

**PAY CLOSE ATTENTION AND FOLLOW ALL DIRECTIONS WHILE COMPLETING THIS PACKET. YOUR PACKET SHOULD BE IN THIS EXACT ORDER IN ONE PDF FILE ATTACHED TO YOUR EMAIL. ALL DOCUMENTS SHOULD BE TYPED. ALL DOCUMENTS SHOULD BE CLEAR, LEGIBLE, RIGHT SIDE UP WITH NO BLANK PAGES IN BETWEEN.**

# DA SELECT RECRUITER APPLICATION CHECKLIST

(Initial each number on this checklist to verify it has been completed or mark N/A if the statement does not apply to you)

- \_\_\_\_\_ 1. Privacy Act Statement completed and signed. **Must be dated no more than 30 days old at the time of submission.**
- \_\_\_\_\_ 2. USAREC Medical Records Review completed by a licensed medical professional. **Must be dated no more than 90 days at the time of submission**
- \_\_\_\_\_ 3. Complete the volunteer recruiter interview worksheet.
- \_\_\_\_\_ 4. Soldier Talent Profile (STP). **Must be dated no more than 30 days old at the time of submission.**
- \_\_\_\_\_ 5. DA Form 5426-R completed and signed by your BN CDR or first O-5 supervisor and CSM. **Must be dated no more than 90 days old at the time of submission.** No delegation is authorized unless accompanied by assumption of command orders. IAW AR 601-1 2-5 b. (2) DA Form 5426 must include remarks in the remarks section either supporting a recruiting assignment or explaining why a recruiting assignment is not supported.
- \_\_\_\_\_ 6. DA Form 5427-R (3 pages) completed and signed by your commander or first O-3 supervisor. **Must be dated no more than 90 days old at the time of submission.** No delegation is authorized unless accompanied by assumption of command orders.
- \_\_\_\_\_ 7. DA Form 5425-R (3 pages) completed accurately reflecting your income, assets, expenses, and payment amounts. **Must be dated no more than 30 days old at the time of submission.**
- \_\_\_\_\_ 8. Last three NCOERs. Soldiers that do not have three due to insufficient time as an NCO will only need to send what they have or letters of recommendation. **Placed in chronological order from oldest to most recent.**
- \_\_\_\_\_ 9. DA Form 705 and DA Form 5500/5501 (if applicable). **Must be dated no more than 180 days old at the time of submission and listed on your STP.**
- \_\_\_\_\_ 10. Height and Weight Verification Form. **Must be dated no more than 90 days old at the time of submission.**
- \_\_\_\_\_ 11. Copy of profile and/or a copy of the MAR2 results (if applicable). If you have reclassified to a new MOS within the last 12 months, you are ineligible to apply for recruiting.

- \_\_\_\_\_ 12. Photos of ALL tattoos; to include location, description, and each tattoo's meaning. The only exception is for those tattoos in private areas (Males -brief area, females -frontal bra and brief area). Tattoos in private areas will be drawn and labeled with location, description and meaning. The photo(s) need to be close up, clear and in color. All tattoos need to be photographed in OCP's. Please see photo examples at the end of this packet.
- \_\_\_\_\_ 13. DA Form 7424 Sensitive Duty Assignment Eligibility Questionnaire completed and signed by your commander or first O-3 supervisor. **Must be dated no more than 90 days old at the time of submission.** No delegation is authorized unless accompanied by assumption of command orders.
- \_\_\_\_\_ 14. DA Form 5863 for proof of enrollment in the EFMP along with a copy of their signed DD Form 1172-2. **Must be dated no more than 30 days old at the time of submission.**
- \_\_\_\_\_ 15. Sole parents must provide a sole parent memorandum along with a copy of their current family care plan. Please see the following pages for example.
- \_\_\_\_\_ 16. Dual Military couples must both volunteer for recruiting or waive joint domicile duty assignment. Please see following pages for example.
- \_\_\_\_\_ 17. Copy of any Article 15s, (including summarized), and any law violations (i.e. reckless driving, speeding, etc) including punishment and the final disposition. **If you cannot obtain a copy, include a memo from your commander that explains the charge(s), punishment administered and disposition no matter when or where the offense occurred.**
- \_\_\_\_\_ 18. Memorandum from your commander indicating your redeployment date if you are deployed. Please see following pages for example.



PAY ATTENTION TO DETAIL AND SEND ONLY COMPLETED PACKETS USING THE CHECKLIST ABOVE. ONCE COMPLETED, SCAN/EMAIL THE PACKET FOR REVIEW AND PROCESSING.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE READ AND FULLY UNDERSTAND  
BEFORE YOU SIGN THE PRIVACY STATEMENT.  
IF YOU ARE MARRIED TO ANOTHER SOLDIER  
YOUR SPOUSE WILL EITHER NEED TO  
VOLUNTEER FOR RECRUITING AT THE SAME  
TIME OR YOU WILL NEED TO SUBMIT IN  
WRITING THAT YOU ARE WILLING TO WAIVE  
A JOINT DOMICILE DUTY ASSIGNMENT IF  
YOU ARE ACCEPTED BY USAREC. MUST BE NO  
OLDER THAN 90 DAYS AT THE TIME OF  
SUBMISSION.**

# PRIVACY ACT STATEMENT

**AUTHORITY:** Collection of this information is authorized by 10 USC, sections 503 and 3013.

**PRINCIPAL PURPOSE:** Information collected will be used to expedite the selection process of recruiter applicants

**ROUTINE USES:** Used by Recruiter Selection Teams when interviewing recruiter applicants.

**EFFECTS OF NOT PROVIDING INFORMATION:** Disclosure of this information is voluntary; however, failure to provide the requested information may delay or suspend the application.

RCRO-SM-RT

MEMORANDUM FOR Commander, USAREC, ATTN: RCPER-PM\_RTR, 1307 3<sup>rd</sup> Ave,  
Fort Knox, KY 40121-2726

SUBJECT: Recruiting Duty DA Select Statement

1. I hereby volunteer for recruiting duty under the provisions of AR 601-1, chapter 2.
2. I understand that I will be on recruiting duty for a minimum of 36 months, provided I successfully complete the Advanced Training Program.
3. I am aware that TAPERSCOM will request a complete Background Investigation on me and my approval for recruiting duty is tentative until the information received is boarded and evaluated.
4. I understand that if I am married to another Soldier, my spouse must also volunteer for recruiting or I must submit in writing that I am willing to accept a non-joint domicile duty assignment.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**ENSURE A LICENSED MEDICAL  
PROFESSIONAL COMPLETES THIS FORM  
ENTIRELY. MUST BE NO OLDER THAN  
90 DAYS AT THE TIME OF SUBMISSION.**

# USAREC Medical Records Review

Medical records review conducted by Health Provider at local Military Treatment Facility (provider must be licensed).

Name: \_\_\_\_\_

Rank: \_\_\_\_\_

Date of Records Review: \_\_\_\_\_

Soldier is cleared for USAREC assignment

Soldier is referred to Behavior Health for a Recruiter  
Candidate Assessment IAW HQDA EXORD 041-21

Local Screening Completed by: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**COMPLETE FORM ENTIRELY. PROVIDE  
SUPPORTING DOCUMENTATION FOR ANY  
YES ANSWERS.**



# DA SELECT RECRUITER INTERVIEW WORKSHEET

NAME (LAST, FIRST, MI): \_\_\_\_\_ SEX: \_\_\_\_\_ RANK: \_\_\_\_\_

RACE: \_\_\_\_\_ SSN: \_\_\_\_\_ OUTLOOK EMAIL: \_\_\_\_\_

MOBILE NUMBER: \_\_\_\_\_ DO YOU CURRENTLY HAVE A VALID DRIVER LICENSE?

ARE YOU CURRENTLY DEPLOYED? IF YES, WHAT IS YOUR REDEPLOYMENT DATE \_\_\_\_\_

ARE YOU A PRIOR RECRUITER? IF YES, FROM \_\_\_\_\_ TO \_\_\_\_\_

HAVE YOU EVER BEEN CHARGED OR CONVICTED OF CARELESS, RECKLESS OR UNSAFE DRIVING? IF YES EXPLAIN.

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HAVE YOU EVER HAD ANY AWOL TIME? IF YES, WHEN, WHY AND HOW MANY DAYS?

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HAVE YOU EVER RECEIVED ANY TYPE OF UCMJ? IF YES LIST THE DATE, CHARGE, PUNISHMENT AND DISPOSITION.

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HAVE YOU EVER BEEN CHARGED WITH OR CONVICTED OF ANY CRIMINAL OFFENSE BY MILITARY OR CIVILIAN AUTHORITIES? IF YES, LIST THE DATE, CHARGE, PUNISHMENT AND DISPOSITION.

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ARE YOU AWARE OF ANY PERSONAL, PROFESSIONAL OR EMOTIONAL ISSUES OR OBLIGATIONS THAT MAY HAMPER YOUR PERFORMANCE AS AN ARMY RECRUITER? IF YES, EXPLAIN.

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WHY DO YOU WANT TO BE A RECRUITER?

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HAVE YOU EVER APPLIED FOR OR BEEN NOMINATED FOR RECRUITING DUTY AND WERE DISAPPROVED? IF YES, EXPLAIN:

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HAVE YOU ATTENDED A RECRUITER BRIEFING? IF YES, WHICH INSTALLATION \_\_\_\_\_

HOW DID YOU LEARN ABOUT THE VOLUNTEER RECRUITING PROGRAM?

RECRUIT the RECRUITER REPRESENTATIVE, IF SO WHO \_\_\_\_\_

USAREC OUTREACH NCO, IF SO WHO \_\_\_\_\_

NEWSPAPER \_\_\_\_\_

WEBSITE, IF SO WHICH ONE \_\_\_\_\_

TELEPHONE CALL, IF SO FROM WHO \_\_\_\_\_

RETENTION NCO, IF SO WHO \_\_\_\_\_

CURRENT RECRUITER, IF SO WHO \_\_\_\_\_

PRIOR RECRUITER, IF SO WHO \_\_\_\_\_

OTHER \_\_\_\_\_

FACEBOOK

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AKO

**ENSURE YOUR STP IS NO MORE THAN 30 DAYS OLD. MAKE SURE ALL YOUR INFORMATION IS UP TO DATE. PAY CLOSE ATTENTION TO YOUR ASVAB/AFCT SCORES, NCOES, CITIZENSHIP, PULHES, MARITAL AND DEPENDENT STATUS, ACFT SCORES AND DATE AND EFMP STATUS.**



Basic Data

AC	Date of Birth:	
	Birth Country:	USA
	Country of Citizenship:	USA
	Gender:	M
	Race:	
	Ethnic Group:	None
	Height:	
	Weight:	
	Religion:	
	Marital Status:	
	# of Dependents (Adults/Children):	
	Home Address:	
MRC1	Job:	
	Code(P/S):	
	SQ(P/S):	
	AS(P/S):	

PV1	PV2	PFC	SPC	CPL	SGT	SSG	SFC	MSG	SGM

Career Mapping



Experience

Self-Professed

DEPLOYMENTS

Short Tours:	1	CBT:	ID
Long Tours:	0	OPN:	1
DROS:		RES:	ID
DEROS:		Dwell Start:	REPLACE_DWELL_DT
		Dwell Duration:	REPLACE_DWELL_DURATION

MILITARY EXPERIENCE: DEPLOYMENTS / ASSIGNMENTS

Asgt	From	# Months	UIC	Organization	Station	Location	Comd	Duty Title	MOS

CIVILIAN WORK EXPERIENCE (SELF-PROFESSED)

