of Person Extending Offer: Last	First	Middle	Suffix			
	Current address of Foreign National: Street	City	State Zip	Country			
	Foreign National's Countries of Citizenship:						
	Business Venture Description:						
	Relationship to Foreign National:						
	From date (dd-MM-yyyy):	To date (dd-MM-yyyy):					
	Nature of Association with Business Venture:						
	Position Held: Service	ce Provided:					
	Financial Support Involved (if none explain why):						
	Compensation provided:						
11	Have you in the past seven (7) years attended the U.S.? (Do not include those you attended or p			etings outside	Y/N		
	From date (dd-MM-yyyy):	To date (dd-MM-yyyy):	or the 0.0. government.)				
	Name of Event:	To date (dd Mini yyyy).					
	Description of Event:						
	Name of Sponsoring Organization:						
	Address of Foreign Conference: Street	City	Country				
	Purpose of Event:	Ony	Country				
	Was there any subsequent contact with any forei	on national as a result of the event	>				
		•					
12.	Have you or any member of your immediate fami establishment (such as embassy, consulate, age whether inside or outside the U.S.? (Answer 'No' official U.S. Government travel or foreign travel o siblings, half and step-siblings, children, step-chil	ncy, military service, intelligence or if the contact was for routine visa a n a U.S. passport.) "Immediate Far	security service, etc.) or its repr pplications and border crossing	esentatives, s related to either	Y/N		
	Individual Involved in Contact: Last	First	Middle	Suffix			
	Location of Contact: Street	City	Zip C	Country			
	Date of Contact: Fore	eign Government(s) Involved:					
	Type of establishment (such as embassy, consul involved?	ate, agency, military service, intelli	gence, or security service, etc)				
	Names of foreign representatives involved in con	tact:					
	Purpose or circumstances of contact:						
	Was there any subsequent contact initiated by yo	ou, your immediate family member,	or a representative of the foreig	n organization?			
		· · ·	Ŭ	-			
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13. Have you in the past seven (7) years sp residence?	onsored any foreign national t	to come to the U.S. a	s a student, for work, c	or for permanent	Y/N
Name of Foreign National Last	gn National Last First			Suffix	
Purpose of stay:	From date of stay (dd-MM-yyyy):			dd-MM-yyyy):	
Purpose of sponsorship:	Cou	ntries of Citizenship:			
Birth Date (or I don't know):	Place of Birth: City	State	Zip	Country	
Current address of Foreign National: City	State	Zip	Country		
Sponsorship Organization: Name	City	State	Zip	Country	
Address of Foreign National while residing in	the U.S.: City	State	Zip	Country	
14. Have you EVER voted in the election of a	foreign country?				
Date you voted in the foreign election (dd-	ММ-уууу):				
Name of country involved:					
Reasons for these activities:					
Current eligibility to vote in a foreign election	on:				
15. Are you now or have you ever been emplo	yed by or acted as a consulta	ant for a foreign gover	nment, firm, or agency	?	
From date (dd-MM-yyyy):	To date (dd-MM	l-уууу):			
Firm:					
Government:					
Explanation:					
16. Have you EVER been issued a passport (or identity card for travel) by a	a country other than th	ne U.S.?		
Name in which passport (or identity card)					
Last Fir		Middle	Suffix		
Place issued: City	Country	Middle	Callix		
	Issuing country	Nu	mber		
Issue Date	Expiration	Nu	mber		
Have you ever used this passport (or ident	·				
17. Have you traveled outside the U.S. in the					
If yes, has your travel in the last seven (S. Government busine	ess (i.e., no personal tr	ins in conjunction	
with the official U.S. Government busi					
Please fill out one set of questions for each vis	it out of the country in the last	t 7 years that was NO	T travel under official l	J.S. Government business.	
From Date (dd-MM-yyyy):		To Date (dd-MM-	-уууу):		
Purpose of Visit : Business/Professional	Conference	Educatior	n Othe	r	
Tourism Visit family or friends	Volunteer Activities				
Country Visited:	Numb	per of days involved in	the visit:		
While traveling to, or in this country, were you the local customs or security service official			than for normal custo	ms requirements) by	Y/N
While traveling to or in this country, were you i	nvolved in any encounter with	the police?			
While traveling to or in this country, were you of with foreign intelligence, terrorist, security, of		h any person known c	or suspected of being in	nvolved or associated	
While traveling to, or in this country, were you	involved in any counter intelliç	gence or security issu	es not reported?		
While traveling to or in this country, were you of in you or your job?	contacted by, or in contact with	h anyone exhibiting e:	xcessive knowledge of	or undue interest	
While traveling to or in this country, were you o unclassified, sensitive information?	contacted by, or in contact with	h anyone attempting t	o obtain classified info	rmation or	
While traveling to, or in this country, were you or foreign intelligence or security service?	threatened, coerced, or press	ured in any way to co	operate with a foreign	government official	1

From Date (dd-MM-yyyy):	Тс	Date (dd-MM-yyyy):						
Purpose of Visit : Business/Professional	Conference	Education	Other					
Tourism Visit family or friends	Volunteer Activities							
Country Visited:	Number c	f 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 Y/ the local customs or security service officials when entering or leaving this country? Y/							
While traveling to or in this country, were you invol	ved in any encounter with the	police?						
While traveling to or in this country, were you conta with foreign intelligence, terrorist, security, or m		y person known or suspec	ted of being involved or associated					
While traveling to, or in this country, were you invo	lved in any counter intelligence	e or security issues not rep	ported?					
While traveling to or in this country, were you conta in you or your job?	acted by, or in contact with an	yone exhibiting excessive l	knowledge of or undue interest					
While traveling to or in this country, were you conta unclassified, sensitive information?	acted by, or in contact with an	yone attempting to obtain o	classified information or					
While traveling to, or in this country, were you thre or foreign intelligence or security service?	atened, coerced, or pressured	l in any way to cooperate v	vith a foreign government official					
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 o	f 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?								
While traveling to or in this country, were you invol	ved 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 invo	lved in any counter intelligence	e or security issues not rep	ported?					
While traveling to or in this country, were you conta in you or your job?	acted by, or in contact with an	yone exhibiting excessive l	knowledge of or undue interest					
While traveling to or in this country, were you conta unclassified, sensitive information?	acted by, or in contact with an	yone attempting to obtain o	classified information or					
While traveling to, or in this country, were you thre or foreign intelligence or security service?	atened, coerced, or pressured	l in any way to cooperate v	vith a foreign government official					
Include question number and explain all 'YES	answers that apply:							

