

APPLICATION FOR APPOINTMENT

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

DATA REQUIRED BY THE PRIVACY ACT OF 1974

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.

1. TYPE OF APPOINTMENT FOR WHICH APPLICATION IS SUBMITTED		2. GOVERNING REGULATION OR CIRCULAR <i>(Specify appropriate section(s) if applicable)</i> AR 135-100	
COMMISSIONED OFFICER - REGULAR ARMY		3. GRADE FOR WHICH APPLYING <i>(Reserve appointments only)</i> WO1	
COMMISSIONED OFFICER - ARMY RESERVE		4. SOURCE OF APPLICATION <i>(ROTC only)</i>	
WARRANT OFFICER - REGULAR ARMY		DMG	DATE DESIGNATED:
<input checked="" type="checkbox"/>	WARRANT OFFICER - ARMY RESERVE **ALL applicants must select this block**	SCHOLARSHIP - ENTER 1, 2, 3 OR 4 YEARS:	
OFFICER CANDIDATE SCHOOL		5. ONLY FOR APPLICANTS FOR APPOINTMENT AS WARRANT OFFICERS <i>(List choice by MOS code and title)</i>	
6. BRANCH AND SPECIALTY PREFERENCES Regular Army and Officer Candidate applicants and all ROTC graduates: In numerical sequence, indicate 10 branch preferences other than CA and SS. USAR applicants: If applying for a specific Reserve vacancy, indicate ONLY the branch of the vacant position; all other applicants may enter more than one branch.		a. MOS CODE	b. MOS TITLE
		351L	Counterintelligence Technician
		If qualified, list up to 3 MOSs in order of preference.	

PREFER- ENCE	BRANCH	SPECIALTY	PERSONAL DATA						
			7. NAME <i>(Last, first, middle)(Explain variations from birth certificate in Item 41)</i> DOE, JOHN BROWN -Use official name			8. GRADE E-6	9a. SOCIAL SECURITY NUMBER 000-00-0000		
			10. BRANCH <i>(MOS if enl or wo)</i> 35L3P	11. TOTAL YRS ACTIVE SERVICE 7	12. MARITAL STATUS M	13. NUMBER OF DEPENDENTS UNDER 18 YEARS OF AGE 2		9b. SELECTIVE SERVICE NUMBER NOT REQUIRED	
	AD		14. DATE OF BIRTH 7 Apr 75	15. PLACE OF BIRTH <i>(City, county, state)</i> Radcliff, Kentucky		16. SEX M	17. COMPLETE MILITARY ADDRESS <i>(If presently on active duty) (Include ZIP Code)</i> HHC, III Corps Fort Hood, TX 76544 (817) 288-1111 PHONE AND/OR AUTOVON NUMBER DSN 738-1111		
	AG		18. PERMANENT ADDRESS <i>(Include ZIP Code)</i> 407 Keith Street Killeen, TX 76511			19. CURRENT MAILING ADDRESS <i>(If difference from Item 18) (Include ZIP Code)</i>			
	AR		PHONE <i>(Include area code)</i> (502)765-6868			PHONE <i>(Include area code)</i>			
	AV		20. US CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	a. NATIVE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	b. <input type="checkbox"/> NATURALIZATION <input type="checkbox"/> DERIVED <input type="checkbox"/> IMMIGRANT	c. APPLICANT'S CERTIFICATE NO. <i>(If Item b. checked) (Date, place, court)</i>			
	CA		21. CIVILIAN EDUCATION <i>(See page 3 for additional requirements for professional personnel)</i>						
	CM		a. HIGH SCHOOL GRADUATE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		b. NAME AND LOCATION OF HIGH SCHOOL If 21a. checked NO, enter GED info in block 41 Orchard View High School, Muskegon, MI 49442				
	EN		c. NAME AND LOCATION OF EACH COLLEGE OR UNIVERSITY ATTENDED <i>(Include USMA, USNA, USAFA, USCGA, and USMMA)</i>		(1) DEGREE	(2) SEMESTER CREDITS EARNED	(3) YEARS ATTENDED	(4) DATE GRADUATED OR WILL GRADUATE DAY MONTH YEAR	(5) MAJOR SUBJECT
	FA		University of Maryland		BS	120	4	31 05 1999	Business Mgmt
	FI		Central Texas College		AA	60	2		Management
	IN								
	MI								
	MP								
	OD								
	QM								
	SC								
	SS								
	TC								
	AN								
	CH								
	DE								
	JA								
	MC								
	MS								
	SP		d. SPECIAL EDUCATIONAL HONORS, SCHOLARSHIPS, ETC.		e. IF YOU HAVE EVER BEEN EXPELLED FROM SCHOOL, OR PLACED ON PROBATION, EITHER FOR ACADEMIC OR DISCIPLINARY REASONS, EXPLAIN <i>(Continue in Item 41)(Remarks)</i>				
	VC								

