

## **APPLICATION INSTRUCTIONS:**

Soldiers will submit:

1. Complete the application in your own hand writing using black ink. (provided)
2. Resume detailing competition finishes over the past three years to include the CrossFit Open.
3. Current training programming you follow or coach/training location with contact information.
4. Sign a statement of understanding accepting the requirements of this assignment and abilities to perform activities involved. (template provided)
5. One Page written essay, "How can I contribute to a US Army Fitness Team"
6. Commander's Evaluation from provided application packet. (pg. 7-8)
7. Current copy of ERB/SRB.
8. Enclose your last three NCOERs / OERs.
9. Enclose a current DA Form 705.
10. Once you have completed the application and compiled the required documents, email to: [usarmy.knox.usarec.mbx.functional-fitness@mail.mil](mailto:usarmy.knox.usarec.mbx.functional-fitness@mail.mil)

Only if email is unavailable, mail your complete packet to the following address:

To:

U.S. Army Outreach Company

ATTN: Warrior Fitness Team

1307 Third Ave

Fort Knox, KY 40121

(You will receive email conformation once your complete packet has been received) If you have further questions or need assistance, contact MSG Glenn Grabs, [glenn.f.grabs.mil@mail.mil](mailto:glenn.f.grabs.mil@mail.mil).

U.S. ARMY WARRIOR FITNESS CANDIDATE APPLICATION

**Data Required by the Privacy Act**

**Authority:** Executive Order 9397, 10450, and 11652.

**Principal Purpose:** To record data concerning individuals who volunteer for assignment to the US Army Warrior Fitness Team.

**Uses:** To assist in screening, interview, and psychological evaluation of volunteer during hiring process and the formal Assessment and Selection Course.

**Mandatory/Voluntary Disclosure and Effect of Individual Not Providing Information:** All information is voluntary. Refusal to provide information will prevent favorable consideration of volunteer's request for assignment.

**Application Instructions:** Print all answers. Ensure all questions are answered in detail. **Write "N/A" if the question does not apply.**

Incomplete applications cannot be properly evaluated.

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Rank: \_\_\_\_\_

PMOS/AOC: \_\_\_\_\_

GT Score: \_\_\_\_\_

Are you currently on Active Duty status in the United States Army? YES/NO      NG/AR

Current Unit: \_\_\_\_\_

Time on station: \_\_\_\_\_

Unit Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State/APO: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Duty Phone: \_\_\_\_\_

Duty E-mail: \_\_\_\_\_

Personal E-Mail: \_\_\_\_\_

Home / Personal Cell Phone: \_\_\_\_\_

SECTION I--STATEMENT OF PERSONAL HISTORY

1. Date of Rank: \_\_\_\_\_ Are you promotable: YES / NO

2. Do you have any limiting physical profiles or disabilities? YES / NO

3. PULHES:

4. Indicate your present security clearance level (Check one):

CONFIDENTIAL          SECRET          TOPSECRET          TS-SCI          NONE

5. Are you on reassignment orders? YES / NO

Reporting to:

Reporting date:

6. Are you flagged? YES / NO

7. Do you have a Government Travel Credit Card (GOVCC)? YES / NO

Is the GOVCC active? YES / NO

8. Current Marital Status:

a. Married / Single / Divorced / Legally Separated

b. Is your spouse in the military? YES / NO

d. Are you assigned under a joint domicile? YES / NO

Spouse's MOS / CMF:

e. Who has custody of your children?

f. Number of dependents:

g. List all dependents:

Name	Age	Relationship

h. Are you expecting the birth of a child? YES / NO

i. If yes, indicate expected delivery date:

j. Are your dependents capable of caring for their own personal needs in your absence?  
YES / NO. If no, explain.

k. Are any of your dependents enrolled in the Exceptional Family Member Program or seriously ill? If yes, explain.

9. List all civilian education (high school, college, and studies on-going, to include fitness certifications):

Dates	School/Location	Concentration	GPA	Degree Awarded

10. Combat or hazardous duty military experience:

Unit	Location/ Inclusive Dates	Position/Role

14. Has your use of alcohol (such as liquor, beer, wine etc.) resulted in any alcohol related treatment or counseling, (command referral, alcoholics anonymous, or any other similar in nature activity) or resulted in public disgrace, loss of employment, damaged health or marital difficulties? If yes, explain.


