



U.S. ARMY

UNITED STATES ARMY PARACHUTE TEAM

Golden Knights

Green Platoon 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. It's 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. RANK		3. DOB	
4. DoD IDN			5. MIL EMAIL			6. CIVILIAN EMAIL			
7. CURRENT ADDRESS					8. HOME PHONE				
					9. CELL PHONE				
10. MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED					11. NO. OF DEPENDENTS		12. SINGLE PARENT (If "YES" see 12b) <input type="checkbox"/> YES <input type="checkbox"/> NO		
12b. CHILDREN (Single Parents) (If selected, you must provide a copy of your Family Care Plan to the GKAS Cadre upon arrival. If 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)		12a. SPOUSES NAME			b. DOB		c. EFMP <input type="checkbox"/> YES <input type="checkbox"/> NO		
		12b1a. CHILDS NAME			b. DOB		c. EFMP <input type="checkbox"/> YES <input type="checkbox"/> NO		
		12b2a. CHILDS NAME			b. DOB		c. EFMP <input type="checkbox"/> YES <input type="checkbox"/> NO		
		12b3a. CHILDS NAME			b. DOB		c. EFMP <input type="checkbox"/> YES <input type="checkbox"/> NO		
13a. EMERGENCY CONTACT					b. RELATIONSHIP				
c. PHONE					d. ADDRESS				
e. EMAIL									

II. MILITARY INFORMATION

14. PMOS		15. UNIT			16. UIC		
17. UNIT PHONE (COMM)				18. UNIT ADDRESS			
19. UNIT PHONE (DSN)							
20. 1SG	a. NAME / RANK			b. PHONE		c. EMAIL	
21. CSM	a. NAME / RANK			b. PHONE		c. EMAIL	
22. ON ASSIGNMENT <input type="checkbox"/> YES <input type="checkbox"/> 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) <input type="checkbox"/> YES <input type="checkbox"/> 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. <input type="checkbox"/> GO <input type="checkbox"/> 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. SERVICE MEMBERS ARE NOT AUTHORIZED TO ATTEND GOLDEN KNIGHTS ASSESMENT AND SELECTION WHILE ON TEMPORARY PROFILE.

LAST NAME		III. MILITARY ASSIGNMENT HISTORY AND REFERENCES		DoD IDN
1a.UNIT	b.FROM/TO	c.SUPERVISOR	d..MIL EMAIL	
2a.UNIT	b.FROM/TO	c.SUPERVISOR	d..MIL EMAIL	
3a.UNIT	b.FROM/TO	c.SUPERVISOR	d..MIL EMAIL	
4a.MIL REFERENCE		b.PHONE	c.EMAIL	
5a.MIL REFERENCE		b.PHONE	c.EMAIL	
6a.MIL REFERENCE		b.PHONE	c.EMAIL	
IV. AIRBORNE / FREEFALL INFORMATION				
IF APPLICABLE				
7.AIRBORNE QUALIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO		8.ON JUMP STATUS <input type="checkbox"/> YES <input type="checkbox"/> NO		If non-airborne, you must volunteer to attend Airborne School before you can be placed on assignment to the USAPT. See page 5 of this application.
9.DATE OF FIRST FREEFALL JUMP	10.DATE OF MOST RECENT FREEFALL JUMP	11.NUMBER OF FREEFALL JUMPS	12.FREEFALL JUMPS IN THE PAST YEAR	
13.USPA MEMBER #	14.USPA LIC. # (Highest)	***Fill in USPA LIC # IF APPLICABLE***		
15.PARACHUTING EXPERIENCE: BRIEFLY DETAIL PRIOR EXPERIENCE AND AREAS OF INTEREST (EG. DEMONSTRATIONS, COMPETITIONS, ETC)	a.			
	b.			
	c.			
16a.CIV REFERENCE / RELATIONSHIP		b.PHONE	c.EMAIL	
17a.CIV REFERENCE / RELATIONSHIP		b.PHONE	c.EMAIL	
18a.CIV REFERENCE / RELATIONSHIP		b.PHONE	c.EMAIL	
V. MORAL / FINANCIAL				
19.ANSWER THE FOLLOWING QUESTIONS. EVERY ITEM MARKED "YES" MUST BE FULLY EXPLAINED IN ITEM #1 Page 3.				
(a)	DO YOU HAVE A GOVERNMENT CREDIT CARD (Enter expiration date only , in Item #1 Page 3)			<input type="checkbox"/> YES <input type="checkbox"/> NO
(b)	HAVE YOU EVER DEFAULTED ON A LOAN			<input type="checkbox"/> YES <input type="checkbox"/> NO
(c)	HAVE YOU EVER HAD PROPERTY REPOSESSED			<input type="checkbox"/> YES <input type="checkbox"/> NO
(d)	HAVE YOU HAD ANY TRAFFIC VIOLATIONS			<input type="checkbox"/> YES <input type="checkbox"/> NO
(e)	HAVE YOU EVER BEEN CHARGED OR CITED FOR DUI/DWI			<input type="checkbox"/> YES <input type="checkbox"/> NO
(f)	HAVE YOU EVER TESTED POSITIVE ON A URINALYSIS FOR DRUGS			<input type="checkbox"/> YES <input type="checkbox"/> NO
(g)	HAVE YOU EVER BEEN PUNISHED UNDER UCMJ			<input type="checkbox"/> YES <input type="checkbox"/> NO
(h)	HAVE YOU EVER RECEIVED A SUSPENSION OF FAVORABLE ACTIONS (FLAG)			<input type="checkbox"/> YES <input type="checkbox"/> NO
(i)	HAVE YOU EVER RECEIVED A BAR TO REENLISTMENT			<input type="checkbox"/> YES <input type="checkbox"/> NO
(j)	HAVE YOU EVER EVER BEEN ARRESTED			<input type="checkbox"/> YES <input type="checkbox"/> NO
(k)	HAVE YOU EVER BEEN DENIED OR LOST A SECURITY CLEARANCE			<input type="checkbox"/> YES <input type="checkbox"/> NO

1.EXPLAIN ALL "YES" ANSWERS TO QUESTIONS 19(a) - (k) ABOVE. (Describe answer(s), give date(s),specific details, and final disposition. Begin each line with the referenced Item #.

