

# UNITED STATES ARMY PARACHUTE TEAM Golden Knights

Green Platoon Application



#### PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

9.CELL PHONE         10.MARITAL STATUS       SINGLE       MARRIED       11. NO. OF DEPENDENTS       12.SINGLE PARENT (f) "YES" see 12b)       YES       NO         12b. CHILDREN (Single Parents)       12.SOUSES NAME       D.DOB       CEFMP       YES       NO         12b. CHILDREN (Single Parents)       12.SOUSES NAME       D.DOB       CEFMP       YES       NO         12b. CHILDREN (Single Parents)       12b.SPOUSES NAME       D.DOB       CEFMP       YES       NO         12b. ACHILDS NAME       D.DOB       CEFMP       YES       NO         12b.ACHILDS NAME       D.DOB       CEFMP       YES       NO         13a.EMERGENCY CONTACT       D.RELATIONSHIP       D.RELATIONSHIP       CEFMAIL       III. MILITARY INFORMATION         14.PMOS       15.UNT       III. MILITARY INFORMATION       IIII.UNIT ADDRESS       IIIIIIIIIIII	The collection of data for this form is p and the GKAS Cadre with information Freedom of Information Act (AR 340-2 will be suitably safeguarded and is not	pertinent to the selection of 17) and The Army Privacy Pro	qualified apported apported apported apported approximation (AR 34	plicants. Data on this	worksheet	is releasable only in	accordance with the	
Ia. NAME         D         C         I. RAME         D         C         I. RAME	(Signature au	uthorizing collection and reter	ntion of Pers	sonal Data)	_		(Date)	
13. NAME       b.       C.       2. RANK       3. DOB         (Last)       [First)       C.       (Middle)       6. CIVILIAN EMAIL       3. DOB         Abol IDN       S. MIL EMAIL       6. CIVILIAN EMAIL       6. CIVILIAN EMAIL       7. CURRENT ADDRESS       8. HOME PHONE       9. CELL PHONE         10. MARITAL STATUS       SINGLE       MARRED       11. NO. OF DEPENDENTS       11.2 SINCLE PARENT       YES       NO         120. CHILDRIN (Single Parents)       (If selected, you must provide o copy of pup formide o copy of pup formide or hor activity special needs)       120.3 CHILDS NAME       b.008       CEFMP       YES       NO         120. CHILDS NAME       b.008       CEFMP       YES       NO       120.3 CHILDS NAME       b.008       CEFMP       YES       NO         120.3 CHILDS NAME       b.008       CEFMP       YES       NO       120.3 CHILDS NAME       b.008       CEFMP       YES       NO         120.3 CHILDS NAME       b.008       CEFMP       YES       NO       120.3 CHILDS NAME       b.008       CEFMP       YES       NO         123.4 EMERGENCY CONTACT       b.RELATIONSHIP       cEFMP       YES       NO       120.3 CHILDS NAME       b.DOB       CEFMP       YES       NO       12.UNIT ADDRESS								
4 BOD IDN       S. MIL EMAIL       G. CUVILIAN EMAIL         7. CURRENT ADDRESS       B. HOME PHONE       S. CELL PHONE         30.MARITAL STATUS       SINGLE       MARRIED       11. NO. OF DEPENDENTS       [12.SINGLE PARENT [17 YES' see 120]       YES       NO         12b. CHILDEN (Single Parent)       [12.SINGLE PARENT [17 YES' see 120]       YES       NO         12b. CHILDEN (Single Parent)       [12.SINGLE Carpot Yesterday our water provide or ony of your family, care plan to the GAS cadre upon arrival, annotate it in the space provided on Page 3 item 1)       12b.2CHILDS NAME       b.DOB       CEFMP       YES       NO         12b.2.CHILDS NAME       b.DOB       CEFMP       YES       NO         12b.2.CHILDS NAME       b.DOB       CEFMP       YES       NO         12b.2.CHILDS NAME       b.DOB       CEFMP       YES       NO         12b.3.CHILDS NAME       b.DOB       CEFMP       YES       NO         12b.3.CHILDS NAME       b.DOB       CEFMP       YES       NO         13a.EMERGENCY CONTACT       D.RELATIONSHIP       d.ADDRESS       EEMAIL       II. MILITARY INFORMATION         14.PMOS       15.UNIT       16.UIC       16.UIC       II. MILITARY INFORMATION       II. MULTACHILDS NAME       CEMAIL         20. 1SS       a.NAME / RANK <th>1a.NAME</th> <th></th> <th>LINGONAL</th> <th>1</th> <th></th> <th>2.RANK</th> <th>3.DOB</th>	1a.NAME		LINGONAL	1		2.RANK	3.DOB	