Employment	Job Title	Start Date	End Date	Duration

ADDITIONAL DUTIES (SELF-PROFESSED)

Duty Title	Start Date	End Date

Deployable

Readiness

MRC Code: MRC1	Current Asgt. End: [REDACTED]	Security Clearance Type: [REDACTED]
MRC Reason: SOLDIER IS CURRENT AND NO ISSUES	YMAV Date: [REDACTED]	Clearance Effective Date: [REDACTED]
MRC Reason Start Date: [REDACTED]	EFMP Eval: [REDACTED]	Investigation Type: [REDACTED]
PHA Exam Date: [REDACTED]	MACP Date: [REDACTED]	Investigation Status: [REDACTED]
PULHES: [REDACTED]	ETP Date: [REDACTED]	Investigation Status Date: [REDACTED]

SFPA FLAGS

Restriction	Code	Begin Date	End Date

Skills

Self-Professed

PROFESSIONAL LICENSES		PROFESSIONAL CERTIFICATIONS		DEFENSE LANGUAGE PROFICIENCY TEST (DLPT)	
License	Expiration Date	Certification	Certified Date	Language	Listening Reading Speaking

LANGUAGES (SELF-PROFESSED) ATTRIBUTES (SELF-PROFESSED)

Language	Listening	Reading	Speaking	Attribute	Rating	Date

Knowledge

Self-Professed

CIVILIAN EDUCATION THESIS & CAPSTONE (SELF-PROFESSED) MILITARY EDUCATION MEL: DLC OR SSD 2 / MES: GRADUATED

Degree	School	Location	Level	Graduation Date	Title	Year	Course Title	Code	Start	End	Duration	CMDT List

HOBBIES / INTERESTS (SELF-PROFESSED) SELF STUDY (SELF-PROFESSED)

Hobby / Interest	Genre	Proficiency	Date	Self Study	Genre	Proficiency	Date



**THIS FORM MUST BE SIGNED BY YOUR BN CSM AND BN CDR IN THE RANK OF LTC OR HIGHER. IF THE PERSON SIGNING THE FORM IS NOT A LTC PROVIDE ASSUMPTION OF COMMAND ORDERS. IAW AR 601-1 2-5 (b) 2 BATTALION COMMANDERS MUST INCLUDE IN THE REMARKS SECTION OF THE FORM A WRITTEN RECOMMENDATION EITHER SUPPORTING THE ASSIGNMENT TO RECRUITING DUTY, OR STATING THE REASONS THE SOLDIER IS NOT QUALIFIED TO PERFORM RECRUITING DUTY. MARK ALL QUESTIONS WITH X's NOT INITIALS. MUST BE NO OLDER THAN 90 DAYS AT THE TIME OF SUBMISSION.**

## BATTALION COMMAND TEAM RECRUITER CANDIDATE INTERVIEW AND EVALUATION

For use of this form, see AR 601-1; the proponent agency is DCS, G-1.

**INSTRUCTION:** Battalion commander or first commander in the grade of LTC or higher must physically interview candidate and complete form.

NAME ( <i>Last, First, Middle</i> )	PMOS	GRADE
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### SECTION I - QUALIFIED

After physically interviewing the candidate, I verify the following (*All statements must be completed and verified.* In the first column, use "X" for verification or "NA" for not applicable:

	I have reviewed the Company Commander's DA Form 5427 ( <i>Company Commander Interview and Assessment of Recruiter Candidate</i> ) of this candidate and I consider the candidate qualified to perform a three-year tour as a recruiter.
	Candidate possesses excellent military bearing and appearance and has no obvious distracting physical abnormalities or mannerisms. Candidate is reflective of the NCO Corps and is able to represent the United States Army in a civilian environment. Candidate has a positive, upbeat demeanor, is confident, takes initiative, is able to read people and situations accurately, is creative, innovative, persistent, energetic, and has the knack for talking to anyone. This NCO will be successful in recruiting.
	Candidate has both a valid military and state driver's license or a valid state driver's license and is qualified to obtain a military driver's license.
	Candidate has CAC card, a favorable NAC or higher suitability investigation as validated by the Joint Personnel Adjudication System, and AKO account.
	Meets Army HT/WT Standards IAW AR 600-9; Y/N Current HT: _____ WT: _____ Body fat percentage (if over table weight): _____
	Candidate currently has _____ dependents ( <i>to include spouse</i> ).
	Candidate <input type="checkbox"/> is <input type="checkbox"/> is not sole parent.
	Candidate is not currently enrolled in the Army's drug and alcohol abuse program.
	Candidate has no family or emotional problems which could hamper his or her performance.
	Mental Health Evaluation was completed on _____ Date <span style="background-color: yellow; border: 1px solid black; padding: 2px;">NO LONGER REQUIRED</span>
	Candidate is not pregnant ( <i>female</i> ).
	Candidate is not married to another service member.
	Candidate is married to the following service member:
	NAME ( <i>Last, First, Middle</i> ) <span style="float: right;">GRADE</span>

### SECTION II - UNQUALIFIED

NAME ( <i>Last, First, Middle</i> )	PMOS	GRADE
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**REMARKS** (*I consider the candidate unqualified for recruiting duty for the following reason(s). Please be specific. Use reverse if you need more space.*) :

NAME section only to be completed if NCO is deemed UNQUALIFIED by CoC.  
REMARKS section need to be completed if QUALIFIED or UNQUALIFIED.

NAME OF PSNCO OR POC	PSNCO OR POC TELEPHONE ( <i>Commercial and DSN</i> )
TYPED OR PRINTED NAME OF CSM	TYPED OR PRINTED NAME AND RANK OF INTERVIEWING OFFICER
SIGNATURE OF CSM <span style="background-color: yellow; border: 1px solid black; padding: 2px;">CSM must sign</span>	SIGNATURE OF INTERVIEWING OFFICER <span style="float: right;">DATE (YYYYMMDD)</span> <span style="background-color: yellow; border: 1px solid black; padding: 2px;">First O-5 or higher must sign here. It does not DQ you.</span>

**THIS FORM MUST BE COMPLETED BY YOUR COMPANY COMMANDER IN THE RANK OF CPT AND ABOVE. IF THE PERSON SIGNING THIS FORM IS NOT A CPT PROVIDE ASSUMPTION OF COMMAND ORDERS. ANY YES ANSWERS IN SECTION I AND ANY MARKS 3 AND BELOW IN SECTION II REQUIRE COMMENTS IN THE REMARKS SECTION ON PAGE 3. WRITE IN YOUR ACFT SCORES IN THE REMARKS SECTION. MUST BE NO OLDER THAN 90 DAYS AT THE TIME OF SUBMISSION.**



**COMPANY COMMANDER RECRUITER CANDIDATE INTERVIEW AND ASSESSMENT**

For use of this form, see AR 601-1; the proponent agency is DCS, G-1.

INSTRUCTION: Company commander or first commander in the grade of CPT or higher must physically interview candidate and complete form.

**SECTION I - INTERVIEW**

NAME OF CANDIDATE <i>(Last, First, Middle)</i>	GRADE	LENGTH OF TIME COMMANDER HAS KNOWN CANDIDATE <i>(Months)</i>
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NOTE: <span style="background-color: yellow;">If yes to any of the below, explanation must be given.</span>	YES	NO
1. Have you ever filed bankruptcy? If so, when _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been charged with or convicted of careless, reckless, or unsafe driving? If so, when _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever received any type UCMJ? If so, when _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever been charged with or convicted of any alcohol or drug related offense by military or civilian authorities? If so, when _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been charged with or convicted of assault, domestic violence, or any felony offenses? If so, when _____	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been charged or convicted of a sexual offense? If so, when _____	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have tattoos?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have a CAC card, a favorable NAC or higher suitability investigation as validated by the Joint Personnel Adjudication System and AKO account?	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION II - ASSESSMENT**

<i>In items 9 through 22 below, there is a brief narrative describing environmental factors of recruiting duty followed by a related question. Considering these factors, for each item indicate the degree of agreement with the following questions as being descriptive of the assessed candidate. <span style="background-color: yellow;">Any ratings 3 or below must be explained in the remarks section.</span></i>	("X" appropriate block)				
	LOW DEGREE		HIGH DEGREE		
	1	2	3	4	5
9. Other than combat operations, recruiting future Soldiers is our Army's highest priority. Our Army and Nation depend on you, or field commanders, to encourage, identify, and recommend your finest caliber NCOs for recruiting duty. In addition to having our Army values well engrained into their daily lives, the NCOs you recommend must have other intrinsic qualities in order to succeed. We are looking for NCOs that have a positive, upbeat demeanor, are confident, persistent, energetic, and who have the knack for talking to anyone. These are the NCOs that will be successful in recruiting. does this candidate exhibit these qualities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. A recruiter is normally assigned to a station consisting of two to five recruiters. Recruiting requires that an individual perform many tasks with minimum direct supervision. Each station has an overall recruiting mission to be successful and requires and combine team effort to accomplish this mission. Is the candidate reliable, loyal, cooperative, and a team player?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. A recruiter has a great deal of independence of action. The recruiter must be capable of working with minimum supervision and must motivate himself or herself to prospect on a daily basis. Is the candidate an independent worker, a self-starter? Does he or she seek responsibility and display initiative?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<i>(See Instructions on first page)</i>	("X" appropriate block)				
	LOW DEGREE		HIGH DEGREE		
	1	2	3	4	5
12. Recruiters must be good communicators. They will interact daily in person, telephonically, and by email with people of various backgrounds and of different education levels. They must be able to communicate thoughts and ideas easily to individuals as well as to groups consisting of educators, civic leaders, and students. Can the NCO you recommend for recruiting duty maintain a credible dialogue that represents our Army appropriately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Recruiters counsel future Soldiers daily on their passions and goals, and engender a commitment from them to join the US Army. Recruiters also counsel future Soldiers' loved ones on what the Army has to offer. Does the NCO you recommend demonstrate compassion, enthusiasm, and a willingness to help others with their personal and professional goals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Recruiters should represent the best the Army has to offer in terms of past performances and potential future contributions to the Army. Does the candidate demonstrate promotion and school potential?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. The average duty day for a recruiter is a minimum of 10 hours. Recruiters routinely work in the evenings and on Saturdays. Although he or she may presently be an outstanding NCO, without a solid family support structure, duty performance could rapidly decline. A Soldier's family support structure is the cornerstone of his or her morale. Does the candidate have a stable family support structure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Recruiters represent our Army in their communities and must maintain a professional appearance at all times, both physically and morally. Does the NCO that you recommend to recruit our Nation's future Soldiers maintain a professional appearance? Does that NCO constantly strive to maintain a fitness level at or above Army standards? Are his or her morals above reproach?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Recruiters are viewed within the community as leaders. They must present themselves in such a manner as to always inspire confidence in our Army. They must lead by setting the example. Does the candidate demonstrate leadership appropriate to grade?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Because they live in the civilian community, recruiters are constantly under scrutiny. Recruiter standards of conduct must be exemplary. Does the candidate demonstrate professional and personal maturity on and off duty?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Due to the wide-spread geographic assignments with USAREC, recruiters do not always have access to the normal benefits of military life. Recruiters must be capable of overcoming this separation from normal support and performing the mission despite it. Positive attitude must be influential on others. Does the candidate display a positive attitude? Is he or she motivated and enthusiastic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. One of the keys to success in recruiting is community involvement. Does the candidate participate in civic activities? Off duty education?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Recruiting personnel must interact with the public. Recruiters must recruit the best possible applicant to man our Army. Recruiters must not allow personnel preference or biases to influence their recruiting activities. Does the candidate support the Equal Opportunity Program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. An assignment to recruiting duty will afford your NCOs the opportunity to excel in small unit operations, often in distant locations from parent units, in ambiguous and complex environments, and with responsibility for their own operational success. While challenging, it is immensely rewarding. Is your candidate the right NCO for one of our Army's highest priorities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23a. CANDIDATE'S HEIGHT                      b. WEIGHT	24a. DATE OF LAST PT TEST (YYYYMMDD)
25a. DATE OF LAST PHYSICAL (YYYYMMDD)	b. SCORE OF LAST PT TEST  _____ Push Ups _____ Sit Ups _____ Run _____
b. PROFILE  <input type="checkbox"/> Permanent                      PULSES: _____ <input type="checkbox"/> Temporary (expiration date (YYYYMMDD)) _____	

26. Does the candidate or his or her family have medical problems ? (If yes, explain in remarks below.)	YES  <input type="checkbox"/>	NO  <input type="checkbox"/>
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27. REMARKS

Ensure your Commander completes the remarks for any areas that require an explanation.

