



# UNITED STATES ARMY PARACHUTE TEAM

## Golden Knights

### Street To Seat Application



#### PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

The collection of data for this form is permitted under Title 10 USC 3012 and Executive Order 9397. Its purpose is for providing The USAPT Chain of Command and the GKAS Cadre with information pertinent to the selection of qualified applicants. Data on this worksheet is releasable only in accordance with the Freedom of Information Act (AR 340-17) and The Army Privacy Program (AR 340-21) or with the prior consent of the individual. Personal data contained herein will be suitably safeguarded and is not releasable to outside agencies.

\_\_\_\_\_  
(Signature authorizing collection and retention of Personal Data)

\_\_\_\_\_  
(Date)

#### I. PERSONAL INFORMATION

1a. NAME (Last)	b. (First)	c. (Middle)	2. GENDER	3. DOB
4. CIVILIAN EMAIL				
5. CURRENT ADDRESS		6. HOME PHONE		
		7. CELL PHONE		
8. MARITAL STATUS	SINGLE <input type="checkbox"/>	MARRIED <input type="checkbox"/>	9. NO. OF DEPENDENTS	10. SINGLE PARENT YES <input type="checkbox"/> NO <input type="checkbox"/>
11a. EMERGENCY CONTACT		d. RELATIONSHIP		
b. PHONE		e. ADDRESS		
c. EMAIL				

#### a. PERSONAL REFERENCES

12a. CIV REFERENCE / RELATIONSHIP	b.PHONE	c.EMAIL
13a. CIV REFERENCE / RELATIONSHIP	b.PHONE	c.EMAIL
14a. CIV REFERENCE / RELATIONSHIP	b.PHONE	c.EMAIL

#### II. FREEFALL INFORMATION

\*\*\*A MINIMUM OF 100 FREEFALL JUMPS IS REQUIRED\*\*\*

15. DATE OF FIRST FREEFALL JUMP	16. DATE OF MOST RECENT FREEFALL JUMP	17. NUMBER OF FREEFALL JUMPS	18. FREEFALL JUMPS IN THE PAST YEAR
19. USPA MEMBER #	20. USPA LIC. # (Highest)		
21a. Wind Tunnel Experience <input type="checkbox"/> YES <input type="checkbox"/> NO	21b. Number of Hours	21c. Location of Wind Tunnel:	
22. LIST HIGHEST THREE USPA RATINGS HELD.	a1.RATING	a2.DATE AQUIRED	a3.LAST RENEWED
	b1.RATING	b2.DATE AQUIRED	b3.LAST RENEWED
	c1.RATING	c2.DATE AQUIRED	c3.LAST RENEWED
23. PARACHUTING EXPERIENCE: BRIEFLY DETAIL PRIOR EXPERIENCE AND AREAS OF INTEREST (EG. DEMONSTRATIONS, COMPETITIONS, ETC)	a.		
	b.		
	c.		

**III. ENLISTMENT PREQUALIFICATION**

ANSWER THE FOLLOWING QUESTIONS. EVERY ITEM MARKED "YES" MUST BE FULLY EXPLAINED IN SECTION IV. REMARKS

**a. PHYSICAL**

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 24. Have you ever had any surgeries?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Have you ever had any broken bones?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Do you have any tattoos?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Do you wear glasses or contacts?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Have you ever been diagnosed with any medical condition (ie. asthma, ADD/ADHD, depression etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |

**b. PRIOR SERVICE  
(MUST SUBMIT DD-214 OR EQUIVELANT)**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 29. Have you ever served in the U.S. Military?                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Have you ever received a discharge that was not honorable? | <input type="checkbox"/> | <input type="checkbox"/> |

**c. EDUCATION**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 31. Did you graduate from a traditional High School? (HS name and graduation Date) | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Have you completed any college courses or degrees?                             | <input type="checkbox"/> | <input type="checkbox"/> |

**d. MORAL/LAW VIOLATIONS**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 33. Have you ever received any tickets/citations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Have you ever been arrested?                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Have you ever filed for bankruptcy?           | <input type="checkbox"/> | <input type="checkbox"/> |

**e. TESTING**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 36. Have you ever taken the ASVAB? (When, where, score) | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

37a. DO YOU HAVE A DRIVERS LICENSE YES <input type="checkbox"/> NO <input type="checkbox"/>	b. DL#	c. STATE	d. EXPIRATION	e. ENDORSEMENTS
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**f. REMARKS**

EXPLAIN ALL "YES" ANSWERS TO QUESTIONS 24-36 ABOVE. (Describe answer(s), give date(s), specific details, and final disposition. Begin each line with the referenced Item #.

IV. APPLICANT STATEMENTS

38. WHY DO YOU WANT TO BE A GOLDEN KNIGHT?

39. WHY SHOULD YOU BE CONSIDERED?

40. IS THERE ANYTHING ELSE ABOUT YOU THAT WE SHOULD KNOW BUT HAVEN'T ASKED?

**INSTRUCTIONS TO APPLICANT**

1. Before submitting this application, ensure you rename your application file using the following naming convention:  
LastNameFirstInitial\_GKSTS\_Application  
Example: SmithJ\_GKSTS\_Application
2. Email a copy of this application along with a copy of your USPA license to **usapt-gkas@army.mil**
3. Subject line of email will be:  
Name/GK Street to Seat/Application Date  
Example: John Smith/GK Street to Seat/1 Nov 2023