7. CURRENT ADDRESS       8. HOME PHONE         9. CELL PHONE       9. CELL PHONE         120. MARITAL STATUS       ISINGLE         121. NO. OF DEPENDENTS       12. SINGLE PARENT         (If selected, you must provide a copy of your family Care Plan to the GAS Cadre your must provide a copy of poor from () type to have more than to the GAS Cadre your must provide needs for your family non-there are yspecial needs for yet is no 2008       CEFFMP       YES       NO         122.5.A.CHLDS NAME       D.OB       CEFFMP       YES       NO         122.5.A.CHLDS NAME       D.OB       CEFFMP       YES       NO         122.5.A.CHLDS NAME       D.OB       CEFFMP       YES       NO         13a.EMERGENCY CONTACT       D.RELATIONSHIP       C.EFMP       YES       NO         14.PMOS       15.UNIT       16.UIC       16.UIC       17.UNIT PHONE (COMM)       18.UNIT ADDRESS         19. UNIT PHONE (COMM)       18.UNIT ADDRESS       25.MILLTARY       CEMAIL       26.CIVILLAN         22.0 SS       1. NAME / RANK       D.PHONE       CEMAIL       26.CIVILLAN         22.1 SG<				(Middle)	6.CI	VILIAN EMAIL		
9.CELL PHONE         10.MARITAL STATUS       SINGLE       MARRIED       11. NO. OF DEPENDENTS       12.SINGLE PARENT (f) "YES" see 12b)       YES       NO         12b. CHILDREN (Single Parents)       12.SOUSES NAME       D.DOB       CEFMP       YES       NO         12b. CHILDREN (Single Parents)       12.SOUSES NAME       D.DOB       CEFMP       YES       NO         12b. CHILDREN (Single Parents)       12b.SPOUSES NAME       D.DOB       CEFMP       YES       NO         12b. ACHILDS NAME       D.DOB       CEFMP       YES       NO         12b.ACHILDS NAME       D.DOB       CEFMP       YES       NO         13a.EMERGENCY CONTACT       D.RELATIONSHIP       D.RELATIONSHIP       CEFMAIL       III. MILITARY INFORMATION         14.PMOS       15.UNT       III. MILITARY INFORMATION       IIII.UNIT ADDRESS       IIIIIIIIIIII		-						
10.MARITAL STATUS       SINGLE       MARRIED       11. NO. OF DEPENDENTS       112.SINGLE PARENT       VES       NO         12b.CHILDEREN (Single Parents)       12a.SPOUSES NAME       b.DOB       C.EFMP       VES       NO         12b.CHILDEREN (Single Parents)       12a.SPOUSES NAME       b.DOB       C.EFMP       VES       NO         upon arrivol. If you have more than four children or have more more more have more more have more than four children or have more more more have more children or have more more more have more more more have more more h	7.CURRENT ADDRESS			8.HOME PHONE				
SINGLE       MARRIED       //f "YES" see 12b)       VES       NO         12b.CHLDREN (Single Parents)       12a.SPOUSES NAME       b.DOB       C.EFMP       VES       NO         12b.CHLDREN (Single Parents)       0// sected, you must provide a copy of your family (you have more than four children or have any special needs for your family, you have more than four children or have any special needs for your family, you have more than four children or have any special needs for your family, annotate it in the space provided on Page 3 item 1)       b.DOB       C.EFMP       VES       NO         12b3a.CHILDS NAME       b.DOB       C.EFMP       VES       NO         12b3a.CHILDS NAME       b.DOB       C.EFMP       VES       NO         12b3a.CHILDS NAME       b.DOB       C.EFMP       VES       NO         13a.EMERGENCY CONTACT       b.RELATIONSHIP       d.ADDRESS         c.EMAIL       II. MILITARY INFORMATION       II. MILITARY INFORMATION         14.PMOS       15.UNIT       16.UIC       II.UIC         17.UNIT PHONE (DSN)       18.UNIT ADDRESS       C.EMAIL       EMAIL         20.15G       a. NAME / RANK       C.EMAIL       EDUCATION LVL       EDUCATION LVL         22.ON       a.NAME / RANK       C.EMAIL       EDUCATION LVL       EDUCATION LVL         22.ON       a.NAME / RANK				9.CELL PHONE				
12b. CHILDREN (Single Parents)       12a.SPOUSES NAME       LOB       CEFMP       ves       NO         12b1a.CHILDREN (Single Parents)       12a.SPOUSES NAME       LODB       CEFMP       ves       NO         upon arrival. (f you have more than four children or have any special needs for your family, notate it in the space provided on Page 3 item 1)       12b1a.CHILDS NAME       LODB       CEFMP       ves       NO         12b3a.CHILDS NAME       D.DOB       CEFMP       ves       NO         13a.EMERGENCY CONTACT       D.RELATIONSHIP       D.DOB       CEFMP       ves       NO         13a.EMERGENCY CONTACT       I.MUITARY       I.MUITARY       I.MUITARY       I.MUITARY       I.MUITARY       I.	10.MARITAL STATUS		11. NO. OF	DEPENDENTS				
