

For use of this form, see AR 135-100, AR 145-1, AR 351-5, and AR 601-100; the proponent agency is DCSPER

AUTHORITY: Title 10 United States Code, Section 3012 (Title 5 United States Code, Section 552a)

PRINCIPAL PURPOSE: To obtain an appointment as a commissioned or warrant officer in the Regular Army or Army Reserve, or to obtain selection to attend the US Army Officer Candidate School.

ROUTINE USES: Basis for determination of qualifications and background information for eligibility for consideration for appointment as a Regular Army or Army Reserve commissioned/warrant officer or for selection for attendance at the US Army Officer Candidate School.

DISCLOSURE Disclosure of information requested in DA Form 61 is voluntary. Failure to provide the required information will result in non-acceptability of the application.

DA FORM 61, JUN 1981

24. ARE YOU NOW, OR HAVE YOU EVER BEEN A CONSCIENTIOUS OBJECTOR? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If yes, attach affidavit)</i>					
25. <input type="checkbox"/> 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.					
26. HAVE YOU EVER UNDER EITHER MILITARY OR CIVILIAN LAW BEEN INDICTED OR SUMMONED IN TO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING <i>(Including any proceedings involving juvenile offenses, article 15, UCMJ, and any court-martial)</i> REGARDLESS OF THE RESULT OF TRIAL, OR CONVICTED, FINED, IMPRISONED, PLACED ON PROBATION, PAROLED OR PARDONED, OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE? <i>(Exclude traffic violations involving a fine or forfeiture of \$100 or less).</i> <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, ATTACH REQUEST FOR WAIVER LISTING THE DATE, THE NATURE OF EACH ALLEGED OFFENSE OR VIOLATION, THE NAME AND LOCATION OF THE COURT OR PLACE OF HEARING, AND THE PENALTY IMPOSED OR OTHER DISPOSITION OF EACH CASE AND FURNISH COPY OF COURT ACTION OR DETAILED STATEMENT IN AFFIDAVIT FORM AS TO THE OUTCOME OF EACH CASE.					

27. ACTIVE MILITARY SERVICE <i>(Indicate tour with each organization separately - show ROTC Camps in Item 39)</i>						
	a. ORGANIZATION <i>(US Armed Forces, USCG, NOAA, US Public Health Service, Peace Corps)</i>	b. DATES <i>(Day, Month, Year)</i>		c. BRANCH/MOS <i>(As appropriate)</i>	d. PRIOR SERVICE NO. <i>(If applicable)</i>	e. HIGHEST GRADE AND COMPONENT
		FROM	TO			
ENLISTED						
WARRANT OFFICER						
COMMISSIONED						
f. DATE CURRENT ACTIVE DUTY TOUR TERMINATES		g. DATE OF LAST ADL PROMOTION				

28. RESERVE OR NATIONAL GUARD SERVICE <i>(Not on active duty)</i>						
	a. ORGANIZATION <i>(US Armed Forces, USCG, NOAA, US Public Health Service, Peace Corps)</i>	b. DATES <i>(Day, Month, Year)</i>		c. BRANCH/MOS <i>(As appropriate)</i>	d. PRIOR SERVICE NO. <i>(If applicable)</i>	e. HIGHEST GRADE AND COMPONENT
		FROM	TO			
ENLISTED						
WARRANT OFFICER						
COMMISSIONED						