22. HIGHEST LEVEL SERVICE SCHOOL ATTENDED						
a. NAME OF SCHOOL	b. COURSE	c. DATES <i>(Mo-Yr)</i>		COMPLETED		d. IF NOT COMPLETED GIVE REASON
		FROM	TO	YES	NO	
US Army Soldier Spt Center Ft. Jackson, SC	ALC/PME	10 10	12 10	<input checked="" type="checkbox"/>		

23a. FOREIGN LANGUAGES AND DEGREE OF PROFICIENCY NA	b. ALAT SCORE <i>(If applicable)</i> NA
---	---

24. ARE YOU NOW, OR HAVE YOU EVER BEEN A CONSCIENTIOUS OBJECTOR? YES NO (If yes, attach affidavit)

25. 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 (Including any proceedings involving juvenile offenses, article 15, UCMJ, and any court-martial) 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? (Exclude traffic violations involving a fine or forfeiture of or less).

\$500

YES 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 (Indicate tour with each organization separately - show ROTC Camps in Item 39)

	a. ORGANIZATION (US Armed Forces, USCG, NOAA, US Public Health Service, Peace Corps)	b. DATES (Day, Month, Year)		c. BRANCH/MOS (As appropriate)	d. PRIOR SERVICE NO. (If applicable)	e. HIGHEST GRADE AND COMPONENT
		FROM	TO			
ENLISTED	US Army	25 Jun 99	Present	35L3P	NA	E-6/RA
WARRANT OFFICER						
COMMISSIONED						

f. DATE CURRENT ACTIVE DUTY TOUR TERMINATES ETS: 17 Oct 2015 g. DATE OF LAST ADL PROMOTION DOR: 1 Aug 2005

28. RESERVE OR NATIONAL GUARD SERVICE (Not on active duty)

	a. ORGANIZATION (US Armed Forces, USCG, NOAA, US Public Health Service, Peace Corps)	b. DATES (Day, Month, Year)		c. BRANCH/MOS (As appropriate)	d. PRIOR SERVICE NO. (If applicable)	e. HIGHEST GRADE AND COMPONENT
		FROM	TO			
ENLISTED	US Army Reserve	2 Feb 91	24 Jun 92	11B10	NA	E-4/USAR
WARRANT OFFICER						
COMMISSIONED						

29. SOURCE OF CURRENT COMMISSION (If applicable) OTHER

ARNGUS: OCS DIRECT APPOINTMENT

USAR: ROTC ROTC (ECP) ROTC (SMP) OCS DIRECT APPOINTMENT

30. AWARDS (Do not list theater or service medals)
MSM-2, ARCOM-4, AAM-2
(Achievement Awards Only)

31. HAVE YOU EVER APPLIED AND NOT BEEN SELECTED FOR:

a. ROTC		b. OCS	
YES	NO	YES	NO
c. APPOINTMENT IN RESERVE COMPONENT (USAR/ARNG)			
AS A WARRANT OFFICER		X	X
AS A COMMISSIONED OFFICER		X	X

e. IF ANSWER IS "YES", EXPLAIN FULLY

If previously non-select, enter both the FQNS and NCNS dates

32. ARE YOU NOW OR HAVE YOU EVER BEEN IN THE MILITARY SERVICE OF OR BEEN EMPLOYED BY A FOREIGN GOVERNMENT (If yes, give dates, country and type of service or employment) **No**

33. HAVE YOU EVER RESIGNED OR BEEN ASKED TO RESIGN IN LIEU OF ELIMINATION PROCEEDINGS; BEEN DISCHARGED IN LIEU OF ELIMINATION, FURLOUGHED (other than regular furlough or leave), 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? (If yes, state circumstances; if more space is required, continue on separate sheet).

YES 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	(4) 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
Kelly Temporary Services Grand Rapids, MI 48722		Secretary/Typing		FROM TO
				0292 0692
b. PRINCIPAL DUTIES <i>(Describe briefly)</i>				
Typed letters, kept personnel files updated, answered inquiries				
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>				
GED Institution Name/GED certificate number (If applicable)				
I certify that (Applicant's Name) successfully passed the APFT consisting of pushups, situps, and the two mile run with a score of _____ on _____; the verified height is _____ and verified weight is _____. (Applicant's Name) is within body fat standards according to AR 600-9.				
Commander must sign				
JOHN Q. DOE CPT, MI Commanding				
****APFT DATE MUST BE WITHIN 6 MONTHS OF THE FIRST DAY OF THE APPLICANT'S FIRST BOARD****				
42. THE INFORMATION CONTAINED HEREIN IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.		DATE	SIGNATURE OF APPLICANT	
		Current Date	Applicant's Signature Here	