(f) selected, you must provide a copy of pour Family Care Plan to the GKAS Cadre upon arrival. (f) you have more than four children or have any special needs for your family, annotable it in the space provided on Page 3 item 1)       12b1a.CHILDS NAME       b.DOB       C.EFMP       YES       NO         12b2a.CHILDS NAME       b.DOB       C.EFMP       YES       NO         12b1a.CHILDS NAME       b.RELATIONSHIP       C.EFMP       YES       NO         13a.EMERGENCY CONTACT       b.RELATIONSHIP       C.EFMP       YES       NO         13a.EMERGENCY CONTACT       b.RELATIONSHIP       d.ADDRESS       E.EMAIL       II. MILITARY INFORMATION         14.PMOS       15.UNIT       16.UIC       16.UIC       II. MILITARY INFORMATION       II. MILITARY INFORMATION         20. 15G       a. NAME / RANK       b.PHONE       C.EMAIL       EDUCATION LVL         22.ON       a.SIGNMENT       YES       NO       23.TIME ON STATION       24.DEROS       25.MILITARY       EDUCATION LVL         22.ON       a.SIGNMENT       YES       NO       28.ACFT SCORE </td <td>12b.CHILDREN (Single Parents)</td> <td></td> <td></td> <td></td> <td colspan="2"></td> <td></td>	12b.CHILDREN (Single Parents)							
John Full Full       VES       NO         John Full       Lyou have more than full       Loba       CEFMP       VES       NO         Jabaa CHILDS NAME       b.DOB       CEFMP       VES       NO         Jabaa CHILDS NAME       b.RELATIONSHIP       CEFMP       VES       NO         Jabaa CHILDS NAME       b.RELATIONSHIP       CEFMP       VES       NO         I3a.EMERGENCY CONTACT       b.RELATIONSHIP       CEFMP       VES       NO         c.FHONE       d.ADDRESS       CEFMP       VES       NO         I1. MILITARY INFORMATION       16.UIC       II.       III. MILITARY INFORMATION         14.PMOS       15.UNIT       16.UIC       III.       III. MILITARY INFORMATION         12.SG       a. NAME / RANK       C.EMAIL       CEMAIL       III.         20. 1SG       a. NAME / RANK       C.EMAIL       CEMAIL       III.         22.ON       A.NAME / RANK       C.EMAIL       EDUCATION LVL       EDUCATION LVL	(If selected, you must provide a copy of	12b1a.CHILDS NAME			b.DOB			
children of nove any spectal needs for       YES       NO         your family, anotate it in the space provided on Page 3 item 1)       12b3a.CHILDS NAME       D.DOB       C.EFMP       YES       NO         13a.EMERGENCY CONTACT       b.RELATIONSHIP       d.ADDRESS       e.EMAIL       e.EMAIL       II. MILITARY INFORMATION         14.PMOS       15.UNIT       16.UIC       16.UIC       17.UNIT PHONE (COMM)       18.UNIT ADDRESS         19.UNIT PHONE (COMM)       18.UNIT ADDRESS       C.EMAIL       20.1SG       a. NAME / RANK       D.PHONE         20. 1SG       a. NAME / RANK       D.PHONE       C.EMAIL       EDUCATION LVL       EDUCATION LVL         22.0N       ASSIGNMENT       YES       NO       23.TIME ON STATION       24.DEROS       25.MILITARY       26.CIVILIAN EDUCATION LVL         22.0N       ASSIGNMENT       YES       NO       28.ACFT SCORE       29.ACFT DATE       (Attached DA Form 705 must be within 30 days of submission date.)         27.PERMANENT PROFILE       YES       NO       28.ACFT SCORE       29.ACFT DATE       (Attached DA Form 705 must be within 30 days of packet submission)         All applicants will submit a completed DA Form 5500/5501 signed by their Army Body Composition NCO regardless of screening weight.       XIII applicants of screening weight.	upon arrival. If you have more than four	12b2a CHILDS NAME						
provided on Page 3 Item 1)       ILDUSALCHILDS NAME       D.OOB       CETMP       YES       NO         13a.EMERGENCY CONTACT       b.RELATIONSHIP       C.PHONE       d.ADDRESS         c.PHONE       d.ADDRESS       d.ADDRESS         e.EMAIL       II. MILITARY INFORMATION         14.PMOS       15.UNIT       16.UIC         17.UNIT PHONE (COMM)       18.UNIT ADDRESS         19.UNIT PHONE (COMM)       18.UNIT ADDRESS         20. 15G       a. NAME / RANK       b.PHONE         20. 15G       a. NAME / RANK       c.EMAIL         21.CSM       a. NAME / RANK       C.EMAIL         22.ON       YES       NO       23.TIME ON STATION       24.DEROS         22.ON       YES       NO       28.ACFT SCORE       29.ACFT DATE       (Attached DA Form 705 must be within 30 days of fsubmission date.)         27.PERMANENT PROFILE       YES       NO       28.ACFT SCORE       29.ACFT DATE       (Attached DA Form 705 must be within 30 days of fsubmission)         30.HEIGHT       31.WEIGHT       32.       GO       NO-GO       (Attached DA Form 5500/5501 must be within 30 days of packet submission)         AII applicants will submit a completed DA Form 5500/5501 signed by their Army Body Composition NCO regardless of screening weight.       AII applicants will submit a completed DA Form 5500/5							YES NO	
C.PHONE  C.PHONE  C.PHONE  C.PHONE  C.PHONE  C.EMAIL  II. MILITARY INFORMATION  II. MILITARY INFORMATION  II. MILITARY INFORMATION  II. UNIT PHONE (COMM)  II. UNIT ADDRESS  III. UNIT ADDRESS  II. UNIT ADDRESS	provided on Page 3 Item 1)	1203a.CHILDS NAME			D.DOB			