NAME OF COMMANDER (Last, First, Middle)	GRADE
UNIT OF ASSIGNMENT	DATE (YYYYMMDD)
TELEPHONE NUMBER (DSN)	(Commercial)
SIGNATURE OF COMMANDER	DATE (YYYYMMDD)

**FOLLOW INSTRUCTIONS LISTED ON THE EXAMPLE. YOUR BAH IS NOT LISTED ON THIS FORM. DIVIDE YOUR CLOTHING ALLOWANCE BY 12. ONLY LIST MORTGAGES FOR HOUSES YOU ARE NOT CURRENTLY LIVING IN. THE DIFFERENCE BETWEEN YOUR MONTHLY SPENDABLE INCOME AND YOUR MONTHLY EXPENDITURES SHOULD BE NO LESS \$1000.00. MUST BE NO OLDER THAN 30 DAYS AT THE TIME OF SUBMISSION.**

**APPLICANT/NOMINEE PERSONAL FINANCIAL STATEMENT**

For use of this form, see AR 601-1, the proponent agency is DCS, G-1

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 5 U.S.C. 301, Departmental Regulation; 10 U.S.C. 3013, Secretary of the Army; AR 601-1, Assignment of Enlisted Personnel to the US Army Recruiting Command.

**PRINCIPAL PURPOSES:** To verify that the individual meets financial criteria and is suitable for selection and assignment for recruiting duty. This form will be used during inprocessing at the Army Recruiter Course to confirm continued eligibility for

**ROUTINE USES:** None. The "Blanket Routine Uses" set forth at the beginning of the Army's Compilations of System of Records Notices apply to this system.

**DISCLOSURE:** Voluntary. However, failure to provide the requested information may result in selection and assignment made without consideration of your financial status.

1. NAME (Last, First, Middle) Public, John Quincy		2. GRADE E-6	
3. Are you now or have you ever filed for bankruptcy? (If yes, state when, where, and why.)		YES	NO
Please give details on what lead to the decision to file bankruptcy		<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Have you ever received a letter(s) of indebtedness? (If yes, enter month and year below.) This includes any bills that may have gone to collections		YES	NO
_____ MONTH _____ YEAR _____ MONTH _____ YEAR		<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. MONTHLY INCOME	AMOUNT	TOTAL	
a. Basic Pay	2,876.10	X	
b. Separate Rations <b>BAS Only</b>	367.92		
c. Clothing Allowance <b>Divide your annual by 12</b>	36.60		
d. Total Military Income Before Taxes (Total of a thru c above)	3,280.62		
e. Subtract FICA and Income Taxes <b>Include Federal, Medicare, SSN and State</b> (Subtract)		536.00	
f. Total After Tax Income (Equal)		2,744.62	
g. Any other Monthly Income (Do not include Spouse's Income) <b>Do not add your BAH</b> (Add)			
<b>TOTAL MONTHLY SPENDABLE INCOME</b>	(Equal)	<b>2,744.62</b>	

ADDITIONAL INFORMATION OR REMARKS

5g. You can add Child Support or alimony you or your spouse receives.  
 Rental income from a home you are renting out from a previous installation or back home.  
 Any income you receive that will not change from a PCS may be added in this section. Describe income in the remarks section.

As a note. Your BAH will go nowhere on this form.

6 ASSETS			YES	NO	AMOUNT
a. Do you have a savings account? (Enter approximate balance)			<input checked="" type="checkbox"/>	<input type="checkbox"/>	10,500.00
b. Do you own stocks, bonds, or benefit from a trust? (Enter approximate value) <b>TSP is included in this Section</b>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Do you own (with no payments):					
(1) Vehicles					
MAKE	MODEL	YEAR			
Nissan	Altama	2006	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8,000.00
<b>This section is for vehicles that are paid off</b>					
(Enter total estimated value)					
(2)	<input type="checkbox"/> Home	<input type="checkbox"/> Trailer (*one)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
(Enter total estimated value) <b>This section is for homes that are paid off</b>					
(3) Furniture (Enter estimated value)			<input checked="" type="checkbox"/>	<input type="checkbox"/>	1,000.00
(4) Land (Enter estimated value) <b>This section is for land that is paid off</b>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	
TOTAL ASSETS					19,500.00
7. MONTHLY EXPENDITURES/LIABILITIES					MONTHLY PAYMENT
a. Cost of food (Include meals eaten out, school lunches, etc.)					350.00
b. Clothing (Dry cleaning/laundry)					0.00
c. Medical (Doctor, orthodontist, special medications, special schooling or treatment for handicapped family member) <b>Add Dental from your LES in this Section</b>					11.00
d. Insurance (Life, auto, homeowner, other) <b>Include SGLI and Dependent SGLI</b>					200.00
e. Vehicle expenses					
(1)	MAKE	MODEL	YEAR		
	Nissan	Frontier	2012(\$12,000)		
<b>If you have a car payment it goes here. Do not put your car payment anywhere else on this form</b>					
(Enter total estimated value)					300.00
(2) Gas, Oil, maintenance					250.00
f. List charge cards or credit cards for which you have an outstanding balance:			BALANCE OWED		
NAME					
Credit Card Name			1,000.00		25.00
<b>Only put credit cards you have a balance on. Please ensure you put balance you owe and only the minimum monthly payment. Must have a dollar amount in far right side.</b>					

7. MONTHLY EXPENDITURES/LIABILITIES (Continued)			BALANCE OWED	MONTHLY PAYMENT
g. List finance companies, banks, credit unions, or other institutions where you have an outstanding loan:			10,000.00	100.00
NAME				
All Loans to include Student and Personal Loans				
All loans not listed go here. If you are currently living in a home you are buying. Do NOT put on this form. If you own a second home or your not currently living in your first home then you may place in this section.				
h. Alimony or child support.				359.00
i. Any allotments for purposes not listed above? (If yes, state for what purpose.)		YES	NO	10.00
AER Donation		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
j. Any other indebtedness or financial obligation not listed above? (Use remarks section to explain if necessary.)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
TOTAL MONTHLY EXPENDITURES/LIABILITIES				1,605.00

REMARKS

7i. In the allotment section. Do NOT include any of the following:

- TSP Allotment
- Allotments to another account of yours
- Money going to your Childrens account

8. SIGNATURE OF VOLUNTEER/NOMINEE	9. DATE
-----------------------------------	---------

**INCLUDE YOUR LAST THREE NCOERS IN  
CHRONOLOGICAL ORDER FROM OLDEST  
TO MOST RECENT. IF YOU DO NOT HAVE  
THREE NCOERS DUE TO YOUR TIME AS AN  
NCO SEND WHAT YOU HAVE OR LETTERS  
OF RECOMMENDATION.**



HQDA#:

**NCO EVALUATION REPORT (SSG-1SG/MSG)**

For use of this form, see AR 623-3; the proponent agency is DCS, G-1.

**SEE PRIVACY ACT STATEMENT  
IN AR 623-3****PART I - ADMINISTRATIVE DATA**

a. NAME (Last, First, Middle Initial)		b. SSN (or DOD ID No.)	c. RANK	d. DATE OF RANK	e. PMOSC 1
f. UNIT, ORG. STATION, ZIP CODE OR APO, MAJOR COMMAND			g. STATUS CODE	h. UIC	i. REASON FOR SUBMISSION 02   Annual
j. PERIOD COVERED		k. RATED MONTHS	l. NONRATED CODES	m. NO OF ENCLOSURES	n. RATED NCO'S EMAIL ADDRESS (.gov or .mil)
FROM	THRU				
YEAR MONTH DAY 20170325	YEAR MONTH DAY 20180324	12		0	

**PART II - AUTHENTICATION**

a1. NAME OF RATER (Last, First, Middle Initial)		a2. SSN (or DOD ID No.)	a3. RATER'S SIGNATURE	a4. DATE (YYYYMMDD) 20180323
a5. RANK	PMOSC/BRANCH	ORGANIZATION	DUTY ASSIGNMENT	a6. RATER'S EMAIL ADDRESS (.gov or .mil)
b1. NAME OF SENIOR RATER (Last, First, Middle Initial)		b2. SSN (or DOD ID No.)	b3. SENIOR RATER'S SIGNATURE	b4. DATE (YYYYMMDD) 20180323
b5. RANK	PMOSC/BRANCH	ORGANIZATION	DUTY ASSIGNMENT	b6. SENIOR RATER'S EMAIL ADDRESS (.gov or .mil)
c1. SUPPLEMENTARY REVIEW REQUIRED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	c2. NAME OF SUPPLEMENTARY REVIEWER (Last, First, Middle Initial)	c3. RANK	PMOSC/ BRANCH	ORGANIZATION DUTY ASSIGNMENT
c4. COMMENTS ENCLOSED? <input type="checkbox"/> YES <input type="checkbox"/> NO	c5. SUPPLEMENTARY REVIEWER'S SIGNATURE	c6. DATE (YYYYMMDD)	c7. SUPPLEMENTARY REVIEWER'S EMAIL ADDRESS (.gov or .mil)	

RATED NCO: I understand my signature does not constitute agreement or disagreement with the assessments of the rater and senior rater. I further understand my signature verifies that the administrative data in Part I, the rating officials and counseling dates in Part II, the duty description in Part III, and the APFT and height/weight entries in Part IVa and IVb are correct. I have seen the completed report. I am aware of the appeals process of AR 623-3.

d1. COUNSELING DATES	INITIAL 20170327	LATER 20170626	LATER 20170925	LATER 20171215	d2. RATED NCO'S SIGNATURE	d3. DATE (YYYYMMDD) 20180326
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**PART III - DUTY DESCRIPTION (Rater)**

b. DUTY MOSC
c. DAILY DUTIES AND SCOPE (To include, as appropriate, people, equipment, facilities, and dollars). <b>Serves as an Air Traffic Control (ATC) Facility Chief; responsible for the health, welfare, and morale of three Soldiers and their families; ensures compliance with Federal Aviation Administration (FAA) and Army ATC procedures and regulations; conducts and supervises ATC qualification and proficiency training; assists controller and aircrews in emergency situations; maintains facility logs, forms, and reports; responsible for the overall maintenance and accuracy of ATC training records; responsible for maintaining over \$250,000 worth of ATC equipment.</b>
d. AREAS OF SPECIAL EMPHASIS <b>Aviation Resource Management Survey (ARMS); Subsequent Command Inspection (SCI); Hurricane Evacuation (HUREVAC) Operations; Battalion Small Arms Range; USAACE Best Warrior Competition.</b>
e. APPOINTED DUTIES <b>Company Master Resiliency Trainer (MRT); Company Safety NCO.</b>