15. Have you ever consulted with a mental health professional (psychiatrist, psychologist, counselor, etc.) or been prescribed mental health medications such as anti-depressants or tranquilizers? If yes, explain.


16. Have you ever illegally used any controlled substance, e.g.: marijuana, cocaine, hashish, narcotics (opium, morphine, codeine, heroin etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenic (LSD, PCP, etc.) or prescription drugs? If yes, explain.


17. Have you ever been involved in illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis for your own intended profit or that of another? If yes, explain.


18. Have you ever had a clearance or access authorization denied, suspended, or revoked? If yes, explain the situation and dates.


19. Have you ever been charged with or convicted of a felony or misdemeanor? If yes, explain the situation and dates. Include any Summarized, Company Grade and Field Grade Article 15's received. {This includes and incidents in your restricted file that may be revealed during application for TS-SCI clearance}


20. Have you ever been charged with or convicted of a firearms or explosives offense? If yes, explain situation and dates.


21. Are there currently any charges pending against you? If yes, explain situation and dates.


22. Have you ever been charged with or convicted of any offense related to alcohol or drugs? If yes, explain situation and dates.

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23. List all traffic violations. Include dates, circumstances, and outcome (fine paid, community service, etc.):


25. What are your major strengths?


26. What are your major weaknesses?


US Army Warrior Fitness Team Supervisors Recommendation

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(APPLICANT'S NAME: LAST, FIRST, MI) (RANK) (MOS/AOC Branch)

**DESIRABLE INDIVIDUAL QUALITIES**

- A self-starter, capable of working with little, if any, supervision for long period of time.
- Willing to work long hours.
- Intelligently interprets orders and regulations.
- Creative and organized.
- Capable of communicating at all levels.
- High moral character.
- Free of family/marital problems.
- Free of financial problems.

IMMEDIATE UNIT COMMANDER'S EVALUATION - CIRCLE APPROPRIATE RESPONSE AND ADD SUPPORTING COMMENTS AS NEEDED.

1. The applicant (does / does not) have a record of repetitive civil or military offenses.
  
2. The applicant (is / is not) financially responsible.
  
3. The applicant (does / does not) have marital problems that have been brought to my attention.
  
4. The applicant (is / is not) reliable and emotionally stable.
  
5. The applicant or his dependent(s) (do / do not) have serious medical problems that have been brought to my attention.

EVEN MORE IMPORTANT WILL BE YOUR CANDID AND SPECIFIC COMMENTS ANSWERING THE FOLLOWING QUESTIONS:

1. Do you recommend this applicant for assignment to the U.S. Army Warrior Fitness Unit? If so, why?
  
2. Approximately how long have you known this applicant?
  
3. What do you feel are the applicant's major strengths?

4. What do you feel are the applicant's major weaknesses?

5. Based on present potential, what position or level of responsibility do you expect the applicant to achieve in his career?

6. How does the volunteer interact with others off-duty?

Very Positive      Positive      Average      Below Average      Poor

Comments:

7. How does the volunteer interact with others on-duty?

Very Positive      Positive      Average      Below Average      Poor

Comments:

8. All things considered, how does this person's ability and potential compare to others of the same rank with whom you are acquainted?

Check one: Outstanding      Excellent      Good      Average      Poor

9. What is the volunteer's most current APFT score?

Date of APFT:      Push Ups:      Sit Ups:      2 Mile Run:

10. What level Security Clearance does the volunteer currently possess?

None      Interim Level      Secret      Top Secret      TS-SCI

11. If soldier does not possess a clearance, would you recommend the BN Commander grant an Interim level clearance?

12. What additional information about the volunteer do you feel we should know?

**COMMANDER'S INFORMATION:**

**NAME:** \_\_\_\_\_ **RANK:** \_\_\_\_\_

**UNIT:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Data required by the Privacy Act of 1974 AUTHORITY: Title 44, USC 3101**

**PRINCIPAL PURPOSE: Commander's Evaluation**

**ROUTINE USES: Commander's Evaluation for the USAWFU**