29. SOURCE OF CURRENT COMMISSION <i>(If applicable)</i> ARNGUS: <input type="checkbox"/> OCS <input type="checkbox"/> DIRECT APPOINTMENT <input type="checkbox"/> OTHER USAR: <input type="checkbox"/> ROTC <input type="checkbox"/> ROTC (ECP) <input type="checkbox"/> ROTC (SMP) <input type="checkbox"/> OCS <input type="checkbox"/> DIRECT APPOINTMENT				30. AWARDS <i>(Do not list theater or service medals)</i>	
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31. HAVE YOU EVER APPLIED AND NOT BEEN SELECTED FOR: a. ROTC <input type="checkbox"/> YES <input type="checkbox"/> NO b. OCS <input type="checkbox"/> YES <input type="checkbox"/> NO							
c. APPOINTMENT IN RESERVE COMPONENT <i>(USAR/ARNG)</i>		YES	NO	d. APPOINTMENT IN REGULAR ARMY		YES	NO
AS A WARRANT OFFICER		<input type="checkbox"/>	<input type="checkbox"/>	AS A WARRANT OFFICER		<input type="checkbox"/>	<input type="checkbox"/>
AS A COMMISSIONED OFFICER		<input type="checkbox"/>	<input type="checkbox"/>	AS A COMMISSIONED OFFICER		<input type="checkbox"/>	<input type="checkbox"/>
e. IF ANSWER IS "YES", EXPLAIN FULLY							

32. ARE YOU NOW OR HAVE YOU EVER BEEN IN THE MILITARY SERVICE OF OR BEEN EMPLOYED BY A FOREIGN GOVERNMENT <i>(If yes, give dates, country and type of service or employment)</i>	
33. HAVE YOU EVER RESIGNED OR BEEN ASKED TO RESIGN IN LIEU OF ELIMINATION PROCEEDINGS; BEEN DISCHARGED IN LIEU OF ELIMINATION, FURLOUGHED <i>(other than regular furlough or leave)</i> , OR PLACED ON INACTIVE STATUS WHILE SERVING IN THE US ARMED FORCES; OR, HAVE YOU EVER RESIGNED OR BEEN ASKED TO RESIGN FROM A POSITION WHILE IN PRIVATE OR GOVERNMENT EMPLOYMENT? <i>(If yes, state circumstances; if more space is required, continue on separate sheet).</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	

34. APPLICANTS FOR JUDGE ADVOCATE GENERAL'S CORPS ONLY				35. APPLICANTS FOR CHAPLAINS BRANCH ONLY	
BARS OF WHICH YOU ARE A MEMBER <i>(Specify dates)</i>				RELIGIOUS DENOMINATION BY WHICH YOU WILL BE ENDORSED	

36. APPLICANTS FOR MEDICAL AND DENTAL CORPS ONLY					
a. TRAINING		b. NAME AND LOCATION OF HOSPITAL	c. DATES <i>(Month and Year)</i>		
LEVEL	TYPE		FROM	TO	
INTERNSHIP					
RESIDENCY TNG					
SPECIALTY TNG					
d. SPECIALTY BOARDS			e. DATES OF CERTIFICATION <i>(Day, Month, Yr)</i>		
f. PLACE IN WHICH CURRENTLY LICENSED					

37. APPLICANTS FOR ARMY NURSE CORPS AND ARMY MEDICAL SPECIALIST CORPS ONLY					
a. NAME OF NURSING OR ACCREDITED PROFESSIONAL SCHOOL			b. LOCATION		
c. DATES OF ATTENDANCE <i>(Mo, Yr)</i>		d. STATE AND CURRENT REGISTRATION NUMBER		e. STATE AND DATE OF INITIAL REGISTRATION <i>(Day, Month, Year)</i>	
FROM	TO				
f. POSTGRADUATE COURSES <i>(Include courses at general hospitals, service schools, and short courses)</i>					
(1) SUBJECT OR COURSE	(2) NAME AND LOCATION OF SCHOOL OR HOSPITAL	(3) SEMESTER CREDITS EARNED	DATES OF ATTENDANCE <i>(Month, Year)</i>		
			FROM	TO	
38. HAVE YOU BEEN EMPLOYED BY THE US ARMY AS A DIETITIAN, OCCUPATIONAL OR PHYSICAL THERAPIST? <i>(If yes, give dates)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO					