**PART IV - PERFORMANCE EVALUATION, PROFESSIONALISM, ATTRIBUTES, AND COMPETENCIES (Rater)**

a. APFT Pass/Fail/Profile: <u>PASS</u>	Date: <u>20180108</u>	b. Height: <u>66</u>	Weight: <u>191</u>	Within Standard? <u>YES</u>
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(Comments required for "Failed" APFT, "No" APFT, or "Profile" when it precludes performance of duty, and "No" for Army Weight Standards.)

c. CHARACTER: (Include bullet comments addressing Rated NCO's performance as it relates to adherence to Army Values, Empathy, Warrior Ethos/Service Ethos, and Discipline. Fully supports SHARP, EO, and EEO.)	COMMENTS
MET STANDARD <input checked="" type="checkbox"/>	<b>o fostered an environment of discipline and respect; adhered to the Sexual Assault Response and Prevention and Equal Opportunity programs at all times</b>
DID NOT MEET STANDARD <input type="checkbox"/>	<b>o set the example of strong moral character by living up to all the Army Values while enforcing equally high standards from the Soldiers under his charge</b>

**PART IV - PERFORMANCE EVALUATION, PROFESSIONALISM, ATTRIBUTES, AND COMPETENCIES (Rater)**

**d. PRESENCE:** (Military and professional bearing, Fitness, Confidence, Resilience)

FAR EXCEEDED STANDARD	EXCEEDED STANDARD	MET STANDARD	DID NOT MEET STANDARD
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

COMMENTS:  
**o conducted quarterly MRT classes as the primary instructor; enhanced Soldier's mental fitness through quality training**  
**o persevered through injury to maintain his physical fitness; led four Soldiers to an APFT average of 255**  
**o accomplished all duties in a professional manner; earned the respect of his Soldiers and peers**

**e. INTELLECT:** (Mental agility, Sound judgement, Innovation, Interpersonal tact, Expertise)

FAR EXCEEDED STANDARD	EXCEEDED STANDARD	MET STANDARD	DID NOT MEET STANDARD
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:  
**o served as the facility chief, a SFC position; exhibited his ATC knowledge and subject matter expertise in all areas of facility ops**  
**o provided tough, realistic training for competitors as the USAACE Best Warrior Competition Urban Operations NCOIC**  
**o earned his ATC rating for Hatch Stagefield in less than one month; five months ahead of allotted training time**

**f. LEADS:** (Leads others, Builds trust, Extends influence beyond the chain of command, Leads by example, Communicates)

FAR EXCEEDED STANDARD	EXCEEDED STANDARD	MET STANDARD	DID NOT MEET STANDARD
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

COMMENTS:  
**o retained 14 Soldiers as the remedial PMI instructor during the Battalion range; all successfully qualified on first reattempt**  
**o mentored four Soldiers for attendance to BLC; all graduated with one earning placement on the Commandant's List**  
**o advocated higher learning to his Soldiers; ensured all enrolled in college and correspondence courses to further their education**

**g. DEVELOPS:** (Creates a positive command/workplace environment, Fosters esprit de corps, Prepares self, Develops others, Stewards the profession)

FAR EXCEEDED STANDARD	EXCEEDED STANDARD	MET STANDARD	DID NOT MEET STANDARD
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

COMMENTS:  
**o created new tracking system of aircraft movement within Hatch Stagefield AO; improved reporting consistency and accuracy**  
**o developed new training manual for Hatch Stagefield; resulted in better understanding for all current and future trainees**  
**o planned and coordinated multiple company level functions and activities to enhance cohesion throughout the unit**

**h. ACHIEVES:** (Gets results)

FAR EXCEEDED STANDARD	EXCEEDED STANDARD	MET STANDARD	DID NOT MEET STANDARD
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:  
**o earned a 99% rating during the FY18 ARMS inspection at Hatch Stagefield due to his attention to detail**  
**o performed exceptionally with a minimal crew during the HUREVAC of multiple airframes to Camp Shelby, MS**  
**o enforced safety standards throughout the company; received commendable rating as Company Safety NCO during FY17 SCI**

**RATER OVERALL PERFORMANCE**

i. Select one box representing Rated NCO's overall performance compared to others in the same grade whom you have rated in your career. I currently rate 2 Army NCOs in this grade.

FAR EXCEEDED STANDARD	EXCEEDED STANDARD	MET STANDARD	DID NOT MEET STANDARD
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

j. COMMENTS: **o currently rated as the number 2 of 2 Staff Sergeants I rate**  
**o performance was satisfactory during this rating period**

Total Ratings: 2

**PART V - SENIOR RATER OVERALL POTENTIAL**

a. I currently senior rate 2 NCOs in this grade.

**HQDA SENIOR RATER PROFILE COMPARISON**

**QUALIFIED**

RNCO:  
 SR:  
 DATE: 2018-03-27  
 TOTAL RATINGS: 10  
 RATINGS THIS NCO: 1

b. COMMENTS:

c. List two successive assignments and one broadening assignment (3-5 years).  
 Successive Assignment: 1) **Facility Chief**      2) **Platoon Sergeant**      Broadening Assignment: **Recruiter**

<b>NCO EVALUATION REPORT (SSG-1SG/MSG)</b> For use of this form, see AR 623-3; the proponent agency is DCS, G-1						<i>SEE PRIVACY ACT STATEMENT IN AR 623-3</i>	
<b>PART I - ADMINISTRATIVE DATA</b>							
a. NAME (Last, First, Middle Initial)			b. SSN (or DOD ID No.)	c. RANK	d. DATE OF RANK	e. PMOSC 15Q30	
f. UNIT, ORG. STATION, ZIP CODE OR APO, MAJOR COMMAND					h. UIC	i. REASON FOR SUBMISSION 03   Change of Rater	
j. PERIOD COVERED		k. RATED MONTHS	l. NONRATED CODES	m. NO OF ENCLOSURES			
FROM	THRU						
YEAR MONTH DAY	YEAR MONTH DAY	9		0			
20180325	20181207						
<b>PART II - AUTHENTICATION</b>							
a1. NAME OF RATER (Last, First, Middle Initial)			a2. SSN (or DOD ID No.)	a3. RATER'S SIGNATURE		a4. DATE (YYYYMMDD) 20190104	
a5. RANK	PMOSC/BRANCH	ORGANIZATION					
b1. NAME OF SENIOR RATER (Last, First, Middle Initial)			b2. SSN (or DOD ID No.)	b3. SENIOR RATER'S SIGNATURE		b4. DATE (YYYYMMDD) 20190104	
b5. RANK	PMOSC/BRANCH	DUTY ASSIGNMENT			b6. SENIOR RATER'S EMAIL ADDRESS (.gov or .mil)		
c1. SUPPLEMENTARY REVIEW REQUIRED?	c2. NAME OF SUPPLEMENTARY REVIEWER (Last, First, Middle Initial)		c3. RANK	PMOSC/ BRANCH	ORGANIZATION	DUTY ASSIGNMENT	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
c4. COMMENTS ENCLOSED?	c5. SUPPLEMENTARY REVIEWER'S SIGNATURE		c6. DATE (YYYYMMDD)	c7. SUPPLEMENTARY REVIEWER'S EMAIL ADDRESS (.gov or .mil)			
<input type="checkbox"/> YES <input type="checkbox"/> NO							
<p><small>RATED NCO: I understand my signature does not constitute agreement or disagreement with the assessments of the rater and senior rater. I further understand my signature verifies that the administrative data in Part I, the rating officials and counseling dates in Part II, the duty description in Part III, and the APFT and height/weight entries in Part IVa and IVb are correct. I have seen the completed report. I am aware of the appeals process of AR 623-3.</small></p>							
d1. COUNSELING DATES		INITIAL	LATER	LATER	LATER	d2. RATED NCO'S SIGNATURE	d3. DATE (YYYYMMDD) 20190104
		20180402	20180629	20180928	20181203		
<b>PART III - DUTY DESCRIPTION (Rater)</b>							
a. PRINCIPAL DUTY TITLE					b. DUTY MOSC		
<p>c. DAILY DUTIES AND SCOPE (To include, as appropriate, people, equipment, facilities, and dollars)  <b>Serves as an Air Traffic Control (ATC) Facility Chief; responsible for the health, welfare, and morale of three Soldiers, two NCO's and their families; ensures compliance with Federal Aviation Administration (FAA) and Army ATC procedures and regulations; conducts and supervises ATC qualification and proficiency training; assists controllers and aircrews in emergency situations; maintains facility logs, forms, and reports; responsible for the overall maintenance and accuracy of ATC training records; responsible for maintaining over \$250,000 worth of ATC equipment.</b></p>							
<p>d. AREAS OF SPECIAL EMPHASIS  <b>Initial Command Inspection (ICI); Hurricane Evacuation (HUREVAC) operations; USAACE Best Warrior Competition.</b></p>							
<p>e. APPOINTED DUTIES  <b>Company Master Resiliency Trainer (MRT); Company Safety NCO.</b></p>							
<b>PART IV - PERFORMANCE EVALUATION, PROFESSIONALISM, ATTRIBUTES, AND COMPETENCIES (Rater)</b>							
a. APFT Pass/Fail/Profile: <b>PASS</b>		Date: <b>20181203</b>		b. Height: <b>66</b>	Weight: <b>200</b>	Within Standard? <b>YES</b>	
<p><i>(Comments required for "Failed" APFT, "No" APFT, or "Profile" when it precludes performance of duty, and "No" for Army Weight Standards.)</i></p>							
<p>c. CHARACTER: (Include bullet comments addressing Rated NCO's performance as it relates to adherence to Army Values, Empathy, Warrior Ethos/Service Ethos, and Discipline. Fully supports SHARP, EO, and EEO.)</p>			<p>COMMENTS</p>				
MET STANDARD	DID NOT MEET STANDARD	<p><b>o supported and participated in all training related to the Army's SHARP, EO, and MRT programs to build a foundation of trust within the unit</b></p> <p><b>o set the example of strong moral character by living the NCO Creed and Army Values in all actions; enforced equally high standards within his subordinates</b></p>					
<input checked="" type="checkbox"/>	<input type="checkbox"/>						