e.EMAIL  II. MILITARY INFORMATION  I4.PMOS  15.UNIT  15.UNIT  15.UNIT  15.UNIT  15.UNIT  15.UNIT  16.UIC  17.UNIT PHONE (COMM)  18.UNIT ADDRESS  19.UNIT PHONE (DSN)  20. 15G  a. NAME / RANK  20. 15G  a. NAME / RANK  20. 15G  a. NAME / RANK  21.CSM  a. NAME / RANK  22.ON  a. NAME / RANK  22.ON  c.EMAIL  23.TIME ON STATION  c.EMAIL  22.ON  c.EMAIL  22.ON  c.EMAIL  23.TIME ON STATION  c.EMAIL  24.DEROS  25.MILITARY  c.EMAIL  22.ON  c.EMAIL  22.ON  c.EMAIL  23.TIME ON STATION  c.EMAIL  23.TIME ON STATION  c.EMAIL  24.DEROS  c.EMAIL  23.TIME ON STATION  c.EMAIL  23.TIME ON STATION  c.EMAIL  24.DEROS  c.EMAIL  23.TIME ON STATION  c.EMAIL  23.TIME ON STATION  c.EMAIL  24.DEROS  c.EMAIL  24.DEROS  c.EMAIL  25.MILITARY  c.EMAIL  24.DEROS  c.EMAIL  24.DEROS  c.EMAIL  25.MILITARY  c.EMAIL  24.DEROS  c.EMAIL  25.MILITARY  c.EMAIL  24.DEROS  c.EMAIL  24.DEROS  c.EMAIL  24.DEROS  c.EMAIL  24.DEROS  c.EMAIL  24.DEROS  c.EMAIL  25.MILITARY  c.EMAIL  25.MILITARY c.EMAIL  26.CIVILIAN  c.EMAIL  27.PERMANENT PROFILE  c.EMAIL  28.ACFT SCORE  29.ACFT DATE  c.EMAIL  AIL  AIL  AIL  AIL  AIL  AIL  AIL	13a.EMERGENCY CONTACT			b.RELATIONSHIP				
II. MILITARY INFORMATION         14.PMOS       15.UNIT         14.PMOS       15.UNIT         17.UNIT PHONE (COMM)       18.UNIT ADDRESS         19.UNIT PHONE (DSN)       18.UNIT ADDRESS         20. 1SG       a. NAME / RANK         21.CSM       a. NAME / RANK         22.ON       23.TIME ON STATION         24.DEROS       25.MILITARY         22.ON       23.TIME ON STATION         (If Applicable)       25.MILITARY         22.ON       23.TIME ON STATION         24.DEROS       25.MILITARY         EDUCATION LVL       EDUCATION LVL         27.PERMANENT PROFILE       YES         NO       28.ACFT SCORE         29.ACFT DATE       (Attached DA Form 705 must be within 30 days of foracket submission date.)         30.HEIGHT       31.WEIGHT         (In Pounds)       32.       GO       NO-GO         All applicants will submit a completed DA Form 5500/5501 signed by their Army Body Composition NCO regardless of screening weight.	c.PHONE			d.ADDRESS				
14.PMOS       15.UNIT       16.UIC         17.UNIT PHONE (COMM)       18.UNIT ADDRESS         19.UNIT PHONE (DSN)       18.UNIT ADDRESS         20. 1SG       a. NAME / RANK       b.PHONE         21.CSM       a. NAME / RANK       c.EMAIL         22.ON	e.EMAIL							
17. UNIT PHONE (COMM)       18. UNIT ADDRESS         19. UNIT PHONE (DSN)       18. UNIT ADDRESS         20. 1SG       a. NAME / RANK       b.PHONE       c.EMAIL         21. CSM       a. NAME / RANK       c.EMAIL       c.EMAIL         22. ON ASSIGNMENT       YES       NO       23. TIME ON STATION (In Months)       24. DEROS (If Applicable)       25. MILITARY EDUCATION LVL       26. CIVILIAN EDUCATION LVL         27. PERMANENT PROFILE (If "YES" attach a copy)       YES       NO       28. ACFT SCORE       29. ACFT DATE       (Attached DA Form 705 must be within 30 days of submission date.)         30. HEIGHT (In Inches)       31. WEIGHT (In Pounds)       32.       GO       NO-GO       (Attached DA Form 5500/5501 must be within 30 days of packet submission)         All applicants will submit a completed DA Form 5500/5501 signed by their Army Body Composition NCO regardless of screening weight.       11. WEIGHT		И.	MILITARY	INFORMATION				
19.UNIT PHONE (DSN)         20. 1SG       a. NAME / RANK         20. 1SG       a. NAME / RANK         21.CSM       a. NAME / RANK         22.ON       c.EMAIL         23.TIME ON STATION       24.DEROS         (If Applicable)       EDUCATION LVL         27.PERMANENT PROFILE       YES         (If "YES" attach a copy)       YES         YES       NO         28.ACFT SCORE       29.ACFT DATE         (Attached DA Form 705 must be within 30 days of packet submission)         30.HEIGHT       31.WEIGHT         (In Inches)       32.         GO       NO-GO         (Attached DA Form 5500/5501 must be within 30 days of packet submiss	14.PMOS 15.UN	ШΤ				16.UIC		
19.UNIT PHONE (DSN)         20. 1SG       a. NAME / RANK         20. 1SG       a. NAME / RANK         21.CSM       a. NAME / RANK         22.ON       c.EMAIL         23.TIME ON STATION       24.DEROS         (If Applicable)       EDUCATION LVL         27.PERMANENT PROFILE       YES         (If "YES" attach a copy)       YES         YES       NO         28.ACFT SCORE       29.ACFT DATE         (Attached DA Form 705 must be within 30 days of packet submission)         30.HEIGHT       31.WEIGHT         (In Inches)       32.         GO       NO-GO         (Attached DA Form 5500/5501 must be within 30 days of packet submiss			I					