AW	ARD INFORMATION									
List military awards received. Do not list theater or service meda	als.									
Award:	Award:									
Award:	Award:									
Award: Award:										
Award: Award:										
Award: Award:										
GOVER	NMENT AND MILITARY									
Complete all questions. If additional information is required for 'YES' ans specified. Refer to the end of the Government and Military section for fur		Y/N								
1. Have you EVER served in the U.S. Military?										
 Have you EVER served, as a civilian or military member in a foreign co other defense force, or government agency? 	ountry's military, intelligence, diplomatic, security forces, militia,									
3. Have you EVER received a discharge that was not honorable?										
 In the last 7 years, have you been subject to court martial or other disc (UCMJ), such as Article 15, Captain's mast, Article 135 Court of Inqui 										
Date of the court martial or other disciplinary procedure (dd-MM-yyyy):										
Description of the Uniform Code of Military Justice (UCMJ) offenses(s) for	r which you were charged:									
Description of the Uniform Code of Military Justice (UCMJ) offenses(s) for	r which you were charged:									
Court or Convening Authority:										
City State	City State County									
Description of the final outcome of the disciplinary procedure										
5. Are you now or have you ever been a deserter from any branch of the armed forces of the United States?										
6. Have you ever been employed by the United States Government?										
7. Are you now drawing, or do you have an application pending, or appro from any agency of the government of the United States?	val for: retired pay, disability allowance, severance pay, or pension									
 Are you now or have you ever been a conscientious objector? (That is objection to participation in war in any form or to the bearing of arms been approximately and the second sec										
 9.Is there anything which would preclude you from performing military du (i.e., do you have any personal restrictions or religious practices whic 										
10. Have you ever been discharged by any branch of the Armed Forces of conscientious objector?	of the United States for reasons pertaining to being a									
11. Have you ever been an officer or a member or made a contribution to States Government and which engages in illegal activities to that end, specific intent to further such activities?	-									
12. Have you ever knowingly engaged in any acts or activities designed t	o overthrow the United States Government by force?									
 Have you ever applied and not been selected for appointment in Reg Date (dd-MM-yyyy): 	ular Army as a commissioned officer?									
Explanation:										
 Have you ever applied and not been selected for appointment in Reg Date (dd-MM-yyyy): Explanation: 	ular Army as a warrant officer?									
15. Have you ever applied and not been selected for appointment in Rese Date (dd-MM-yyyy): Explanation:	erve component (USAR/ARNG) as a commissioned officer?									
 Have you ever applied and not been selected for appointment in Reso Date (dd-MM-yyyy): Explanation: 	erve component (USAR/ARNG) as a warrant officer?									

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17. How we are the and est here related for OCC2	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	

Complete all questions. Additional information is required for	•	to the end of the	Y/N						
Education Questionnaire section for additional information. 1. Is your Qualifying Degree from a foreign school?									
2. Did you graduate from a High School? (Must list high school informa	ation								
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	· · · · · · · · · · · · · · · · · · ·								
Are you currently fulfilling a reserve obligation because of receiving an	GRFD-ROTC scholarship or n	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									
Iist Fellowships, Residencies, and Internships (GME) on an "Advan-									
 you may use the school registrar as a reference for verification, but 	EDUCATION	e number							
School Information:	From Date [,] (dd-M	ΙΜ-ννον							
Name:	From Date: (dd-M	ІМ-уууу)							
Education Type: (Mark 'X' to one that applies)	To Date: (dd-MM	І-уууу)							
High School Graduate									
Undergraduate Doctorate									
Online School? Website address:									
Area of Study:									
Degree/Diploma/Other:	Major:								
Credit Hours:	Credit Type: (sem	nester, quarter, etc.)							
Graduated?: (Y/N)	Graduation Date:								
School Location:									
Street:	State:	Zip Code:							
City:	Country:								
Reference Information:	1								
Last Name:	Country Code:								
First Name:	Telephone No.:								
Middle Name: Suffix:		Zip Code:							
Middle Name: Suffix: Street:	State:								
	State: Country:								
Street: City:	Country:		Y/N						
Street:	Country:		Y/N						
Street: City: Questions About School (If answering Yes, provide detailed ex	Country: planation below).	?	Y/N						

		EDUCATION								
School Information:										
Name:		From Date: (dd-MM-yyy	y)							
Education Type: (Mark 'X' to	one that applies)	To Date: (dd-MM-yyyy)	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:		I								
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:	2.p 0000.							
	answering Yes, provide detailed exp				Y/N					
	om school or placed on probation?	janation below).			1/1					
	nt of special educational honors, Dean's	s List awards or scholarships?								
	bly, provide a brief explanation:									
School Information:		From Date: (dd MM) yau	a.()							
Name: Education Type: (Mark 'X' to	one that applies)	From Date: (dd-MM-yyy								
		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 a	answering Yes, provide detailed ex	planation below).			Y/N					
Have you ever been expelled from	om school or placed on probation?									
Have you ever been the recipier	nt of special educational honors, Dean's	s List, awards or scholarships?								
10 A D E O E 004 07 40										

Do you have additional education to Yes	enter (include education within the	e last 10 years, as well as degrees or diploma	as more than 10 years ago)?								
For all YES answers that apply, p	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: [Ma	irk '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	ation:										
Street:		State:	Zip Code:								
City:	Country:	Phone #:									
Questions About School (If answ	vering Yes, provide detailed ex	planation below).									
Board Eligible? Y/N:	lf Yes, S	Specialty Board Name:									
Board Certified? Y/N:	Certifica	ation 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: [Ma	ark '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	ation:										
Street:		State:	Zip Code:								
City:	Country:	Phone #:									
Questions About School (If answ	vering Yes, provide detailed ex	planation below).									
Board Eligible? Y/N:	If Yes, S	Specialty Board Name:									
Board Certified? Y/N:	Certifica	ation Date (dd-MM-yyyy):									
List ALL education/training recei All information must match prof	ived to include fellowship, inter	OVANCED EDUCATION rnship, residency and specialty training. fication letters submitted.	Complete all entries that may apply.								
Hospital/School Information: [Ma	ark '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	ation:										
Street:		State:	Zip Code:								
City:	Country:	Phone #:									

Questions About Schoo	l (If answering Yes, provide	e detailed explar	nation below).			
Board Eligible? Y/N:		If Yes, Spec	cialty Board Name:			
Board Certified? Y/N:		Certification	Date (dd-MM-yyyy):		
Do you have additional edu	ucation to enter (include educa	tion within the las	t 10 years, as well	as degrees or diplomas	more than 10 years ago)?	
Yes No						
**More education to be a	added? Continue on blank	sheet providing	the above inforn	ation		
		FINANCIAL H	ISTORY QUESTIC	ONNAIRE		
Complete all questions. Ad section for additional ir	ditional information is required	for 'YES' answer	rs given. Refer to th	e end of the Financial H	istory Questionnaire	Y/N
1. In the last seven (7) y	ears have you filed a petition	under any chapte	er of the bankruptcy	code?		
Date Bankruptcy Filed (dd-MM-yyyy):	Da	ate Bankruptcy Disc	harged (dd-MM-yyyy):		
Bankruptcy Type (Chap	ter 7, 11, 13):	To	tal Amount of Bank	ruptcy:\$		
Bankruptcy Court Docke	et/Account Number:					
Name Debt is Recorded	Under:					
Were you discharged of	all debts claimed in this bankr	uptcy?	Explanation	:		
Court Name:		Street		City		
State	Zip	Country				
2. Have vou EVER experi	enced financial problems due	to gambling?				
	s Began because of Gambling					
Date Financial Problems						
	Gambling Losses incurred: \$					
	Problems due to Gambling:					
-	ctions(s) to rectify your financia	al problems due to	o gambling, proved	description of your actio	ns. If you have not taken	
any action(s), provide	.,		- <u>-</u>			
3. In the past seven (7)	/ears have you failed to file or	r pay Federal, sta	te, or other taxes w	hen required by law or c	ordinance?	
Date you failed to file o	r pay your Federal, State, or o	ther taxes (dd-MN	1-уууу):			
Date satisfied (dd-MM-	vvvv):	Amount o	f taxes:			
Did you Fail to File, Pay		Type of Ta	axes:			
	r Agency to which you failed to	pay:				
Reason for failure to file	e/pay:					
Description of actions ta	aken to satisfy this debt (such	as withholdings, f	requency and amo	unt of payments, etc.) If	you have not taken any	
action(s) provide ex	planation:					
4. In the past seven (7) y provided by your em	years have you been counsele	ed, warned, or dis	ciplined for violating	the terms of agreemer	t for a travel or credit card	
Date of your counseling	, warning, or disciplinary actior	ו:				
Name of Agency or Con	npany or Employer:					
Street	City		State	Zip	Country	
Amount of Violation:\$						
Reason(s) for the couns	eling, warning, or disciplinary	action:				
Description of action(s)	taken to rectify this situation. I	f not taken any ac	tion(s), provide exp	lanation:		
5. Are you currently utilizir difficulties?	ng, or seeking assistance from	, a credit counseli	ng service or other	similar resource to reso	lve your financial	
Explanation of Credit Co	ounseling:					
Name of the Credit Cou	nseling Organization or Resou	Irce:		City	State	
Phone #:	Ext:	Best	time to contact:			
As a result of this couns	eling, provide a description or	any actions(s) ye	ou have taken to re	solve your financial diffic	culties. If you have not	
taken any action(s),	provide explanation					