<b>NCO EVALUATION REPORT (SSG-1SG/MSG)</b> For use of this form, see AR 623-3; the proponent agency is DCS, G-1.						<b>SEE PRIVACY ACT STATEMENT IN AR 623-3</b>	
<b>PART I - ADMINISTRATIVE DATA</b>							
a. NAME (Last, First, Middle Initial)			b. SSN (or DOD ID No.)		c. RANK	d. DATE OF RANK	e. PMOSC
f. UNIT, ORG, STATION, ZIP CODE OR APO, MAJOR COMMAND					g. STATUS CODE	h. UIC	i. REASON FOR SUBMISSION 02   Annual
j. PERIOD COVERED		k. RATED MONTHS	l. NONRATED CODES	m. NO OF ENCLOSURES	n. RATED NCO'S EMAIL ADDRESS (.gov or .mil)		
FROM	THRU						
YEAR MONTH DAY	YEAR MONTH DAY	12		()			
20181208	20191207						
<b>PART II - AUTHENTICATION</b>							
a1. NAME OF RATER (Last, First, Middle Initial)			a2. SSN (or DOD ID No.)		a3. RATER'S SIGNATURE		a4. DATE (YYYYMMDD) 20200325
a5. RANK	PMOSC/BRANCH	ORGANIZATION		DUTY ASSIGNMENT		a6. RATER'S EMAIL ADDRESS (.gov or .mil)	
1							
b1. NAME OF SENIOR RATER (Last, First, Middle Initial)			b2. SSN (or DOD ID No.)		b3. SENIOR RATER'S SIGNATURE		b4. DATE (YYYYMMDD) 20200325
b5. RANK	PMOSC/BRANCH	ORGANIZATION		DUTY ASSIGNMENT		b6. SENIOR RATER'S EMAIL ADDRESS (.gov or .mil)	
c1. SUPPLEMENTARY REVIEW REQUIRED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	c2. NAME OF SUPPLEMENTARY REVIEWER (Last, First, Middle Initial)		c3. RANK	PMOSC/ BRANCH	ORGANIZATION		DUTY ASSIGNMENT
c4. COMMENTS ENCLOSED? <input type="checkbox"/> YES <input type="checkbox"/> NO	c5. SUPPLEMENTARY REVIEWER'S SIGNATURE		c6. DATE (YYYYMMDD)	c7. SUPPLEMENTARY REVIEWER'S EMAIL ADDRESS (.gov or .mil)			
RATED NCO: I understand my signature does not constitute agreement or disagreement with the assessments of the rater and senior rater. I further understand my signature verifies that the administrative data in Part I, the rating officials and counseling dates in Part II, the duty description in Part III, and the APFT and height/weight entries in Part IVa and IVb are correct. I have seen the completed report. I am aware of the appeals process of AR 623-3.							
d1. COUNSELING DATES	INITIAL	LATER	LATER	LATER	d2. RATED NCO'S SIGNATURE		d3. DATE (YYYYMMDD) 20200325
	20190228	20190430	20190724	20191010	RUSSMAN,GREGORY,CHAD 129 Digitally signed by		
<b>PART III - DUTY DESCRIPTION (Rater)</b>							
a. PRINCIPAL DUTY TITLE					b. DUTY MOSC		
c. DAILY DUTIES AND SCOPE (To include, as appropriate, people, equipment, facilities, and dollars) <b>Serves as Airspace Command and Control (A2C2) NCO; assists in the development and execution of the Airspace Control Order (ACO) and Airspace Tasking Order (ATO); Coordinates, de-conflicts and integrates all airspace control measures for the Division; provides the Commanding General of 10th MTN DIV (L1) timely and accurate solutions to integrate all airspace users to expedite fires; manages all administrative and personnel action for the 15 assigned personnel; responsible for the welfare and professional development of 8 enlisted personnel; accountable for automation and tactical equipment valued in excess of \$3,250,000; manages and oversees Aviation Operations, Airspace Element (AE), Air Mission Requests (AMRs) sections.</b>							
d. AREAS OF SPECIAL EMPHASIS <b>Warfighter Exercise (WFX); Mountain (MTN) Peak; Tactical Airspace Integration System (TAIS); Joint Air and Ground Integration Center (JAGIC)</b>							
e. APPOINTED DUTIES <b>G3 Air Knowledge Management Officer (KMO); G3 Air Key Custodian; Master Resiliency Trainer (MRT)</b>							
<b>PART IV - PERFORMANCE EVALUATION, PROFESSIONALISM, ATTRIBUTES, AND COMPETENCIES (Rater)</b>							
a. APFT Pass/Fail/Profile:	PASS	Date: 20191008		b. Height:	66	Weight:	195
						Within Standard?	YES
(Comments required for "Failed" APFT, "No" APFT, or "Profile" when it precludes performance of duty, and "No" for Army Weight Standards.)							
c. CHARACTER: (Include bullet comments addressing Rated NCO's performance as it relates to adherence to Army Values, Empathy, Warrior Ethos/Service Ethos, and Discipline. Fully supports SHARP, EO, and EEO.)	COMMENTS:						
MET STANDARD	DID NOT MEET STANDARD	o encouraged and exemplified the Army Values; Fully supported the Army's SHARP, EO and MRT programs					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	o maintained discipline standards that were fair and impartial throughout the section					



**INCLUDE YOUR MOST RECENT DA FORM 705 THAT IS LISTED ON YOUR STP. MAKE SURE YOUR DA FORM 705 IS FILLED OUT COMPLETELY WITH ALL SCORES, INITIALS AND SIGNATURES. IF APPLICABLE, SUBMIT A DA FORM 5500/5501. BOTH FORMS MUST BE NO OLDER THAN 180 DAYS AT THE TIME OF SUBMISSION**

## Army Combat Fitness Test Scorecard

For use of this form, see ATP 7-22.01; the proponent agency is TRADOC.

Body Composition Testing will NOT be conducted on the same day as the ACFT.  
To avoid illness and injury, height and weight will be recorded at least 7 days before or at least 7 days after the ACFT.

NAME (Last, First, MI)

GENDER

UNIT

### TEST ONE

DATE (YYYYMMDD)	MOS	GRADE	AGE
-----------------	-----	-------	-----

HEIGHT (Inches)	BODY COMPOSITION DATE:		
	WEIGHT: _____ lbs. GO / NO-GO	BODY FAT: _____ % GO / NO-GO	

3 REPETITION MAXIMUM DEADLIFT: weight lifted - circle heaviest (lbs)

1st ATTEMPT	2nd ATTEMPT	POINTS	GRADER INITIALS
-------------	-------------	--------	-----------------

STANDING POWER THROW: distance thrown - circle longest (meters:centimeters)

1st ATTEMPT	2nd ATTEMPT	POINTS	GRADER INITIALS
-------------	-------------	--------	-----------------

HAND RELEASE PUSH-UP: number of correctly performed repetitions

REPETITIONS	POINTS	GRADER INITIALS
-------------	--------	-----------------

SPRINT-DRAG-CARRY: overall event time (minutes:seconds)

TIME	POINTS	GRADER INITIALS
------	--------	-----------------

LEG TUCK: number of correctly performed repetitions

REPETITIONS	POINTS	GRADER INITIALS
-------------	--------	-----------------

TWO-MILE RUN: overall event time (minutes:seconds)

TIME	POINTS	GRADER INITIALS
------	--------	-----------------

5K ROW / 1K SWIM / 12K BIKE (circle one): overall time to reach required distance

TIME	PASS / FAIL	POINTS (80/0)	GRADER INITIALS
------	-------------	---------------	-----------------

Soldier Signature: 	Date:	TOTAL POINTS
NCOIC/OIC (Last, First, M.I. / Rank)		PASS / FAIL <i>(Circle one)</i>
NCOIC/OIC SIGNATURE 		Date:

### TEST TWO

DATE (YYYYMMDD)	MOS	GRADE	AGE
-----------------	-----	-------	-----

HEIGHT (Inches)	BODY COMPOSITION DATE:		
	WEIGHT: _____ lbs. GO / NO-GO	BODY FAT: _____ % GO / NO-GO	

3 REPETITION MAXIMUM DEADLIFT: weight lifted - circle heaviest (lbs)

1st ATTEMPT	2nd ATTEMPT	POINTS	GRADER INITIALS
-------------	-------------	--------	-----------------

STANDING POWER THROW: distance thrown - circle longest (meters:centimeters)

1st ATTEMPT	2nd ATTEMPT	POINTS	GRADER INITIALS
-------------	-------------	--------	-----------------

HAND RELEASE PUSH-UP: number of correctly performed repetitions

REPETITIONS	POINTS	GRADER INITIALS
-------------	--------	-----------------

SPRINT-DRAG-CARRY: overall event time (minutes:seconds)

TIME	POINTS	GRADER INITIALS
------	--------	-----------------

LEG TUCK: number of correctly performed repetitions

REPETITIONS	POINTS	GRADER INITIALS
-------------	--------	-----------------

TWO-MILE RUN: overall event time (minutes:seconds)

TIME	POINTS	GRADER INITIALS
------	--------	-----------------

5K ROW / 1K SWIM / 12K BIKE (circle one): overall time to reach required distance

TIME	PASS / FAIL	POINTS (80/0)	GRADER INITIALS
------	-------------	---------------	-----------------

Soldier Signature: 	Date:	TOTAL POINTS
NCOIC/OIC (Last, First, M.I. / Rank)		PASS / FAIL <i>(Circle one)</i>
NCOIC/OIC SIGNATURE 		Date:



M

TAB

TAB

TAB

TAB

### BODY FAT CONTENT WORKSHEET (Female)

For use of this form, see AR 600-9; the proponent agency is DCS, G-1.

NAME (Last, First, Middle Initial) DOE, JANE		RANK SGT			NOTE: ½" = .50
HEIGHT (to nearest 0.50 inch) 65.00		WEIGHT (to nearest pound) 171		AGE 29	
STEP		FIRST	SECOND	THIRD	AVERAGE (to nearest 0.50 in.)
1. Measure neck just below level of larynx (Adam's apple). Round up to nearest 0.50 inch. Repeat three times, then average to the nearest 0.50 inch.		14.00	14.00	14.00	14.00
2. Measure waist (abdomen) at the point of minimal abdominal circumference. Round down to nearest 0.50 inch. Repeat three times, then average to the nearest 0.50 inch.		29.00	29.00	29.00	29.00
3. Measure hips at point where the gluteus muscles (buttocks) protrude backward the most. Round down to nearest 0.50 inch. Repeat three times, then average to the nearest 0.50 inch.		41.00	41.00	41.00	41.00
4. CALCULATIONS				REMARKS	
A. Enter average waist circumference	29.00			PER AR 600-9 TABLE B-1 AND TABLE B-2	
B. Enter average hip circumference	41.00			AUTHORIZED WEIGHT: 152 LBS	
C. TOTAL (4A + 4B)		70.00		SERVICE MEMBER WEIGHT: 171 LBS	
D. Enter average neck circumference	14.00			AUTHORIZED PERCENT BODY FAT: 34%	
E. Enter circumference value (4C - 4D)		56.00		SERVICE MEMBER PERCENT BODY FAT: 30%	
F. Enter height in inches to the nearest 0.50 inch.	65.00			+/- %	
G. Find the Soldier's circumference value (line 4E) and height (line 4F) in Figure B-2 (Percent Fat Estimation for Women). Enter the body fat value that intercepts with the circumference value and height. This is the Soldier's Percent Body Fat.		30.00		HEIGHT AND WEIGHT PERFORMED BY SSG JORDAN CERTIFIED. TAPING PERFORMED BY SSG CURRY CERTIFIED.	

## CHECK ALL THAT APPLY

 Individual is in compliance with Army standards.

 Is not in compliance with the standards.

Recommended monthly weight loss is 3-8 lbs or 1% body fat.

PREPARED BY

RANK

RANK

DATE (YYYYMMDD)

M

TAB

TAB

TAB

TAB

TAB

### BODY FAT CONTENT WORKSHEET (Male)

For use of this form, see AR 600-9; the proponent agency is DCS, G-1.