20. 1SG       a. NAME / RANK       b. PHONE       c.EMAIL         21. CSM       a. NAME / RANK       c.EMAIL         22. ON ASSIGNMENT       YES       NO       23.TIME ON STATION (In Months)       24.DEROS (If Applicable)       25.MILITARY EDUCATION LVL       26.CIVILIAN EDUCATION LVL         27.PERMANENT PROFILE (If "YES" attach a copy)       YES       NO       28.ACFT SCORE       29.ACFT DATE       (Attached DA Form 705 must be within 30 days of submission date.)         30.HEIGHT (In Inches)       31.WEIGHT (In Pounds)       32.       GO       NO-GO       (Attached DA Form 5500/5501 must be within 30 days of packet submission)         All applicants will submit a completed DA Form 5500/5501 signed by their Army Body Composition NCO regardless of screening weight.       30.MEIGHT			18.UNI	T ADDRESS				
21.CSM       a. NAME / RANK       c.EMAIL         22.ON       23.TIME ON STATION       24.DEROS       25.MILITARY       26.CIVILIAN         ASSIGNMENT       YES       NO       23.TIME ON STATION       24.DEROS       25.MILITARY       26.CIVILIAN         27.PERMANENT PROFILE       YES       NO       28.ACFT SCORE       29.ACFT DATE       (Attached DA Form 705 must be within 30 days of submission date.)         30.HEIGHT       31.WEIGHT       32.       GO       NO-GO       (Attached DA Form 5500/5501 must be within 30 days of packet submission)         All applicants will submit a completed DA Form 5500/5501 signed by their Army Body Composition NCO regardless of screening weight.       Screening weight.	19.UNIT PHONE (DSN)							
22.ON ASSIGNMENT       23.TIME ON STATION (In Months)       24.DEROS (If Applicable)       25.MILITARY EDUCATION LVL       26.CIVILIAN EDUCATION LVL         27.PERMANENT PROFILE (If "YES" attach a copy)       YES       NO       28.ACFT SCORE       29.ACFT DATE       (Attached DA Form 705 must be within 30 days of submission date.)         30.HEIGHT (In Inches)       31.WEIGHT (In Pounds)       32.       GO       NO-GO       (Attached DA Form 5500/5501 must be within 30 days of packet submission)         All applicants will submit a completed DA Form 5500/5501 signed by their Army Body Composition NCO regardless of screening weight.       NO	20. 1SG a. NAME / RANK		b.PHON	NE		c.EMAIL		
ASSIGNMENT       YES       NO       (In Months)       (If Applicable)       EDUCATION LVL       EDUCATION LVL         27.PERMANENT PROFILE (If "YES" attach a copy)       YES       NO       28.ACFT SCORE       29.ACFT DATE       (Attached DA Form 705 must be within 30 days of submission date.)         30.HEIGHT (In Inches)       31.WEIGHT (In Pounds)       32.       GO       NO-GO       (Attached DA Form 5500/5501 must be within 30 days of packet submission)         All applicants will submit a completed DA Form 5500/5501 signed by their Army Body Composition NCO regardless of screening weight.       NO-GO       NO-GO	21.CSM a. NAME / RANK				(	c.EMAIL		
ASSIGNMENT       YES       NO       (In Months)       (If Applicable)       EDUCATION LVL       EDUCATION LVL         27.PERMANENT PROFILE (If "YES" attach a copy)       YES       NO       28.ACFT SCORE       29.ACFT DATE       (Attached DA Form 705 must be within 30 days of submission date.)         30.HEIGHT (In Inches)       31.WEIGHT (In Pounds)       32.       GO       NO-GO       (Attached DA Form 5500/5501 must be within 30 days of packet submission)         All applicants will submit a completed DA Form 5500/5501 signed by their Army Body Composition NCO regardless of screening weight.       NO-GO       NO-GO	22 ON 22 -			c	25 MILL	ΓΛΩΥ		
(If "YES" attach a copy)       YES       NO         submission date.)       submission date.)         30.HEIGHT       31.WEIGHT         (In Inches)       GO       NO-GO         All applicants will submit a completed DA Form 5500/5501 signed by their Army Body Composition NCO regardless of screening weight.	VES NO							
(In Inches) (In Pounds) GO NO-GO (Attached DA Form 5500/5501 must be within 30 days of packet submission) All applicants will submit a completed DA Form 5500/5501 signed by their Army Body Composition NCO regardless of screening weight.	27.PERMANENT PROFILE YES	NO 28.ACFT SCORE	29.	ACFT DATE				
All applicants will submit a completed DA Form 5500/5501 signed by their Army Body Composition NCO regardless of screening weight.		32. GO	NO-G	O (Attached DA For	m 5500/55	01 must be within 30	) days of packet submission)	
SERVICE MEMBERS ARE NOT AUTHORIZED TO ATTEND GOLDEN KNIGHTS ASSESMENT AND SELECTION WHILE ON TEMPORARY PROFILE.	All applicants will submit a con	•	-			-		