 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). 												
	the past seven (7) years, you have		quent on alimony or	r child support p	ayments.							
• 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).												
7. 0	ther than previously listed, have any o	f the followir	ng happened?									
	the past seven (7) years , you had a financial obligations for which you whe						(Include					
 financial obligations for which you where 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 where the sole debtor as well as those where you were a cosigner or guarantor) 												
	the past seven (7) years , you had the sole debtor as well as those where				? (Include fin	ancial obligations for wh	nich you	were				
	I the past seven (7) years you had a (Include financial obligations for which	-	-	-			-					
	the past seven (7) years , you were											
	the past seven (7) years , you had y			-		-						
	the past seven (7) years , you have which you where the sole debtor as we		•	•	•	entered? (Include finand	cial oblig	ations for				
• Y	ou are currently over 120 days delinqu where you were a cosigner or guarant		lebt? (Include finan	icial obligations	for which you	where the sole debtor a	as well a	as those				
Inc	lude question number and explain	all 'YES' a	nswers without p	rior explanatio	on to include	e the following inform	ation:					
	e (dd-MM-yyyy) Financial issue began					0,00	ldividual	to whom Debt				
	is/was owed, Name Action Occurred U	nder, Statu	s of Action, Explana	allon, Court/Age	ncy Name an	a Address.						
					TE0							
Com	plete all entries that apply to the best o	of your know		LY & ASSOCIA		d. If married provide	Spouse,	, Mother in Law an	d			
	Father in Law information. If divorced,	-		-		-		•				
	and place of birth information. SSNs a U.S., provide citizenship information.	re required f	for those you will lis	st as beneficiarie	s. <u>If an</u>	yone was not born in th	e U.S., I	but currently resid	e in the			
	lationship: (Mark 'X' to one that ap	- nlies)										
	Adult Living w/you		ociate		Brother			Cohabitant				
	Child (custody)	Fath			Father in L	2004		Former Spouse				
	Foster Parent		Irdian		Half Broth			Half Sister				
х	Mother		her in Law		Other Rela			Sister				
	Stepbrother	Ste	pchild		Stepfathe	er		Stepmother				
	Stepsister						1					
Last	Name:		Maiden Name:		Deceased?	Y/N						
First	Name:				Dependent	? Y/N	Gende	er:				
Midd	le Name:		Suffix:		Adopted? Y	//N						
Date	of Birth: (dd-MM-yyyy)		Approximate? Y	/N	L							
Has	this relative used any other names? Na	ame:		Dates us	sed: From		То					
Use	Applicant's Current Address? Y/N		Street:				City:					
Use Applicant's Home of Record? Y/N State: Zip Code: Country:												
Plac	e of Birth: City:	State	e:	Country:	I	Country(ies) of Citizer	nship:					
IISAE	REC Form 601-37 13 JULI 18	I							V 3 00			

Citizenship Document Information: (i.e. Naturalization Cert., U.S. Passport, Alien Reg., etc.)												
Certif	cate/Registration No.:		Dat	e Issue	ed (d	ld-MM-yyyy):	Stree	et/City/S	State/Zip Co	ode	С	ourt:
Forei	gn Citizenship on any of yo	our Fai	mily a	nd As	soc	iates this scr	en mus	st be fil	ed out on e	each member affected	d above	
Appro	eximate date of first contact*						A	pproxin	nate date of I	last contact*		
Metho	od of Contact* (check all that a	pply)			El	ectronic (such	as e-mai	l, textin	g, chat room	is etc)	Tele	ephone
	In Person	W	ritten	Corres	pond	lence		Othe	(provide ex	planation) 🗌		
Appro	oximate frequency of contact* (Selec	t one)			Annually			Daily	Monthly		Quarterly
Employer Address I don't know Location is in the US												
Stre	et*		С	ity*			Stat	te*	Zi	ip Code	Co	ountry
Forei	gn Affiliation											
ls thi	s relative affiliated with a fo	oreign	gove	rnmen	t, m	ilitary, securi	ty, defei	nse ind	ustry, forei	ign movement, or int	elligenc	e service?
	Yes		No			🗌 l doi	n't knov	,				
Expla	anation Comments											
Relat	ionship: (Mark "X" to one t	that ap	oplies	1				1	5 4			
	Adult Living w/you		V	Asso		e			Brother			Cohabitant
	Child (custody) Foster Parent		Х	Fath Gua					Father in I Half Broth			Former Spouse Half Sister
	Mother					n Law			Other Rela			Sister
	Stepbrother			Ste					Stepfathe			Stepmother
	Stepsister			Sie	JCIII				Steplatit			otephotner
Last	Vame:				Ма	aiden Name:			Deceased?	2 ¥/N		
	Name:				IVIA	auen name.			Dependent		Gend	or.
	e Name:				S 11	uffix:			Adopted? Y		Genu	
	nis relative used any other nan	0002 N	ame.		Su				Dates used:			То
	of Birth: (dd-MM-yyyy)		ame.				Approxim	nate? V				10
	pplicant's Current Address? Y	'/N				Street:	тррголіт				City:	
	pplicant's Home of Record? Y					State:			Country:		-	-1
	of Birth: City:	/11		State:		State.	Countr		Country.	Country(ies) of Citize	Zip Co	de:
Flace	or birtit. City.			State.			Country	y.		Country(les) of Chize	nsnip.	
Citiz	enship Document Informati	00.	(i o N	laturali	zatic	on Cert., U.S. P	assnort	Alion R	equetc)			
	•	011.	Ì				-			-1-		N=4.
Ceru	ficate/Registration No.:		Da	ate Issu	ied ((dd-MM-yyyy):	Sre	et/City/	State/Zip Co	de		Court:
Fore	ign Citizenship on any of ye	our Fa	milv a	and As	soc	ciates this scr	een mu	st be fi	led out on e	each member affecte	d above	9.
	oximate date of first contact*		,							last contact*		
Meth	od of Contact* (check all that a	(vlage		Г	٦e	lectronic (such	as e-ma	il textir	a chat room	ns etc)	Tel	ephone
mean		_	/ritten	L Corres			Γ		r (provide ex			
Appr	oximate frequency of contact*	(Selec	t one)			Annually			Daily	Monthly	[Quarterly
Emp	loyer Address	don't	know	,		Locatio	on is in	the US				
Stre				ity*			Sta		z	/ip Code	C	ountry
			-	-			- /				-	•