NAME (Last, First, Middle Initial) DOE, JOHN		RANK SGT		NOTE: ½" = .50
HEIGHT (to nearest 0.50 inch) 69		WEIGHT (to nearest pound) 193		AGE 25
STEP	FIRST	SECOND	THIRD	AVERAGE (to nearest 0.50 in.)
1. Measure neck just below level of larynx (Adam's apple.) Round up to the nearest 0.50 inch. Repeat three times, then average to the nearest 0.50 inch.	15.50	15.50	15.50	15.50
2. Measure abdomen at the level of the navel (belly button.) Round down to the nearest 0.50 inch. Repeat three times, then average to the nearest 0.50 inch.	36.00	36.50	36.00	36.00
3. Enter the average neck circumference.				15.50
4. Enter the average abdominal circumference.				36.00
5. Enter circumference value (step 4 - step 3).				20.50
6. Enter height in inches to the nearest 0.50 inch.				69.00
7. Find the Soldier's circumference value (step 5) and height (step 6) in <u>figure B-1 (Percent Fat Estimation for Men)</u> . Enter the percent body fat value that intercepts with the circumference value and height. This is Soldier's Percent Body Fat.				21.00

#### REMARKS

SM authorized weight is 179  
SM actual weight is 193 lbs  
SM is 14 pounds over

SM authorized BFC is 22%  
SM actual BFC is 21%  
SM is 1% under

#### CHECK ALL THAT APPLY

Individual is in compliance with Army Standards.

Is not in compliance with the standards. Recommended monthly weight loss is 3-8 lbs. or 1% body fat.

PREPARED BY  
(Printed Name and Signature)

RANK

DATE (YYYYMMDD)

APPROVED BY SUPERVISOR  
(Printed Name and Signature)

RANK

DATE (YYYYMMDD)

**MAKE SURE YOUR HT/WT VERIFICATION IS  
NO MORE THAN 90 DAYS OLD AT THE TIME  
OF SUBMISSION.**

# UNITED STATES ARMY RECRUITING COMMAND

## HEIGHT AND WEIGHT VERIFICATION

I certify the Soldier listed below meets the Army Height and Weight standards IAW AR 600-9, and should proceed on his/ her assignment to the United States Army Recruiting Command. Furthermore, the Soldier understands that the school house will conduct a weigh-in upon arrival and if found to be outside of the Army Height and Weight standards all students will be reassigned based on the needs of the Army.

Rank: \_\_\_\_\_ Name: \_\_\_\_\_

Unit: \_\_\_\_\_

Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Max allowable weight: \_\_\_\_\_

Body Fat percentage: \_\_\_\_\_ Max allowable body fat percentage: \_\_\_\_\_

Command information:

Battalion Commander Name: \_\_\_\_\_

Battalion Command Sergeant Major Name: \_\_\_\_\_

Company Commander Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number (DSN): \_\_\_\_\_

Company First Sergeant Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number (DSN): \_\_\_\_\_

DATE: \_\_\_\_\_

Commander's Signature: \_\_\_\_\_

**\*\*\*If the SOLDIER is required to be taped, attach a signed copy of the DA 5500/ 5501\*\*\***

**SEND IN YOUR MOST CURRENT PROFILE.  
ANY PULHES OUTSIDE OF 132321 SEND IN  
SUPPORTING DOCUMENTATION. CPAP  
MACHINE USERS MUST SEND IN A SLEEP  
STUDY REPORT AND A 30/60/90 DAY  
COMPLIANCE REPORT.**

**PHYSICAL PROFILE RECORD**

For use of this form, see AR 40-502; the proponent agency for this form is the Office of the Surgeon General

**SECTION 1: SOLDIER INFORMATION**

1. NAME (Last, First, Middle Initial)	2. RANK	3. DoD ID NUMBER	4. COMPONENT Active Army	5. CURORG 1	6. UIC
7. UNIT, ORG, STATION, ZIP CODE OR APO, MAJOR COMMAND			8. AOC/MOS/SQ/JOB/TITLE		

**SECTION 2: PERMANENT PROFILE**

9. REASON FOR PROFILE (In Lay Terminology)	10.	P	U	L	H	E	S	11. PROFILE CODES	12. PROFILING PROVIDER	13. APPROVING AUTHORITY	14. DATE
Foot Injury/Pain (Bilateral)				2							
COMBINED PULHES		1	1	2	1	1	1				

**SECTION 3: ACTIVE TEMPORARY PROFILE(S) AS OF:**

15. REASON FOR PROFILE (In Lay Terminology)	16. SEVERITY	17. MECHANISM OF INJURY	18. DUTY STATUS	19. EXPIRATION DATE	20. DAYS ON PROFILE	21. PROFILING PROVIDER
22. TOTAL DAYS ON TEMPORARY PROFILE IN THE LAST: 12 MONTHS: 125 24 MONTHS: 156 DATE: __			23. IS SOLDIER AVAILABLE TO TAKE RECORD APFT? YES [ ] NO [ ] IF "NO", ANTICIPATED APFT AVAILABILITY DATE _____			

**SECTION 4: FUNCTIONAL ACTIVITIES**

24. A SOLDIER MUST BE REFERRED TO THE DISABILITY EVALUATION SYSTEM (DES) IF THERE IS AT LEAST ONE PERMANENT (P) "3" IN THE PULHES AND LIMITATION(S) NOTED IN THE FUNCTIONAL ACTIVITIES. TEMPORARY (T) LIMITATIONS DO NOT CAUSE REFERRAL TO DES.

INDICATE THOSE ACTIVITIES THAT THE SOLDIER CANNOT PERFORM BY PLACING AN "N" IN THE APPROPRIATE COLUMN(S).

	P	T
a. Physically and/or mentally able to carry and fire individual assigned weapon?		
b. Ride in a military vehicle wearing usual protective gear without worsening condition?		
c. Wear helmet, body armor, and load bearing equipment (LBE) without worsening condition?		
d. Wear protective mask and MOPP 4 for at least 2 continuous hours per day?		
e. Move greater than 40 lbs (e.g. duffle bag) while wearing usual protective gear (helmet, weapon, body armor, LBE) up to 100 yards?		
f. Live and function, without restrictions in any geographic or climatic area without worsening condition?		

25. ADDITIONAL PHYSICAL RESTRICTIONS (CHECK IF APPLICABLE)

[ ] a. LIFTING/CARRYING RESTRICTION: MAXIMUM WEIGHT RESTRICTION: Permanent: \_\_\_ lbs Temporary: \_\_\_ lbs.

[ ] b. STANDING LIMITATION: Permanent: \_\_\_ min Temporary: \_\_\_ min

[ ] c. MARCHING WITH STANDARD FIELD GEAR: Permanent: Time: \_\_\_ min / Distance: \_\_\_ mi Temporary: Time: \_\_\_ min / Distance: \_\_\_ mi

**SECTION 5: MEDICAL INSTRUCTIONS TO UNIT COMMANDER (Permanent restrictions listed in bold type)**

27. The Soldier should perform injury specific exercises as prescribed by a medical provider during unit Physical Readiness Training. Avoid exacerbating injury and reduce activity/rest if pain recurs in Feet/ankles or Shins due to stress fractures.

Soldier is able to perform the following ACFT events: MDL, SPT, HRP LTK. The soldier cannot perform the SDC or 2MR. The soldier is able to perform any alternative aerobic event to include 5-000 Meter Row, 15000 -Meter Bike ,or 100 Meter Swim.

**SECTION 6: ARMY PHYSICAL FITNESS TEST (See FM 7-22)**

28. APFT EVENT	P		T		29. ALTERNATE APFT (Only if Soldier is unable to do APFT 2 mile run)	P		T	
	YES	NO	YES	NO		YES	NO	YES	NO
2 MILE RUN	[ ]	[X]	[ ]	[ ]	APFT WALK	[X]	[ ]	[ ]	[ ]
SIT-UPS	[X]	[ ]	[ ]	[ ]	APFT SWIM	[X]	[ ]	[ ]	[ ]
PUSH-UPS	[X]	[ ]	[ ]	[ ]	APFT BIKE	[X]	[ ]	[ ]	[ ]

**SECTION 7: PHYSICAL READINESS TRAINING CAPABILITIES  
(See FM 7 - 22; Activities related to permanent conditions are in bold type)**

30. RESTRICTED: No running and jumping. Modified Military Movement drills.  
 Conditioning Drill 1: No Power Jump.  
 Load bearing:  
 Walk at own pace and distance to avoid exacerbation of pain. Must be able to maintain 3mph without pain or limp, otherwise must use Endurance Training Machine.

**MODIFIED\***: Preparation Drill (Bend and Reach, Rear Lunge, High Jumper, Squat Bender, Windmill, Forward Lunge, Prone Row, Push-Up). 4 for the Core, Conditioning Drill 1 (Modified Push-Up).  
 Climbing Drill 1, Push-Up/Sit-Up Drill.  
 Free Weight Training: Upper body at own weight and tolerance\*\*.  
 Endurance Training Machines: Elliptical, Bike.  
 Swim at own tolerance\*\*\*.

Recovery Drill (Rear Lunge, Extend and Flex, Thigh Stretch).

**STANDARD**: Preparation Drill (Rower, Bent-Leg Body Twist).  
 Hip Stability Drill, Shoulder Stability Drill.  
 Strength Training Machines: Upper body\*\*.  
 Conditioning Drill 1 (V-Up, Leg Tuck and Twist).  
 Endurance Training Machines: Upper Body Cycle.  
 Recovery Drill (Overhead Arm Pull, Single-Leg Over).

\*Soldier may modify these activities and the movements required to reach the starting position in accordance with Ch 6, FM 7-22.  
 \*\*When performing Strength Training, must ensure that the position or movement does not strain injured leg.  
 \*\*\*May participate in approved aquatic rehabilitation program.

Climbing Drill: must execute caution when mounting and dismounting the bar; if spotters are not able to safely assist or if the Soldier has to jump down to the ground, this activity should be restricted and not performed.  
 Soldier will be placed in Level 1 (gym-based) or Level 2 Reconditioning Program according to entry and exit criteria in Ch 6, FM 7-22.

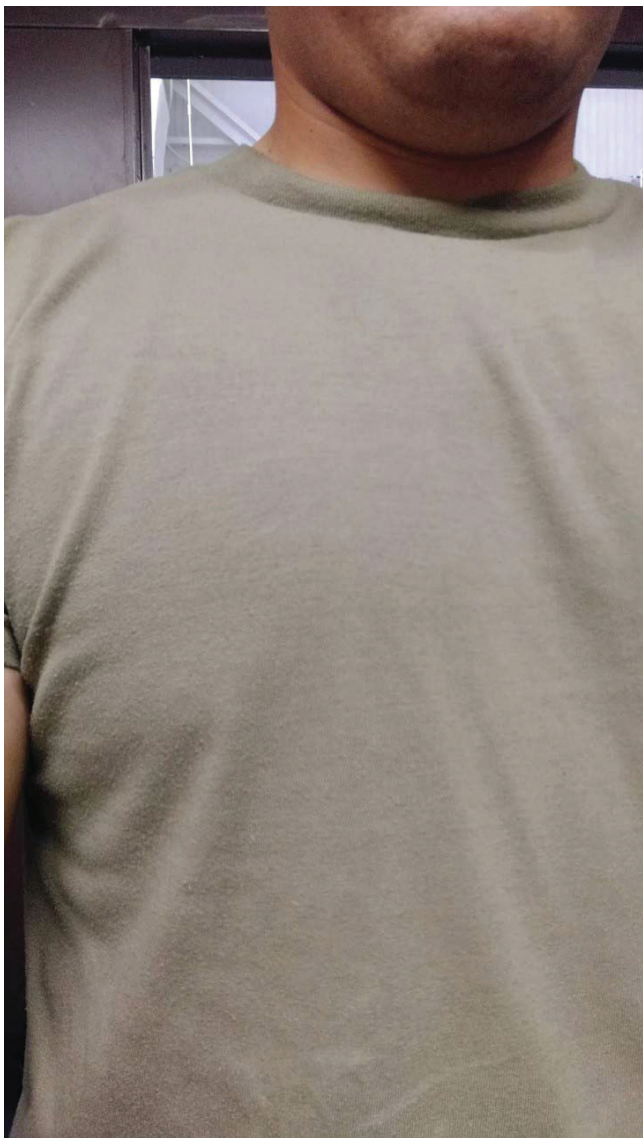
Additional Physical Readiness Training RESTRICTIONS:  
 Modified Obstacle Course.  
 Modified No Conditioning Drill 2 and 3