LAST NAME	III. MILITA	ARY ASSIG		AND REFER	ENCES	DoD IDN	
1a.UNIT	b.FROM/TO		c.SUPERVISOR		dMIL EMAIL		
2a.UNIT	b.FROM/TO		c.SUPERVISOR		dMIL EMAIL	dMIL EMAIL	
3a.UNIT	b.FROM/TO		c.SUPERVISOR		dMIL EMAIL		
4a.MIL REFERENCE		b.PHONE		c.EN	1AIL		
5a.MIL REFERENCE		b.PHONE	DNE C.EMAIL				
6a.MIL REFERENCE		b.PHONE	c.EMAIL		1AIL		
		V. I	MORAL / FINANC	CIAL			
22.ANSWER THE FOLLOWING QUES	TIONS. EVERY ITEM MARI	KED "YES" M	IUST BE FULLY EXPLA	INED IN ITEM #1	Page 3.		
(a) DO YOU HAVE A GOVER	NMENT CREDIT CARD (Ente	er <u>expiratior</u>	n date only , in Item #.	1 Page 3)	YES	NO	
(b)HAVE YOU EVER DEFAUL	TED ON A LOAN				YES		
(c)HAVE YOU EVER HAD PRO	OPERTY REPOSESSED				YES		
(d)HAVE YOU HAD ANY TRA	FFIC VIOLATIONS				YES	 NO	
(e)HAVE YOU EVER BEEN CH	ARGED OR CITED FOR DU	I/DWI			YES	NO	
(f)HAVE YOU EVER TESTED F	POSITIVE ON A URINALYSIS	FOR DRUG	s		YES	NO	
(g)HAVE YOU EVER BEEN PL	INISHED UNDER UCMJ				YES		
(h)HAVE YOU EVER RECEIVE	D A SUSPENSION OF FAVO	RABLE ACTI	ONS (FLAG)		YES	NO	
(i)HAVE YOU EVER RECEIVED	O A BAR TO REENLISTMEN	т			YES	NO	
(j)HAVE YOU EVER EVER BEE	EN ARRESTED				YES	NO	
(k)HAVE YOU EVER BEEN DE	NIED OR LOST A SECURITY	CLEARANC	E		YES	NO	
	V.	MORAL /	FINANCIAL (con	t.) / REMARK	S		
1.EXPLAIN ALL "YES" ANSWERS TO with the referenced ltem #)	QUESTIONS 22(a) - (k) ABC	)VE. (Descrik	be answer(s), give dat	e(s),specific detc	ills, and final disposition. I	Begin each line	
2a.DO YOU HAVE A CIVILIAN	YES NO b.DL#		c.STATE	d.EXPIRATION	e.EN	IDORSEMENTS	
	I						