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						
Expla	nation Comments										
Relat	ionship: (Mark "X" to one that a	pplies)									
	Adult Living w/you Associate Brother Cohabitant										
	Child (custody)	Father Father in Law Former Spouse									
	Foster Parent	Guardian Half Brother Half Sister									
	Mother	Mot	her in	Law		Other Rela	ative		Sister		
	Stepbrother	Ste	pchild			Stepfathe	r		Stepmother		
	Stepsister										
Last Name: Maiden Name: Deceased? Y/N											
First I	lame:					Dependent	? Y/N	Gen	der:		
Middl	e Name:		Suffix	x:		Adopted? Y	//N				
Has this relative used any other names? Name: Dates used: From To											
Date	of Birth: (dd-MM-yyyy)			Appro	oximate? Y/N						
Last F	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:											
Citiz	enship Document Information:	(i.e. Natural	zatior	n Cert., U.S. Pa	assport, Alien F	leg., etc.)					
Certit	icate/Registration No.:	Date Issued	(dd-N	ІМ-уууу):	Sreet/City/Sta	ate/Zip Cod		(Court:		
Fore	gn Citizenship on any of your Fa	amily and As	ssocia	ates this scre	en must be fi	led out on e	each member affected	l abov	e.		
Appro	eximate date of first contact*				Approxir	nate date of	last contact*				
Meth	od of Contact* (check all that apply)	[Ele	ctronic (such a	as e-mail, textir	g, chat room	is etc)	П	lephone		
	In Person	/ritten Corres	ponde	ence	Othe	· (provide exp	olanation)				
Appro	oximate frequency of contact* (Selection	ct one)		Annually		Daily	Monthly		Quarterly		
Emp	oyer Address I don't	know		Locatio	n is in the US						
Stre	et*	City*			State*	z	ip Code	С	Country		
Forei	gn Affiliation										
Is thi	s relative affiliated with a foreign	governmer	ıt, mil	itary, securit	y, defense inc	lustry, forei	gn movement, or inte	lligen	ce service?		
	Yes	No		🗌 l don	't know						
Expla	nation Comments										

Relat	ionship: (Mark "X" to one that a	pplies)									
	Adult Living w/you	As	ssociat	te		Brother			Cohabitant		
	Child (custody)	Fa	ather			Father in I	_aw		Former Spouse		
	Foster Parent	G	uardiar	n		Half Broth	er		Half Sister		
	Mother	М	other in	n Law		Other Rela	ative		Sister		
	Stepbrother	5	Stepchi	ild		Stepfathe	r		Stepmother		
	Stepsister										
Last I	lame:		Ма	aiden Name:		Deceased?	Y/N				
First I	Name:					Dependent		Gen	Gender:		
Middl	e Name:		Suf	fix:		Adopted? Y	//N				
Has t	nis relative used any other names?	Name:				Dates used:			То		
Date	of Birth: (dd-MM-yyyy)			Appr	oximate? Y/N						
Last F	Four SSN #										
Use A	pplicant's Current Address? Y/N			Street:				City:			
Use A	pplicant's Home of Record? Y/N			State:		Zip Code	9:	Cou	ntry:		
	of Birth: City:	Sta	te:		Country:		Country(ies) of Citizer	ship:			
	,				,						
Citize	nship Document Information:	(i.e. Natur	alizatio	on Cert., U.S. P	assport, Alien F	Reg., etc.)					
Certifi	cate/Registration No.:	Date Issue	ed (dd-	-ММ-уууу):	Sreet/City/Sta	te/Zip Code			Court:		
Forei	gn Citizenship on any of your Fa	mily and A	Assoc	iates this scre	en must be fi	led out on e	ach member affected	abov	е.		
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*											
	od of Contact* (check all that apply)		E	lectronic (such				Πτε	lephone		
	d of Contact* (check all that apply)	Vritten Corr			as e-mail, textir		s etc)	Πte	elephone		
Metho	d of Contact* (check all that apply)				as e-mail, textir	ıg, chat room	s etc)	Πτε	elephone		
Metho	d of Contact* (check all that apply)			dence	as e-mail, textir	ng, chat room r (provide exp Daily	s etc) planation)	Πτε			
Metho	of Contact* (check all that apply)	ct one)		dence	as e-mail, textir Othe	ng, chat room r (provide ex Daily	s etc) planation)		Quarterly		
Metho Appro Empl Stre	od of Contact* (check all that apply) In Person Ximate frequency of contact* (Select Oyer Address I don't et*	ct one) : know		dence	as e-mail, textir Othe	ng, chat room r (provide ex Daily	s etc) planation)				
Metho Appro Empl Stre Forei	of Contact* (check all that apply)	ct one) : know City*	espond	dence	as e-mail, textir Othe	ng, chat room r (provide ex Daily Z	s etc) planation) Monthly ip Code		Quarterly		
Metho Appro Empl Stre Forei	In Person	ct one) : know City*	espond	dence	as e-mail, textir Othe	ng, chat room r (provide ex Daily Z	s etc) planation) Monthly ip Code		Quarterly		
Metho Appro Empl Stre Forei Is this	d of Contact* (check all that apply) In Person Ximate frequency of contact* (Seler oyer Address I don't et* gn Affiliation s relative affiliated with a foreign Yes	ct one) : know City* governme	espond	dence	as e-mail, textir Othe	ng, chat room r (provide ex Daily Z	s etc) planation) Monthly ip Code		Quarterly		
Metho Appro Empl Stre Forei Is this	In Person	ct one) : know City* governme	espond	dence	as e-mail, textir Othe	ng, chat room r (provide ex Daily Z	s etc) planation) Monthly ip Code		Quarterly		
Metho Appro Empl Stre Forei Is this	d of Contact* (check all that apply) In Person Ximate frequency of contact* (Seler oyer Address I don't et* gn Affiliation s relative affiliated with a foreign Yes	ct one) : know City* governme	espond	dence	as e-mail, textir Othe	ng, chat room r (provide ex Daily Z	s etc) planation) Monthly ip Code		Quarterly		
Metho Appro Empl Stre Forei Is this	d of Contact* (check all that apply) In Person Ximate frequency of contact* (Seler oyer Address I don't et* gn Affiliation s relative affiliated with a foreign Yes	ct one) : know City* governme	espond	dence	as e-mail, textir Othe	ng, chat room r (provide ex Daily Z	s etc) planation) Monthly ip Code		Quarterly		
Metho Appro Empl Stre Forei Is this	d of Contact* (check all that apply) In Person Ximate frequency of contact* (Seler oyer Address I don't et* gn Affiliation s relative affiliated with a foreign Yes	ct one) : know City* governme	espond	dence	as e-mail, textir Othe	ng, chat room r (provide ex Daily Z	s etc) planation) Monthly ip Code		Quarterly		
Metho Appro Empl Stre Forei Is this	d of Contact* (check all that apply) In Person Ximate frequency of contact* (Seler oyer Address I don't et* gn Affiliation s relative affiliated with a foreign Yes	ct one) : know City* governme	espond	dence	as e-mail, textir Othe	ng, chat room r (provide ex Daily Z	s etc) planation) Monthly ip Code		Quarterly		
Metho Appro Empl Stre Forei Is this	d of Contact* (check all that apply) In Person Ximate frequency of contact* (Seler oyer Address I don't et* gn Affiliation s relative affiliated with a foreign Yes	ct one) : know City* governme	espond	dence	as e-mail, textir Othe	ng, chat room r (provide ex Daily Z	s etc) planation) Monthly ip Code		Quarterly		
Metho Appro Empl Stre Forei Is this	d of Contact* (check all that apply) In Person Ximate frequency of contact* (Seler oyer Address I don't et* gn Affiliation s relative affiliated with a foreign Yes	ct one) : know City* governme	espond	dence	as e-mail, textir Othe	ng, chat room r (provide ex Daily Z	s etc) planation) Monthly ip Code		Quarterly		
Metho Appro Empl Stre Forei Is this	d of Contact* (check all that apply) In Person Ximate frequency of contact* (Selectory Over Address I don't et* gn Affiliation s relative affiliated with a foreign Yes	ct one) : know City* governme	espond	dence	as e-mail, textir Othe	ng, chat room r (provide ex Daily Z	s etc) planation) Monthly ip Code		Quarterly		
Metho Appro Empl Stre Forei Is this	d of Contact* (check all that apply) In Person Ximate frequency of contact* (Selectory Over Address I don't et* gn Affiliation s relative affiliated with a foreign Yes	ct one) : know City* governme	espond	dence	as e-mail, textir Othe	ng, chat room r (provide ex Daily Z	s etc) planation) Monthly ip Code		Quarterly		
Metho Appro Empl Stre Forei Is this	d of Contact* (check all that apply) In Person Ximate frequency of contact* (Selectory Over Address I don't et* gn Affiliation s relative affiliated with a foreign Yes	ct one) : know City* governme	espond	dence	as e-mail, textir Othe	ng, chat room r (provide ex Daily Z	s etc) planation) Monthly ip Code		Quarterly		
Metho Appro Empl Stre Forei Is this	d of Contact* (check all that apply) In Person Ximate frequency of contact* (Selectory Over Address I don't et* gn Affiliation s relative affiliated with a foreign Yes	ct one) : know City* governme	espond	dence	as e-mail, textir Othe	ng, chat room r (provide ex Daily Z	s etc) planation) Monthly ip Code		Quarterly		
Metho Appro Empl Stre Forei Is this	d of Contact* (check all that apply) In Person Ximate frequency of contact* (Selectory Over Address I don't et* gn Affiliation s relative affiliated with a foreign Yes	ct one) : know City* governme	espond	dence	as e-mail, textir Othe	ng, chat room r (provide ex Daily Z	s etc) planation) Monthly ip Code		Quarterly		