**SECTION 8: UNIT COMMANDER**

31. COMMANDING OFFICER:	32. DATE:
-------------------------	-----------

**SEND IN COLOR PHOTOS OF ALL TATTOOS AND LABEL THEM WITH LOCATION, DESCRIPTION AND MEANING UNLESS THEY ARE IN A PRIVATE AREA (MALES-BRIEF AREA AND FEMALES-BREAST AND BRIEF AREA). FOR TATTOOS IN PRIVATE AREAS YOU WILL NEED TO DRAW AND LABEL THEM WITH THE LOCATION, DESCRIPTION AND MEANING.**

**SSG DOE, JOHN 9876**



**LOCATION: RIGHT SIDE CHEST**  
**DESCRIPTION: SKULL AND TORII**  
**MEANING: UNIT PRIDE**



**SSG DOE, JOHN 9876**



**LOCATION:** RIGHT CALVE

**DESCRIPTION:** SKULL AND BERET "US ARMY"

**MEANING:** MY FIRST TATTOO AFTER BASIC TRAINING

**SSG DOE, JOHN     9876**



**TOP**

**LOCATION: LEFT OUTER FOREARM**

**DESCRIPTION: "FATHER"**

**MEANING: BEING A PARENT**

**BOTTOM**

**LOCATION: LEFT INNER FOREARM**

**DESCRIPTION: DAUGHTER'S NAME**

**MEANING: MY DAUGHTER'S NAME**

**SSG DOE, JOHN 9876**



**TOP**

**LOCATION: RIGHT OUTER FOREARM**

**DESCRIPTION: "FIGHTER"**

**MEANING: USE TO BE A FIGHTER**

**BOTTOM**

**LOCATION: RIGHT INNER FOREARM**

**DESCRIPTION: DAUGHTER'S NAME**

**MEANING: DAUGHTER'S NAME**

**COMPLETE FORM ENTIRELY. YOUR  
COMMANDER MUST SIGN THIS FORM.  
THIS SHOULD BE THE SAME  
COMMANDER THAT SIGNED YOUR  
COMPANY COMMANDER INTERVIEW  
AND ASSESSMENT. MUST BE NO  
OLDER THAN 90 DAYS AT THE TIME  
OF SUBMISSION.**

## SENSITIVE DUTY ASSIGNMENT ELIGIBILITY QUESTIONNAIRE

For use of this form, see AR 614-200, the proponent agency is DCS, G-1.

### PRIVACY ACT STATEMENT

**AUTHORITY:** 10 USC 1564, Security Clearance Investigations; 10 USC 7013, Secretary of the Army; E.O. 9397 (SSN) as amended; AR 140-10, Assignments, Attachments, Details and Transfers; AR 601-210, Regular Army and Reserve Components Enlistment Program and AR 614-200, Enlisted Assignments and Utilization Management.

**PRINCIPAL PURPOSE(S):** To obtain the necessary information to ensure a soldier is eligible for sensitive duty. For additional information see the System of Records Notice(s) A0600-8-104b AHRC, Official Military Personnel Record (<https://dpcid.defense.gov/Privacy/BORNIndex/DOD-Component-Notices/Army-Article-List/>).

**ROUTINE USES:** Information provided may be further disclosed to the Department of Justice for fingerprints and investigative and judicial functions and to the Department of Veteran's Affairs to provide information relating to service. In addition, this form is subject to the proper and necessary routine uses identified in the system of records notice(s) specified in the purpose statement above.

**DISCLOSURE:** The disclosure of information is voluntary. However, failure to provide all the requested information may result in ineligibility for this type of assignment. Also, failure to provide the requested information by the time instructed by the member's branch of Service could result in an irrevocable determination affecting the application for training.

1. Have you been arrested, apprehended, investigated, or had police involvement for any of the below listed reports of unfavorable information within the last 12 months?

NO     YES

(If you checked YES, indicate by annotating the date/dates of the incident next to the report/reports of unfavorable information.)

#### TYPE I REPORTS OF UNFAVORABLE INFORMATION DISQUALIFIERS

- \_\_\_\_\_ (1) Sexual harassment; assault of a subordinate, spouse, child (moderate to severe); rape; or indecent acts with minors.
- \_\_\_\_\_ (2) Incest, bestiality, adultery, sexual activity with subordinate soldiers, or fraternization.
- \_\_\_\_\_ (3) Conduct in violation of the Army's policy on participation in extremist organizations or activities.
- \_\_\_\_\_ (4) Court-martial conviction, provided it has not been reversed by a higher court or other appropriate authority.

#### TYPE II REPORTS OF UNFAVORABLE INFORMATION DISQUALIFIERS

- \_\_\_\_\_ (1) Driving under the influence (DUI).
- \_\_\_\_\_ (2) Assault (other than subordinate, spouse, or child) or report of mild spouse/child abuse.
- \_\_\_\_\_ (3) Any drug offense.
- \_\_\_\_\_ (4) Larceny/theft.
- \_\_\_\_\_ (5) A traffic violation with 6 points or more assessed (does not include parking violations).

#### UNFAVORABLE INFORMATION

\_\_\_\_\_ Have you been arrested, apprehended, investigated, or had police involvement due to any unfavorable incident within the last 12 months?

<b>2. PRINT SOLDIER'S NAME</b>	<b>3. RANK</b>	<b>4. SSN</b>
DOE, JON	SGT	123-45-6790
<b>5. SOLDIER'S SIGNATURE</b>	<b>6. DATE</b>	
<b>7. COMMANDER (Signature)</b>	<b>8. RANK/GRADE</b>	<b>9. DATE</b>

#### FOR HRC USE ONLY

EBSS:

DATE:

**IF YOU HAVE FAMILY MEMBERS ENROLLED  
IN THE EFMP SUBMIT THE DA FORM 5863  
ALONG WITH THE DD FORM 1172-2. MUST  
BE DATED NO MORE THAN 30 DAYS AT  
THE TIME OF SUBMISSION.**

## EXCEPTIONAL FAMILY MEMBER PROGRAM INFORMATION SHEET

For use of this form, see AR 608-75; the proponent agency is OACSIM

### DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** PL 94-142 (*Education for All Handicapped Children Act of 1975*); PL 95-561 (*Defense Dependents' Education Act of 1978*); DODI 1342-12 (*Education of Handicapped Children in DODDS*), 17 December 1981; DODI 1010.13 (*Provision of Medically Related Services to Children Receiving or Eligible to Receive Special Education in DOD Dependents Schools Outside the United States*), 28 August 1986, 10 USC 3013; 20 USC 921-932 and 1401 *et. seq.*

**PRINCIPAL PURPOSE:** To identify the special education and medical needs of dependent children and medical needs of adult family members of Department of the Army civilian employees processing for an assignment to a location outside the United States where dependent family member travel is authorized at Government expense.

**ROUTINE USES:** Information will be used by civilian personnel offices to determine the need for coordinating the availability of medically related services to meet the special needs of dependent children and medical needs of family members of Department of the Army civilian employees processing for an assignment to a location outside the United States where dependent family member travel is authorized at Government expense.

**DISCLOSURE:** The provision of requested information is mandatory. Failure to respond will preclude--  
 (1) Civilian personnel offices from performing required EFMP aspects of overseas processing of Department of the Army civilian employees with family members with special needs.  
 (2) Transportation of family members of Department of the Army civilian employees to duty assignments outside the United States at Government expense.

**CONFIDENTIALITY:** Information obtained will be maintained in strict confidence and provided only to those with an official need to know in identifying special needs and in processing personnel for assignments outside the United States.

### PART A - GENERAL INFORMATION

ALL EMPLOYEES TAKING AN ASSIGNMENT IN A LOCATION OUTSIDE THE UNITED STATES WHERE FAMILY MEMBER TRAVEL IS AUTHORIZED AT GOVERNMENT EXPENSE MUST COMPLETE THIS FORM. EMPLOYEES WHO DO NOT HAVE FAMILY MEMBERS MUST COMPLETE BLOCKS 1-7 AND SIGN THE APPROPRIATE CERTIFICATION STATEMENT BELOW.

1. SPONSOR'S NAME (*Last, first, MI*)

2. SPONSOR'S TITLE

3. SPONSOR'S GRADE

4.a. SPONSOR'S HOME ADDRESS

5. SPONSOR'S HOME PHONE  
(*Include area code*)

4.b. SPONSOR'S DUTY ADDRESS

6. SPONSOR'S DUTY PHONE  
 a. DSN  
 b. COMMERCIAL (*Include area code*)

### PART B - FAMILY MEMBERS AUTHORIZED TRAVEL OUTSIDE THE UNITED STATES

7. NAME ( <i>Last, first, MI</i> )	8. RELATIONSHIP	9. DOB ( <i>YYYYMMDD</i> )	10. SEX
a.			
b.			
c.			
d.			
e.			

11. PLEASE READ ALL OF THE FOLLOWING QUESTIONS VERY CAREFULLY AND SIGN THE APPROPRIATE CERTIFICATION STATEMENT IN k. BELOW.

a. DO ANY OF THE ABOVE FAMILY MEMBERS HAVE A LONG TERM (*i.e., more than one year's duration*) PHYSICAL OR EMOTIONAL ILLNESS?

b. ARE ANY OF THE ABOVE FAMILY MEMBERS BEING SEEN AT A HOSPITAL OR CLINIC REGULARLY? (*"Regularly" means about every 2 months or more often and 4 or 5 times a year or more often.*)

c. WILL ANY OF THE ABOVE FAMILY MEMBERS NEED TO BE SEEN AT A HOSPITAL OR CLINIC OUTSIDE THE UNITED STATES REGULARLY BASED ON THEIR PRESENT MEDICAL CONDITION?

d. HAVE ANY OF THE ABOVE FAMILY MEMBERS BEEN TOLD THEY SHOULD BE SEEN REGULARLY AT A HOSPITAL OR CLINIC BUT ARE NOT BEING SEEN?

e. ARE ANY OF THE ABOVE FAMILY MEMBERS ENROLLED IN A SPECIAL EDUCATION PROGRAM?

f. DO ANY OF THE ABOVE FAMILY MEMBERS HAVE A LEARNING DISABILITY?

g. ARE ANY OF THE ABOVE FAMILY MEMBERS BLIND, DEAF, OR HARD OF HEARING?

h. DO ANY OF THE ABOVE FAMILY MEMBERS HAVE A SPEECH PROBLEM THAT REQUIRES THE SERVICES OF A SPEECH THERAPIST?

i. DO ANY OF THE ABOVE FAMILY MEMBERS HAVE A PHYSICAL DISABILITY THAT COULD AFFECT THEIR LEARNING?

j. DO ANY OF THE ABOVE FAMILY MEMBERS REQUIRE PROFESSIONAL COUNSELING REGARDING PROBLEM BEHAVIOR, SUCH AS ABUSE OF ALCOHOL OR DRUGS, RUNNING AWAY, SKIPPING SCHOOL, OR OTHER DELINQUENT-TYPE ACTS?