		VI.REMARKS	
3.ANSWER THE FOLLOWIN			
a.WHY DO YOU WANT	TO BE A GOLDEN KNIGHT?		
b.WHY SHOULD YOU B	E CONSIDERED?		
c.IS THERE ANYTHING	ELSE ABOUT YOU THAT WE SHOULD KNOW BUT	HAVEN'T ASKED?	
		/II.SIGNATURE	
	"I certify the information contained in this	application is true and correct to the best o	f my knowledge."
	Typed Name	Signati	ure
		0	
			telephone numbers. Report all changes to the
Administration Section at ( email address is essential f	COMM) 910-907-3205. USAPT will notify applica or notification.	nts by email if they have been accepted o	or not to be assigned to Green Platoon. A correc

VIII.COMMANDERS ENDORSEMENTS						
THRU TO Commander US Army Parachute T Bldg 3-3327 Butner Ft. Bragg, NC. 28310			FROM			
SECTION I - PER	SONAL II	DENTIFICATION				
1.NAME OF INDIVIDUAL 2.RA	NK/PMOS	1	3.DoD IDN			
SECTION II- S	UBJECT	OF REQUEST				
I request approval for attendance to the United States Army Para	achute Tea	m "Golden Knights" Ass	essment and Se	election Program (GKAS).		
4.SIGNATURE OF SOLDIER		5.DATE				
SECTION III- COMMAI	NDERS A	CKNOWLEDGMEN	TS			
(1) I am aware that , a member "Golden Knights."	r of my com	nmand, is applying for a	position with tl	he U.S. Army Parachute Team		
(2) I understand that if is accepted at Fort Bragg, North Carolina.	ed to the p	rogram, he/she will be	put on assignme	ent to the U.S. Army Parachute Team		
(3) I have ensured that has been assigned to a deployable unit, this form must be endorsed by the Brigade Co			init fencing stab	ilization codes. NOTE: If Soldier is		
(4) I further understand that should Team will generate a request to HRC for immediate reassignment of the Solo indefinitely pending HRC assignment instructions. All Soldiers must particip to certify each Soldier for the upcoming demonstration season.	dier. Soldie	ers selected as Golden k	nights will be a			
SECTION IV- AP	PROVAL,	/DISAPPROVAL				
6. I certify that the request for attendance (Section II) contained herein -			ND DISAPPROV	AL		
7.COMPANY COMMANDER (Last, First, Middle)(RANK) 8.SIGNATURE				9.DATE		
9. BN AUTHORITY		b. FROM		•		
	OMMEND:			RECOMMEND DISAPPROVAL		
d.NAME ( <i>Last, First, Middle</i> )		e.RANK	t.D	DATE		
g.TITLE/POSITION	h.SIGN/	ATURE				
i.COMMENTS						
10. BDE AUTHORITY (If Applicable)		b. FROM				
c.ACTION: APPROVED		DISAPPRO				
d.NAME ( <i>Last, First, Middle</i> )		e.RANK	f.D	DATE		
g.TITLE/POSITION	h.SIGN/	ATURE				
i.COMMENTS	•					