2a.DO YOU HAVE A CIVILIAN
DRIVERS LICENSE

☐

YES

☐

NO

b.DL#

c.STATE

d.EXPIRATION

e.ENDORSEMENTS

VI.REMARKS

3.ANSWER THE FOLLOWING QUESTIONS:

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

b.WHY SHOULD YOU BE CONSIDERED?

c.IS THERE ANYTHING ABOUT YOURSELF THAT WE SHOULD KNOW BUT HAVEN'T ASKED ABOUT?

VII.SIGNATURE

"I certify the information contained in this application is true and correct to the best of my knowledge."

Typed Name

Signature

Applicants are responsible for keeping the USAPT informed of current military and civilian addresses and telephone numbers. Report all changes to the Administration Section at (COMM) 910-396-4800. The USAPT Commander will notify applicants by mail if they have been accepted or not to attend GKAS. A correct mailing address is essential for notification.

VIII.COMMANDERS ENDORSEMENTS			
THRU	TO Commander US Army Parachute Team Bldg 3-3327 Butner Ft. Bragg, NC. 28310	FROM	
SECTION I - PERSONAL IDENTIFICATION			
1.NAME OF INDIVIDUAL	2.RANK/PMOS /	3.DoD IDN	
SECTION II- SUBJECT OF REQUEST			
I request approval for attendance to the United States Army Parachute Team "Golden Knights" Assessment and Selection Program (GKAS).			
4.SIGNATURE OF SOLDIER		5.DATE	
SECTION III- COMMANDERS ACKNOWLEDGMENTS			
<p>(1) I am aware that _____, a member of my command, is applying for a position with the U.S. Army Parachute Team "Golden Knights."</p> <p>(2) I understand that if _____ is accepted to attend the program, he/she will be TDY (SD if at Fort Bragg) for the duration of the program from September thru October or until officially released back to the parent unit.</p> <p>(3) I have ensured that _____ has been removed from any Stop Loss or unit fencing stabilization codes. NOTE: If Soldier is assigned to a deployable unit, this form must be endorsed by the Brigade Commander or Brigade CSM.</p> <p>(4) I further understand that should _____ be selected to become a member of the Golden Knights, the U.S. Army Parachute Team will generate a request to HRC for immediate reassignment of the Soldier. Soldiers selected as Golden Knights will be attached to the Golden Knights indefinitely pending HRC assignment instructions. All Soldiers must participate in the Golden Knights' Annual Certification Cycle from January thru March to certify each Soldier for the upcoming demonstration season.</p>			
SECTION IV- APPROVAL/DISAPPROVAL			
6. I certify that the request for attendance (<i>Section II</i>) contained herein - <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DISAPPROVAL </div>			
7.COMPANY COMMANDER (Last, First, Middle)(RANK)		8.SIGNATURE	
		9.DATE	
9. BN AUTHORITY	a. TO	b. FROM	
c.ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED RECOMMEND: <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DISAPPROVAL			
d.NAME (<i>Last, First, Middle</i>)		e.RANK	f.DATE
g.TITLE/POSITION		h.SIGNATURE	
i.COMMENTS			
10. BDE AUTHORITY (<i>If Applicable</i>)	a. TO	b. FROM	
c.ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED			
d.NAME (<i>Last, First, Middle</i>)		e.RANK	f.DATE
g.TITLE/POSITION		h.SIGNATURE	
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. Before issuing assignment orders, the losing Commander will inform the Soldier of the proposed assignment. The Soldier must initial Emilpo output, AAA-234, individual losing assignment (AR 600-8-11) indicating acceptance of an Airborne assignment. The losing unit will forward the original copy of the statement through the United States Army Parachute Team to HRC (appropriate career branch). Soldiers who accept an Airborne assignment with the intent of declining Airborne duty upon reporting to the USAPT are subject to UCMJ action.

This form is in lieu of the AAA-234 printout.

☐ I accept

/

☐ decline

AIRBORNE 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
7. Photo copy of USPA license and ratings (If applicable)
8. Copy of Permanent Profile (If applicable)
9. 4187 Conditional Release from branch

ATTACHMENTS

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

LastNameFirstInitial_GKASApplicationYear_Title

Examples:

SmithT_2026_NCOER1

SmithT_2026_PTCard

SmithT_2026_Logbook

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

INSTRUCTIONS TO APPLICANT

1. TOOLTIPS are available for selected fields. Hover the mouse over the field to see if TIP is available.
2. Before submitting application, ensure you rename your application file using the following naming convention:
LastNameFirstInitial_GKASApplicationYear_APPLICATION Example: SmithT_2026_APPLICATION
3. Email your completed application to the following email address: **usarmy.knox.usarec.list.meb-apt-gkas@mail.mil**
4. Subject line will be NAME / RANK / PMOS / GKAS / "Application" Year Example: Thomas Smith / SGT / 19D / GKAS / Application 2026
5. Include in the body of your email your current mailing address and the best number to reach you at.