**k. SIGN ONE OF THE CERTIFICATIONS BELOW**

(1) I CERTIFY THAT I DO NOT HAVE FAMILY MEMBERS.

(a) SIGNATURE OF SPONSOR

(b) DATE (YYYYMMDD)

(2) I CERTIFY THAT MY ANSWER TO EACH OF THE ABOVE QUESTIONS IS NO FOR EACH OF THE FAMILY MEMBERS LISTED ABOVE.

(a) SIGNATURE OF SPONSOR

(b) DATE (YYYYMMDD)

(3) I CERTIFY THAT ONE OR MORE OF MY ANSWERS TO THE ABOVE QUESTIONS IS YES REGARDING A FAMILY MEMBER LISTED ABOVE. (*Check appropriate block below*)

I INTEND THAT THE FAMILY MEMBER OR FAMILY MEMBERS WILL TRAVEL WITH ME CONCURRENTLY.

I INTEND THAT THE FAMILY MEMBER OR FAMILY MEMBERS WILL TRAVEL ON A DELAYED BASIS.

I DO NOT INTEND THAT THE FAMILY MEMBER OR FAMILY MEMBERS WILL TRAVEL TO MY NEW DUTY LOCATION OUTSIDE THE UNITED STATES. I UNDERSTAND THAT A DA FORM 5862-R (*ARMY EXCEPTIONAL FAMILY MEMBER PROGRAM MEDICAL SUMMARY*) AND DA FORM 5291-R (*ARMY EXCEPTIONAL FAMILY MEMBER PROGRAM EDUCATIONAL SUMMARY*) (*WHEN APPLICABLE*) MUST BE COMPLETED ON THE FAMILY MEMBER OR FAMILY MEMBERS AND PROVIDED TO THE CIVILIAN PERSONNEL OFFICE SHOULD I, AT A LATER DATE, DECIDE TO HAVE THE FAMILY MEMBER OR FAMILY MEMBERS JOIN ME AND THIS MUST BE ACCOMPLISHED PRIOR TO THEIR ARRIVAL AT THE LOCATION OUTSIDE THE UNITED STATES.

(a) SIGNATURE OF SPONSOR

(b) DATE (YYYYMMDD)



**APPLICATION FOR IDENTIFICATION CARD/DEERS ENROLLMENT**

*Please read Agency Disclosure Notice, Privacy Act Statement, and Instructions prior to completing this form.*

OMB No. 0704-0415  
OMB approval expires  
20230430

SECTION I - SPONSOR/EMPLOYEE INFORMATION						
1. NAME (Last, First, Middle)		2. GENDER	3. SSN OR DoD ID NO.	4. STATUS	5. ORGANIZATION	
6. PAY GRADE	7. GEN. CAT	8. CITIZENSHIP	9. DATE OF BIRTH (YYYYMMDD)	10. PLACE OF BIRTH		
11. CURRENT HOME ADDRESS		12. CITY	13. STATE	14. ZIP CODE	15. COUNTRY	
16. PRIMARY EMAIL ADDRESS <input type="checkbox"/> Permission to use for benefits notifications		17. TELEPHONE NUMBER (Include Area Code/CSN)	18. CITY OF DUTY LOCATION	19. STATE OF DUTY LOCATION	20. COUNTRY OF DUTY LOCATION	
SECTION II - SPONSOR/EMPLOYEE DECLARATION AND REMARKS						
21. REMARKS (Cite legal documentation, as applicable.)					NOTARY SIGNATURE AND SEAL	
I certify the information provided in connection with the eligibility requirements of this form is true and accurate to the best of my knowledge. (If not signed in the presence of the authority/verifying official, the signature must be notarized.)						
22. SPONSOR/EMPLOYEE SIGNATURE					23. DATE SIGNED (YYYYMMDD)	
SECTION III - AUTHORIZED BY						
24. SPONSORING OFFICE NAME					25. CONTRACT NUMBER	
26. SPONSORING OFFICE ADDRESS (Street, City, State, ZIP Code)		27. SPONSORING OFFICE TELEPHONE NUMBER (Include Area Code/CSN)		28. OFFICE EMAIL ADDRESS	29. OVERSEAS ASSIGNMENT (Country)	
30. OVERSEAS ASSIGNMENT BEGIN DATE (YYYYMMDD)		31. OVERSEAS ASSIGNMENT END DATE (YYYYMMDD)		32. ELIGIBILITY EFFECTIVE DATE (YYYYMMDD)	33. ELIGIBILITY EXPIRATION DATE (YYYYMMDD)	
I certify the individual identified above, based on personal knowledge and available documentation, is in a status eligible for and requires an identification card in the performance of their duties with the DoD or Uniformed Services.						
34. SPONSORING OFFICIAL NAME (Last, First, Middle)			35. UNIT/ORGANIZATION NAME			
36. TITLE		37. PAY GRADE	38. SIGNATURE	39. DATE VERIFIED (YYYYMMDD)		
SECTION IV - VERIFIED BY						
40. VERIFYING OFFICIAL NAME (Last, First, Middle Initial)		41. SITE IDENTIFICATION	42. TELEPHONE NUMBER (Include Area Code/CSN)	43. SIGNATURE		
SECTION V - DEPENDENT INFORMATION (Attach additional pages if necessary)						
A	44. NAME (Last, First, Middle)		45. GENDER	46. DATE OF BIRTH (YYYYMMDD)	47. RELATIONSHIP	48. SSN OR DoD ID NO.
	49. CURRENT HOME ADDRESS			50. PRIMARY EMAIL ADDRESS <input type="checkbox"/> Permission to use for benefits notifications (18 and above)		51. TELEPHONE NUMBER (Include Area Code/CSN)
	52. CITY	53. STATE	54. ZIP CODE	55. COUNTRY	56. ELIGIBILITY EFFECTIVE DATE (YYYYMMDD)	57. ELIGIBILITY EXPIRATION DATE (YYYYMMDD)
B	58. NAME (Last, First, Middle)		59. GENDER	60. DATE OF BIRTH (YYYYMMDD)	61. RELATIONSHIP	62. SSN OR DoD ID NO.
	63. CURRENT HOME ADDRESS			64. PRIMARY EMAIL ADDRESS <input type="checkbox"/> Permission to use for benefits notifications (18 and above)		65. TELEPHONE NUMBER (Include Area Code/CSN)
	66. CITY	67. STATE	68. ZIP CODE	69. COUNTRY	70. ELIGIBILITY EFFECTIVE DATE (YYYYMMDD)	71. ELIGIBILITY EXPIRATION DATE (YYYYMMDD)
SECTION VI - RECEIPT						
Receipt of new card is acknowledged.						
72. SIGNATURE					73. DATE ISSUED (YYYYMMDD)	

**USE THE FOLLOWING EXAMPLE IF YOU ARE  
A SINGLE PARENT.**



DEPARTMENT OF THE ARMY  
ORGANIZATION  
STREET ADDRESS  
CITY STATE ZIP

UNIT OFFICE SYMBOL

Today's Date

MEMORANDUM FOR RECORD

SUBJECT: USAREC Sole Parent Acknowledgement

1. I, (Rank First Name Last Name) am currently a single parent with a valid Family Care Plan (FCP) in place. I am currently assigned to: (Unit Name, full street address, zip code). The status of my Family Care Plan can be verified with my (Commander or First Sergeant) at ( ) - or (enter CDR or 1SG e-mail address).
2. My long term care giver is (First and Last name) and resides in (City, ST). I am aware I will have to establish a short term care plan for my child(ren) at my new duty station. My family and I understand the mission tempo and demands of USAREC. My family currently consists of myself, and my (enter amount here) child(ren) (enter first names, last names and ages for each child), and I have (full, partial or joint) custody, with primary physical custody of my child(ren). I understand that my Family Care Plan must remain viable and operational no matter the location to which I am assigned IAW AR 600-20, para 5-5.
3. The point of contact for this memorandum is the undersigned at ( ) - or [sample.a.soldier.mil@mail.mil](mailto:sample.a.soldier.mil@mail.mil).

SAMPLE A. SOLDIER  
SFC, USA  
111ST REC BDE

**USE THE FOLLOWING EXAMPLE IF YOU ARE MARRIED TO ANOTHER SOLDIER AND YOUR SPOUSE HAS DECIDED NOT TO VOLUNTEER FOR RECRUITING AND YOU WANT TO WAIVE HAVING A JOINT DOMICILE ASSIGNMENT IF ACCEPTED INTO USAREC.**



DEPARTMENT OF THE ARMY  
546TH MILITARY POLICE COMPANY  
501 EAST BULTMAN AVE, BUILDING 211  
FORT STEWART, GA 31314

AFZP-APC-AD

06 May 2020

MEMORANDUM FOR RECORD

SUBJECT: Waiving Joint Domicile

1. The Purpose of this memorandum is to state that I am willing to accept a non-joint domicile assignment if my recruiting packet is accepted. I understand what I am waiving. My spouse and I are in agreement on this decision.
2. The point of contact for this memorandum is the undersigned at (\_\_\_\_) \_\_\_\_\_- \_\_\_\_\_ or [sample.a.soldier.mil@mail.mil](mailto:sample.a.soldier.mil@mail.mil).

SAMPLE A. SOLDIER  
SFC, USA  
111ST REC BDE

**USE THE FOLLOWING EXAMPLE IF YOU HAD AN ARTICLE 15 OR ANY OTHER OFFENSE AND YOU DO NOT HAVE THE PAPERWORK. YOUR COMMANDER CAN WRITE A MEMO ADDRESSING THE SITUATION. THE MEMO NEEDS TO STATE THE DATE, CHARGE/INCIDENT, ANY AMENDED CHARGES, PUNISHMENT AND DISPOSITION.**



REPLY TO  
ATTENTION OF

**DEPARTMENT OF THE ARMY**  
HAMILTON RECRUITING STATION  
887 NW WASHINGTON BLVD  
HAMILTON, OH 45013

RCMW-COL-CIN-HAM

05 December 2017

MEMORANDUM FOR RECORD

SUBJECT: Record of Article 15 Proceedings; Doe, John xxx-xx-xxxx

1. SSG John Doe was administered a Company Grade Article 15 on October 15, 2015, for failing to report for duty on several occasions.
2. Incidents:
3. Disposition:
4. Result:
5. The point of contact is the undersigned at

JANE DOE  
CPT, FA  
Commanding

**USE THE FOLLOWING AS AN EXAMPLE IF  
YOU ARE DEPLOYED TO LIST YOUR  
REDEPLOYMENT DATE.**





REPLY TO  
ATTENTION OF

DEPARTMENT OF DEFENSE  
HQ, TASK FORCE DIAMOND, 101<sup>ST</sup> FINANCIAL MANAGEMENT COMPANY  
101<sup>ST</sup> SPECIAL TROOPS BATTALION  
BAGRAM AIRFIELD, AFGHANISTAIN  
APO AE 09354

101SB-STB-101FMC

03 NOVEMBER 2011

MEMORANDUM FOR RECORD

SUBJECT: Redeployment Date

1. 101<sup>st</sup> Financial Management Company Soldiers under UIC WH2ST1 will be redeploying on or about April 2012.
2. Point of Contact for this memorandum is SFC Carrizo, Otto at [otto.carrizo@afghan.swa.army.mil](mailto:otto.carrizo@afghan.swa.army.mil) or DSN: 318-431-2201.

A handwritten signature in black ink, appearing to read "Les A. Barnett".

LES A. BARNETT  
LTC, FM  
Commanding