39. ARMY ROTC <i>(To be completed only by prospective ROTC graduates applying for appointment in USAR or RA)</i>					
SUCCESSFULLY COMPLETED AROTC PROGRAM AS FOLLOWS					
COURSE	DATES ATTENDED <i>(Month and Year)</i>		c. CAMP TRAINING		
	FROM	TO			
a. BASIC			(1) INSTALLATION <i>(Basic)</i>		COMPLETION DATE <i>(Month, Year)</i>
b. ADVANCED			(2) INSTALLATION <i>(Advanced/Ranger)</i>		COMPLETION DATE <i>(Month, Year)</i>

40. MAIN CIVILIAN EMPLOYMENT			
a. NAME AND ADDRESS OF EMPLOYER		b. JOB TITLE	c. MONTH AND YEAR
			FROM
			TO
b. PRINCIPAL DUTIES <i>(Describe briefly)</i>			

41. REMARKS <i>(Experience, proficiencies and special abilities not shown elsewhere in this application. Those required to enter primary entry specialties, see Para 1-27d,e, AR 601-100). (If more space is required, attach additional sheet)</i>	

42. THE INFORMATION CONTAINED HEREIN IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	DATE	SIGNATURE OF APPLICANT

**PART I - RECOMMENDATION FOR APPOINTMENT OF ROTC GRADUATE AS A (REGULAR) OR
(RESERVE) COMMISSIONED OFFICER OF THE ARMY (AR 601-100, AR 145-1) (To be completed by PMS only)**

FROM: (Name and Address of Institution)

TO: (Appropriate Region Commander)

- a. APPLICANT WILL HAVE SUCCESSFULLY COMPLETED AT THIS INSTITUTION THE PRESCRIBED COURSE FOR THE UNIT ON _____ (Date)
- b. APPLICANT ☐ HAS ☐ HAS NOT COMPLETED SUCCESSFULLY THE REQUIRED CAMP TRAINING.
- c. APPLICANT ☐ WILL HAVE ATTAINED ☐ WILL NOT HAVE ATTAINED, A BACCALAUREATE DEGREE UPON SUCCESSFUL COMPLETION OF THE ROTC COURSE.
- d. I CONSIDER APPLICANT PHYSICALLY, MENTALLY, MORALLY, AND PROFESSIONALLY QUALIFIED FOR APPOINTMENT AS A ☐ REGULAR ☐ RESERVE COMMISSIONED OFFICER OF THE ARMY RECOMMEND HIS APPOINTMENT.
- e. APPLICANT WILL ATTAIN FULL QUALIFICATION FOR, AND SHOULD BE APPOINTED ON _____ (Day, Month and Year)

DATE	BRANCH FOR ASSIGNMENT	SIGNATURE AND GRADE (PMS)
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PART II - RECOMMENDATION FOR APPLICANTS FOR OCS ONLY (AR 351-5)

a. STATEMENT

TO:

DATE

1. I HAVE KNOWN THE APPLICANT FOR _____ MONTHS. HE HAS SERVED UNDER ME FOR _____ MONTHS. HIS PRINCIPAL DUTY IS _____
2. I ☐ DO ☐ DO NOT RECOMMEND THE APPLICANT.
3. REMARKS (Include your opinion as to his/her overall ability (to include leadership) and value to the service).

ENCLOSURES

SIGNATURE

ORGANIZATION

TYPED NAME, GRADE AND TITLE

b. STATEMENT

TO:

DATE

1. I HAVE KNOWN THE APPLICANT FOR _____ MONTHS. HE HAS SERVED UNDER ME FOR _____ MONTHS. HIS PRINCIPAL DUTY IS _____
2. I ☐ DO ☐ DO NOT RECOMMEND THE APPLICANT.
3. REMARKS (Include your opinion as to his/her overall ability (to include leadership) and value to the service).

ENCLOSURES

SIGNATURE

ORGANIZATION

TYPED NAME, GRADE AND TITLE