### IX. AIRBORNE ASSIGNMENT ACCEPTANCE/DECLINATION STATEMENT

Per AR 614-200, Soldiers on assignment instructions to an Airborne position at the United States Army Parachute Team will be utilized for at least 4 years in an Airborne position unless physically disqualified, exempted by general court martial authority, separated, reassigned by the Department of the Army or accepted to another Airborne, Airborne Ranger, Special Forces or other training/assignment considered by DA to have higher priority. Soldiers with less than 4 years to ETS are still eligible for assignment to the USAPT; however, they must reenlist or extend to meet the service obligation of the assignment. The Soldier must adhere to acceptance of an Airborne assignment. Soldiers who accept an Airborne assignment with the intent of declining Airborne duty upon reporting to the USAPT are subject to UCMJ action.						
			W027T1) ET Bragg NC 28210			
I accept / decline AIRBOR	NE ASSIGNMENT FOR:	HHD US ARMY PARACHUTE (W027T1) FT Bragg, NC 28310 Duty station/location				
SOLDIER (LAST, FIRST, MI)	SIGNATURE		DATE			
WITNESS (LAST, FIRST, MI)	SIGNATURE		DATE			

## ENSURE THE FOLLOWING ITEMS HAVE BEEN ADDED TO THE ATTACHMENTS SECTION BELOW (Photocopied / Scanned images must be clear and legible.)(Grayscale @ 200dpi preferred)

- (DA Photo must be a Color Digital Image in .jpg format.)
- 1. Current and updated STP
- 2. Last three (3) NCOERs (If applicable)
- 3. DA Photo (Color Copy)(5"x7" Minimum)
- 4. DA Form 705 (PT Card)
- 5. DA Form 5500/5501 (Army Body Composition Worksheet)
- 6. Photo copy of Freefall logbook displaying jumps over the last 12 months (if applicable)
- 7. Photo copy of USPA license and ratings (If applicable)
- 8. Copy of Permanent Profile (If applicable)
- 9. Personal Action Request (PAR) Conditional Release from branch

#### **ATTACHMENTS**

NOTE: Before attaching files to this application ensure that you have renamed them using the following naming convention:

LastNameFirstInitial\_GKGPApplicationYear\_Title

Examples: SmithT\_2023\_NCOER1 SmithT\_2023\_PTCard

ONLY FILES OF THE FOLLOWING TYPES CAN BE ATTACHED: \*.pdf, \*.jpg, \*.docx, \*.tiff

# **INSTRUCTIONS TO APPLICANT**

1. After PAR is routed through appropriate unit requirements, send to Normative Branch UDL for processing. UDL (00000000040203)

2. Before submitting application, ensure you rename your application file using the following naming convention:

LastNameFirstInitial\_GKGPApplicationYear\_APPLICATION Example: SmithT\_2023\_APPLICATION

3. Email your completed application to the following email address: usapt-gkas@army.mil

4. Subject line will be NAME / RANK / PMOS / GKAS / "Application" Year Example: Thomas Smith / SGT / 19D / GKAS / Application 2023

5. Include in the body of your email your current mailing address and the best number to reach you.