SPOUSE INFORMATION												
Last Name:						Current Spouse? Y/N						
First Name:						Separated? Y/N Date separated?						
Middle Name:			Suffix				ouse is currently m requesting jo			active duty Y/N		
Date of Birth: (dd-MM-yyyy)			Approxim	ate DOB	?							
Last Four SSN#			or che	eck not App	licable							
Use Applicant's Current Address	s? Y/N		Street:					City:				
Use Applicant's Home of Record	1? Y/N		State:		Zip (Code:		Cour	ntry:			
Place of Birth:					1							
City/County of Birth:		State of Birth	h:		Country of E	Birth:			Cou	ntry of Citizenship:		
Phone:												
Country Code:			Telepl	hone No.:					Ext.:			
Place of Marriage:									1			
Date Married: (dd-MM-yyyy)												
City:		Coun	ty:			Country:						
Location of Record:												
City:	State:		C	County:		Zip Code:				Country:		
Citizenship Document Inform	ation:	(i.e. Naturaliz:	ation Cer	t IIS Pas	sport Alien F	Reg etc)					
Certificate/Registration No.:	i	sued: (dd-MN			City/State/Zip	-	•)			Court:		
	2 410 10				,, c, <u>.</u>	0000						
Alias:								-				
Maiden Name:			From:	(dd-MM-yyy	ry)			To: (dd	-MM-y	ууу)		
Former Married:			From:	(dd-MM-yyy	ry)	To: (dd				-ММ-уууу)		
Former Name:			From:	(dd-MM-yyy	ry)			To: (dd	-MM-y	ууу)		
Nickname:			From:	(dd-MM-yyy	/у)			To: (dd	-MM-y	ууу)		
Married:			From:	(dd-MM-yyy	/у)			To: (dd	-MM-y	ууу)		
Foreign Citizenship on any o	f your F	amily and As	ssociate	s this scre	en must be	filed ou	it on each me	mber affe	ected	above.		
Approximate date of first contact	t*				Appro	ximate d	ate of last conta	act*				
Method of Contact* (check all th	at apply)	[Electr	onic (such a	as e-mail, tex	ting, cha	t rooms etc)		[Telephone		
In Person	۲ ا	Written Corres	pondenc	æ	Oth Oth	ner (provi	ide explanation)				
Approximate frequency of conta	ct* (Sele	ect one)		Annually	[Daily		Monthly	,	Quarterly		
Empoyer Address	l don'	t know	[Locatio	n is in the L	IS						
Street*		City*			State*		Zip Code			Country		
Foreign Affiliation												
Is this relative affiliated with			nt, milita			ndustry	, foreign mov	ement, o	r intel	ligence service?		
Yes]No		I don	't know							
Explanation Comments												

				FO	RMER SPO	OUSE INF	ORMATI	ON				
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)	Date of Birth: (dd-MM-yyyy) Approxim											
Last Four SSN #												
Last Known Address:												
Use Other Family Members/Associates Address? \	//N			Stre	eet:					City:		
If Yes, provide name used:				State	ie:		Zip Cod	e:		Cour	ntry:	
Place of Birth:												
City /County of Birth:		State of Birt	ו:			Country	of Birth:			Countr	y of Citizenship:	
Phone:		L							•			
Country Code:			Te	elepho	ne No.:					Ext.:		
Place of Marriage:												
Date Married: (dd-MM-yyyy)												
City:	s	state:			County:			Country:				
Location of Record:												
Date Divorced: (dd-MM-yyyy)												
City:	Sta	ite:		С	County:			Zip Code:			Country:	
Alias:											I	
Maiden Name:			From:	: (dd-M	1М-уууу)				To: (dd-MN	Л-уууу)		
Former Married:			From:	: (dd-M	dd-MM-yyyy)			To: (dd-MM-yy				
Former Name:			From:	: (dd-M	1М-уууу)				To: (dd-MN	Л-уууу)		
Nickname:			From:	: (dd-M	1М-уууу)			To: (dd-MM-			-уууу)	
Married:			From:	: (dd-M	1М-уууу)				To: (dd-MN	Л-уууу)		
Foreign Citizenship on any of	your	Family and	Assoc	ciates	this screer	n must be	e filed out	on each m	ember affe	cted ab	oove.	
Approximate date of first contact	*					Appro	oximate da	te of last cor	ntact*			
Method of Contact* (check all that	at appl	ly)	E	lectron	nic (such as	e-mail, te	xting, chat	rooms etc)			Telephone	
In Person		Written Corr	espon	dence			ther (provid	de explanatio	on)			
Approximate frequency of contac	ct*(Se	elect one)			nnually		🗌 Daily	I	Monthly		Quarterly	
Empoyer Address] I do	n't know			Location	is in the	US					
Street*		City*				State	9*	Zi	p Code		Country	
Foreign Affiliation Is this relative affiliated with a	a forei	ign governm No	ent, m	nilitary	/, security, ☐ I don't I		industry,	foreign mo	ovement, or	intellig	jence service?	
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	Name Type					
(Maiden, Former Marriage, Nickname, Alias, etc.)	Other #1 Last Name	Other #1 First Name		Other #1 Middle Name	Suffix (Jr., II, etc.)	
Nickildille, Allas, etc.	INGING				(01., 11, 610.)	
			·			
From (dd-MM-yyyy):			To (dd-MM-yyyy):			
Reason(s) why the name changed:						
Name Type (Maiden, Former Marriage,	Other #2 Last				Suffix	
Nickname, Alias, etc.)	Name	Other #2 First Name		Other #2 Middle Name	(Jr., II, etc.)	
From (dd-MM-yyyy):		To (dd-MM-yyyy):				
Reason(s) why the name changed:						
Name Type						
(Maiden, Former Marriage,	Other #3 Last				Suffix	
Nickname, Alias, etc.)	Name	Other #3 First Name		Other #3 Middle Name	(Jr., II, etc.)	
			Γ			
From (dd-MM-yyyy):	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*	eet* City*		S	State* Zip Co	de	
Base of Naturalization						
---	---					
Base on Naturalization* Based on my own individ	dual 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						
Explanation/Comments:						
PROFESSIONA	L REFERENCES					
These are Professional References used to determine your qualifications Character Reference function.	and ability to perform. Character References are entered on the					
List a minimum of three people who know your work. They should be supervisors						
position to know the quality of your work and your work habits and ethics. At least reported to that person. The supervisory positions have a Reference Type of Sup	ervisor, 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 Emp						
#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.: Extension:	Telephone No.: Extension:					
	untry Code Telephone No					
Best Time to Contact Day Night 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:	I					
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:					
	untry Code Telephone No					
Best Time to Contact Day Night Both						

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#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 Night	Available Day or Night? Day Night
Country Code:	Country Code:
Telephone No.: Extension:	Telephone No.: Extension:
Cell /Mobile Phone Number Or check I don't know	Country Code Telephone No
Best Time to Contact Day Night Bot	n
CHARACT	ER REFERENCES
These are Character References used to obtain a security clearance.	Professional References are entered on the
Professional Reference function.	
Provide three people who know you well and who preferably live in the U.S. T etc., who are collectively aware of your activities outside of your workplace, so least the last seven (7) years. Do not list your spouse, former spouse(s), other If need be, an individual you use as a Professional Reference can also be used.	chool, or neighborhood, and whose combined association with you covers at relatives, or anyone listed elsewhere on this form.
#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:
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:
	ountry Code Telephone No
Best Time to Contact Day Night Bot	1
#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:	l don't know:
Reference Address:	
Street:	State: Zip Code:
City:	Country:

Home Phone:		Work Pho	one:					
Available Day or Night? Day Nig	ght	Available D	Day or Nig	ght?	Day	Night		
Country Code:		Country Co	ode:					
Telephone No.: Extension:		Telephone	No.:		E	xtension:		
Cell /Mobile Phone Number or check I or Best Time to Contact Day		Country Code	9		Telephone No			
#3 Reference Information:		From Date	: (dd-MM	-уууу)				
Last Name:		To Date: (o						
First Name:				ark 'X' to one that	t applies)			
Middle Name:		Friend	<i>.</i>	Neighbor		Schoolmate	2	
Suffix:		Work Asso	ociate	-	ther:	Sonooimate	,	
Reference email address:		Work / 1330		n't know:				
Reference Address:			Tuoi					
Street:		State:			Zip Code:			
City:					Zip Code.			
·		Country:						
Home Phone:		Work Pho			<u> </u>	N 12 1- 4		
Available Day or Night? Day Nig Country Code:	ght	Available E Country Co	-	gnt?	Day	Night		
		-			_			
Telephone No.: Extension:		Telephone				xtension:		
Cell /Mobile Phone Number or check I of the set I of	_	Country Code Both	e		Telephone No			
BENEFICIARIES and Emerge	ency Data (HPSP A	pplicant mus	st comple	ete this screen)	Optional for o	thers		
Provide the information regarding Beneficiaries. Totals must equal 100%. SSN and phone numbers are required.								
		_						
SGLV Share %					1		1	
SGLV Share % Name/Last Four SSN	Relationship	Princi		Contingent	1			Equal
Name/Last Four SSN	Relationship	Princi %			1			Equal nents?
Name/Last Four SSN	Relationship			Contingent	1			
Name/Last Four SSN NAME Last Four SSN	Relationship			Contingent	1			
Name/Last Four SSN NAME Last Four SSN NAME NAME	Relationship			Contingent	1			
Name/Last Four SSN NAME Last Four SSN NAME Last Four SSN	Relationship			Contingent	1			
Name/Last Four SSN NAME Last Four SSN NAME Last Four SSN NAME NAME	Relationship			Contingent	1			
Name/Last Four SSN NAME Last Four SSN NAME Last Four SSN NAME Last Four SSN	Relationship			Contingent	1			
Name/Last Four SSN NAME Last Four SSN NAME Last Four SSN NAME NAME	Relationship			Contingent	1			
Name/Last Four SSN NAME Last Four SSN NAME Last Four SSN NAME Last Four SSN NAME Last Four SSN	Relationship			Contingent	1			
Name/Last Four SSN NAME Last Four SSN NAME Last Four SSN NAME Last Four SSN NAME Last Four SSN NAME			pal	Contingent %	Lump St	IM OR	Payn	nents?
Name/Last Four SSN NAME Last Four SSN NAME Last Four SSN NAME Last Four SSN NAME Last Four SSN DD 93 Share %	Relationship	%	pal	Contingent	1		Payn	
Name/Last Four SSN 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 NAME		Death	pal	Contingent %	Lump St	IM OR	Payn	aents?
Name/Last Four SSN 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 NAME Last Four SSN		Death	pal	Contingent %	Lump St	IM OR	Payn	aents?
Name/Last Four SSN 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 NAME		Death	pal	Contingent %	Lump St	IM OR	Payn	aents?
Name/Last Four SSN 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 NAME Last Four SSN		Death	pal	Contingent %	Lump St	IM OR	Payn	aents?
Name/Last Four SSN 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 NAME Last Four SSN Address Phone NAME Last Four SSN		Death	pal	Contingent %	Lump St	IM OR	Payn	aents?
Name/Last Four SSN 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 NAME Last Four SSN NAME		Death	pal	Contingent %	Lump St	IM OR	Payn	aents?
Name/Last Four SSN 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 NAME Last Four SSN Address Phone		Death	pal	Contingent %	Lump St	IM OR	Payn	aents?
Name/Last Four SSN 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 NAME Last Four SSN Address Phone NAME Last Four SSN Address Phone NAME NAME NAME NAME NAME NAME NAME		Death	pal	Contingent %	Lump St	IM OR	Payn	aents?
Name/Last Four SSN 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 NAME Last Four SSN Address Phone		Death	pal	Contingent %	Lump St	IM OR	Payn	aents?

	EMERGENCY NOTIFICATIONS					
Mother's	s Phone Num	ıber:		Father's I	Phone Number:	
Person authorized to direct disposition: Name:				Relationship:		
Address	s:					Phone Number:
			PROFE	SSIONAL ORGANI	ZATION(S)	
	Organization N Am. Medical A		From Date (yyyymmdd)		To Date yymmdd)	Status (i.e. Current Restricted, Current, Unrestricted, Suspended, Resigned, Withdrawn Revoked, Voluntarily Limited, Unvoluntarily Limited, Denied or Expired)
						
	·• +					
Explana	tion*			PROFESSIONAL		
List all pr	ofessional lice	enses/certifications	ever held even if	PROFESSIONAL I expired S(elect Sta		
Liot an p.						Status
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 (yyyymmd)	(i.e. Current Restricted, Current, Unrestricted, Suspended, Resigned Withdrawn, Revoked, Voluntarily Limited, Unvoluntarily Limited, Denied or Expired)
Explanat	tion*	L		1	1	·
				FESSIONAL PRIVI	LEGE(S)	
All inform	ation must ma	tch professional p	rivilege(s) verification le	etter(s) submitted.		
Facility Na						
From Dat	e: (yyyymmdd)	To Dat	te: (yyyymmdd)		Status:
	Address: St	treet:			State:	Zip Code:
City:			Country:			
	Phone No.:					
Country C	Code:		Telephone No.:			Extension:
			PRO	FESSIONAL PRIVI	LEGE(S)	
Facility Na	ame:					
From Dat	e: (yyyymmdd)	To Da	te: (yyyymmdd)		Status:
Facility /	Address: St	reet:			State:	Zip Code:
City:			Country:			
Facility F	Phone No.:					
Country C	Code:		Telephone No.:			Extension:

	MALPRACTICE	INSURANCE PROVIDER
		. Please provide all current and past malpractice carrier information for ith 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 lis	ted 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 AS	SIGNMENT 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):	

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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.

(do not list spouse, former spouses, or other relatives and use each "pers	Reference Information:
	Last Name:
From Date (dd-MM-yyyy):	Last Name: First Name:
To Date (dd-MM-yyyy):	Hirst 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: Set as Mailing Address? Y/N:	Reference Daytime Phone Number: ['X' here if unknown]
Set as Permanent 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

ne at Residence:	Reference Information:
rom Date (dd-MM-yyyy):	Last Name:
Го Date (dd-MM-уууу):	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:
Set as Mailing Address? Y/N:	['X' here if unknown]
Set as Permanent 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:

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: (I	Mark 'X' to one that applies)	Job Responsibilities:
Federal Contractor (List	t contractor, not Federal Agency)	
Non-Covernment Empl	loyment (excluding self-employment)	
Self-Employment: (Inclu	ude business name and name of	
person who can verify	y)	
State Government (Nor	n-federal Employment)	
Other Federal Employm	nent	
Other		
Explanation:		
Date Range of Emplo		Supervisor/Verifier Information:
From Date (dd-MM-yyy	y):	Last Name:
To Date (dd-MM-yyyy):		First Name:
Employer/Verifier Ad	dress 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	ess same as Employer Address? s 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)

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**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	Position Title		
Full Time:	Part Time:	Number of hours worked (per week):		
Employment Code: (I	Mark 'X' to one that applies)	Job Responsibilities:			
Federal Contractor (Lis	t contractor, not Federal Agency)				
Non-Government Empl	oyment (excluding self-employment)				
	ude business name and name of				
person who can verif					
State Government (Nor	n-federal Employment)				
Other Federal Employn	nent				
Other					
Explanation:					
Date Range of Emplo	yment:	Supervisor/Verifier Info	rmation:		
From Date (dd-MM-yyy	y):	Last Name:			
To Date (dd-MM-yyyy):		First Name:			
Employer/Verifier Ad	dress 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	ess same as Employer Address? s and phone number.	Supervisor work address a	ss same as Employer Address? nd 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)

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Employer: Position:				
Employer Name		Position Title	Position Title	
Full Time:	Part Time:	Number of hours worked (p	per week):	
Employment Code: (N	Mark 'X' to one that applies)	Job Responsibilities:		
Federal Contractor (List	contractor, not Federal Agency)			
Non-Government Emplo	oyment (excluding self-employment)			
Self-Employment: (Inclu	ide business name and name of			
person who can verify	()			
State Government (Non	-federal Employment)			
Other Federal Employm	ent			
Other				
Explanation:				
Date Range of Employ	yment:	Supervisor/Verifier Inform	mation:	
From Date (dd-MM-yyy)	/):	Last Name:		
To Date (dd-MM-yyyy):		First Name:		
Employer/Verifier Add	dress 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 addre	ess same as Employer Address? s and phone number.	Supervisor work address If No, provide address an	s same as Employer Address? Id 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/Rese the last 7 years.	erve, Commissioned Corps) must be prov	vided for each unit assigned to within	
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 r	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	i		

EMPLOYMENT HISTORY DETAIL (U.S Military)			
United States Military Employment History (Active Duty, National Guard/Reset the last 7 years.	erve, Commissioned Corps) must be pro	vided for each unit assigned to within	
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)													
	Adult Living	ssociate	ociate			Brother			Cohabitant				
	Child (custody)	Fa	ather		F		Father in Law			Former Spouse			
	Foster Parent	Gu	uardian				Half Brother			Half Sister			
	Mother	M	other in	Law			Other Relative			Sister			
	Stepbrother	S	tepchild	1			Stepfather			Stepmother			
	Stepsister												
Last I	lame:		Mai	Maiden Name:			Deceased? Y/N						
First I	Name:					Dependent? Y/N			Gender:				
Middl	e Name:	Suffi	Suffix:			Adopted? Y	/N						
Has t	nis relative used any other names? N	lame:				۵	Dates used:	From		То			
Date	of Birth: (dd-MM-yyyy)			Apro	oximate? Y/N	I							
Last I	Four SSN #												
Use A	pplicant's Current Address? Y/N			Street:									
Use A	pplicant's Home of Record? Y/N			State:			Zip Code:		Cour	ntry:			
Place	of Birth: City:	Sta	ite:	Country:			-	Country(ies) of Citizenship:					
Citiz	enship Document Information:	(ie Natur	alizatio	n Cert USF	Passport Alie	n Re	equetc)						
	icate/Registration No.:			ation Cert., U.S. Passport, A (dd-MM-yyyy): Sreet/Ci			te/Zip Code		(Court:			
	gn Citizenship on any of your Fa	mily and <i>i</i>	Associ	ates this scr					l abov	e.			
Ann	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)												
	od of Contact* (check all that apply)	/ritten Corre	_		as e-mail, te	xting	g, chat room	s etc)	Пте	lephone			
Meth	od of Contact* (check all that apply)		espond		as e-mail, tex	xting	g, chat room	s etc)	Te	lephone			
Meth Appr	od of Contact* (check all that apply)	ct one)	espond	ence	as e-mail, tex	xting	g, chat room (provide exp	s etc) planation)	Te				
Meth Appr	od of Contact* (check all that apply)	ct one)	espond	ence	as e-mail, te:	xting	g, chat room (provide exp Daily	s etc) planation)					
Meth Appr Emp Stre	od of Contact* (check all that apply)	ct one) know	espond	ence	as e-mail, tex	xting	g, chat room (provide exp Daily	s etc) planation)		Quarterly			
Metho Appro Emp Stre	od of Contact* (check all that apply) In Person V oximate frequency of contact* (Selev oyer Address I don't eet*	ct one) know City*	espond	ence	as e-mail, tex Ot on is in the State*	ther US	g, chat room (provide exp Daily Z	s etc) planation) Monthly ip Code	 	Quarterly			
Metho Appro Emp Stre	od of Contact* (check all that apply) In Person V oximate frequency of contact* (Select oyer Address I don't et* gn Affiliation s relative affiliated with a foreign	ct one) know City*	espond	ence Annually Locati litary, securi	as e-mail, tex Ot on is in the State*	ther US	g, chat room (provide exp Daily Z	s etc) planation) Monthly ip Code	 	Quarterly			
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Meth Appr Emp Stre Forei Is thi	od of Contact* (check all that apply) In Person W oximate frequency of contact* (Selection oyer Address I don't reft* gn Affiliation s relative affiliated with a foreign Yes	ct one) know City* governme	espond	ence Annually Locati litary, securi	as e-mail, tex ot on is in the State*	ther US	g, chat room (provide exp Daily Z	s etc) planation) Monthly ip Code	 	Quarterly			
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Meth Appr Emp Stre Forei Is thi	od of Contact* (check all that apply) In Person W oximate frequency of contact* (Selection oyer Address I don't reft* gn Affiliation s relative affiliated with a foreign Yes	ct one) know City* governme	espond	ence Annually Locati litary, securi	as e-mail, tex ot on is in the State*	ther US	g, chat room (provide exp Daily Z	s etc) planation) Monthly ip Code	 	Quarterly			
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Meth Appr Emp Stre Forei Is thi	od of Contact* (check all that apply) In Person W oximate frequency of contact* (Selection oyer Address I don't reft* gn Affiliation s relative affiliated with a foreign Yes	ct one) know City* governme	espond	ence Annually Locati litary, securi	as e-mail, tex ot on is in the State*	ther US	g, chat room (provide exp Daily Z	s etc) planation) Monthly ip Code	 	Quarterly			
Meth Appr Emp Stre Forei Is thi	od of Contact* (check all that apply) In Person W oximate frequency of contact* (Selection oyer Address I don't reft* gn Affiliation s relative affiliated with a foreign Yes	ct one) know City* governme	espond	ence Annually Locati litary, securi	as e-mail, tex ot on is in the State*	ther US	g, chat room (provide exp Daily Z	s etc) planation) Monthly ip Code	 	Quarterly			
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Rela	tionship: (Mark "X" to one that a	applies)													
	Adult Living	ssociate	ciate			Brother			Cohabitant						
	Child (custody)	F	ather	r			Father in Law		l	Former Spouse					
	Foster Parent	G	Guardian	ian			Half Brother			Half Sister					
	Mother	М	/lother in	Law			Other Rela	tive		Sister					
	Stepbrother	s	Stepchild	1			Stepfather			Stepmother					
Stepsister															
Last	Name:		Mai	Maiden Name:			Deceased? Y/N								
First	Name:				Dependent? Y/N			Gender:							
Middl	e Name:	Suffix:			Adopted? Y	/N									
Has t	his relative used any other names?	Name:					Dates used:	From		То					
Date	of Birth: (dd-MM-yyyy)			Apro	oximate?	Y/N			_						
Last I	Four SSN #					_			_						
Use A	Applicant's Current Address? Y/N			Street:					City:						
Use A	Applicant's Home of Record? Y/N			State:			Zip Code:		Country:						
Place	of Birth: City:	Sta	ate:		Country: Country(ies) of Citizensi			ship:							
Citiz	enship Document Information:	(i.e. Natur	ralizatio	n Cert., U.S. F	Passport,	Alien R	leg., etc.)								
	Citizenship Document Information: (i.e. Naturalization Certificate/Registration No.: Date Issued (dd-									Court:					
Fore	ion Citizenship on any of your F	amilv and	Associ	ates this scr	l reen mus	st be fi	led out on e	ach member affected	above	l.					
				Foreign Citizenship on any of your Family and Associates this screen must be filed out on each member affected above.											
Ahhi	Approximate date of first contact* Approximate date of last contact*														
			ΠEle	etronic (such					T Tele	ephone					
	od of Contact* (check all that apply)	Written Corr		ectronic (such		l, textin		s etc)	Tele	ephone					
Meth	od of Contact* (check all that apply)	Written Corr			as e-mail	l, textin] Other	g, chat room	s etc)	Tele	ephone					
Meth Appr	od of Contact* (check all that apply)	Written Corr		ence	as e-mail	l, textin Other	g, chat room ⁻ (provide exp	s etc) lanation)	Tele						
Meth Appr	od of Contact* (check all that apply) In Person oximate frequency of contact* (Selence oyer Address I don	Written Corr ect one)	respond	ence	as e-mail	I, textin Other	g, chat room: ⁻ (provide exp Daily	s etc) lanation)							
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Meth Appr Emp Stre Forei Is thi	od of Contact* (check all that apply) In Person oximate frequency of contact* (Sele oyer Address I don pet* ign Affiliation s relative affiliated with a foreig Yes	Written Corr ect one) t know City*	rrespond [ence Annually Location	i as e-mail	I, textin Other the US te*	g, chat room: ⁻ (provide exp Daily Zi	s etc) Ilanation) Monthly p Code	Co	Quarterly					
Meth Appro Emp Stre Forei Is thi	od of Contact* (check all that apply) In Person oximate frequency of contact* (Sele oyer Address I don pet* ign Affiliation s relative affiliated with a foreig Yes	Written Corr ect one) t know City*	rrespond [ence Annually Location	i as e-mail	I, textin Other the US te*	g, chat room: ⁻ (provide exp Daily Zi	s etc) Ilanation) Monthly p Code	Co	Quarterly					

Relationship: (Mark "X" to one that applies)													
	Adult Living	Associat			ciate			Brother			Cohabitant		
	Child (custody)	Father						Father in Law			Former Spouse		
	Foster Parent		Guar	rdian	ian			Half Brother			Half Sister		
	Mother		Moth	ier in	in Law			Other Relative			Sister		
	Stepbrother		Ste	pchild	d		Stepfather			Stepmother			
	Stepsister												
Last I	Name:			Maic	Maiden Name:			Deceased? Y/N					
First I	Name:					Dependent?	? Y/N	Gend	Gender:				
Middl	e Name:	Suffix	c:			Adopted? Y	/N						
Has t	his relative used any other names?	Name:					· · · ·	Dates used:	From		То		
Date	of Birth: (dd-MM-yyyy)				Apro	oximate?	Y/N						
Last F	Four SSN #												
Use A	Applicant's Current Address? Y/N				Street:					City:			
Use A	Applicant's Home of Record? Y/N			\$	State:			Zip Code	2:	Country:			
Place	of Birth: City:	\$	State:		Country:				Country(ies) of Citizen	ship:	ip:		
Citiz	enship Document Information:	(i.e. N	laturali;	zation	ı Cert., U.S. P	Passport.	Alien R	ea etc.)					
	ficate/Registration No.:	т. Т			1M-yyyy):			e/Zip Code		C	ourt:		
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Appro	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*												
	Method of Contact* (check all that apply) Electronic (such as e-mail, texting, chat rooms etc) Telephone												
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