

A COMPREHENSIVE GUIDE



HOW TO BECOME AN OFFICER IN THE HAWAII AIR NATIONAL GUARD





HAWAII AIR NATIONAL GUARD

3949 Diamond Head Road
Honolulu, HI 96816

1 May 2016

MEMORANDUM FOR PROSPECTIVE OFFICER APPLICANT

FROM: HIANG/RRS

SUBJECT: Officer Application Process

Dear Prospective Officer Applicant,

Congratulations on your desire to become an officer in the Air National Guard (ANG). You have worked very hard to achieve your educational goals. The Hawaii Air National Guard (HIANG) is always looking for strong individuals to fill future leadership roles.

The HIANG is excited to have a new application process for officer applicants. This process is customer focused with a clear path to apply for officer positions within our organization. The attached guide was developed to help you work with your Recruiter to collect all the required paperwork for the application. Please use the provided checklist and guide when accomplishing your application. Please ensure all checklist items are complete prior to submitting your application for consideration.

Part of this application process involves meeting an interview board. They will review your package prior to making a determination if you should face the Officer Selection Board for consideration. It is crucial you ensure your application is complete or you will not be considered.

If you have any questions, please contact your recruiter. Thank you again for your interest and good luck in achieving your goal of becoming an officer in the ANG.

CHRISTOPHER C. PEREZ, SMSgt, HI ANG
Superintendent, Recruiting and Retention

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BASIC PREQUALIFICATION STANDARDS FOR ANG OFFICER APPLICATION

AGE

- Maximum age for initial non-rated (non flying) line applicants must be commissioned prior to their 35th Birthday. Exception to Policy (ETP) for nonrated can be requested with applicants with prior service if applicant is commissioned prior to 40th birthday.
- Undergraduate Flying Training (UPT) and Undergraduate Navigator Training (UNT) applicants must be less than 30 years old prior to entering into formal UFT/UNT training and ETPs are only approved under very rare circumstances for exceptionally qualified applicants.
- Maximum age for initial appointment in health professional specialty is less than 47 years, and ETPs can be submitted for specialties with a critical manning need.
- Maximum age for Judge Advocate General (JAG) appointment is 34, and 37 is the maximum age for ETP.
- Maximum age for Chaplain is less than 40 years for Non-Prior Service (NPS), and 42 with two years satisfactory prior service. ETPs can be submitted for hard to fill Chaplain Specialties such as Catholic Chaplains. (Reference is ANGI 36-2005 Chapter 3)

OFFICER TESTING

All Line officers require the Armed Forces Qualification Test (AFOQT). If you haven't taken the AFOQT, talk with your Base Education Training Office or DOR. Ensure that you are prepared for the test since applicants are only allowed to test twice in a lifetime. Wait period for retest is 180 days (Reference AFI 36-2605). Below are minimum AFOQT scores:

Category	Verb	Quant	Pilot	Nav	Total <-- TOTAL PILOT and NAV SCORE Must be 50 or more
UPT	15	10	25	10	50
UNT	15	10	10	25	50
LINE	15	10	N/A	N/A	N/A

(Reference is ANGI 36-2005 Table 3.4)

Graduate Record Exam (GRE) or Graduate Management Admission Test (GMAT) is required for the 41AX, Health Service Mgt, AFSC. GRE: 800, GMAT: 400 (Reference is ANG/SG MSC guidance)

AFSC QUALIFICATION

Qualifications for specific AFSCs can be found in the Air Force Officer Classification Directory (AFOCD). This publication is updated at least every six months and can be found on the Air Force Personnel Services website:

<https://gum-crm.csd.disa.mil> (type AFOCD in search field for most current directory)

The following AFSCs have specific education requirements: 13XX (Space/Missile), 15XX (Weather), 17XX (Cyber Ops), 32XX (Civil Engineer), 41XX (Health Services), 42XX (Biomed), 44XX (Physician), 45XX (Surgery), 46XX (Nurse), 47XX (Dental), 48XX (Aerospace Med), 51XX (JAG), 52XX (Chaplain), 61XX (Scientific), 62XX (Dev Eng), 64XX (Contracting), 65XX (Finance)

MORALS

Officers are held to high moral standards to include law violations and drug usage. Any applicant that has experimented with marijuana 6 or more times will require a drug waiver (Reference is Pre-Service Drug Abuse Message). Questions about law violations can be found in ANGI 36-2005 Attachment 7.

12 April 12: Please note that officer qualification standards are subject to change. All officer applications are only basic prequalification, and upon selection, all applicants will be required to complete a commissioning package and physical that could result in disqualification. Medical prequalification should be made by qualified medical personnel.

HAWAII AIR NATIONAL GUARD OFFICER SELECTION BOARD CHECKLIST

ALL APPLICANTS

***DOCUMENTS REQUIRED FOR BOARD REVIEW/INTERVIEW**

- TAB A ___ AF Form 883 Privacy Act Statement*
- TAB B ___ Cover Letter*
- TAB C ___ 1 Page letter stating "Why You Want to Serve as an Officer in the Hawaii Air National Guard"*
- TAB D ___ Resume (limit to 1 page)*
- TAB E ___ AFOQT Results*
- TAB F ___ Official College Transcripts*
- TAB G ___ Letter(s) of Recommendation (no more than 3)*
- TAB H ___ List of top 5 desired AFSC job preferences (may use last page of AF Form 24)*
- TAB I ___ AF Form 2030, USAF Drug & Alcohol Abuse Certificate*
- TAB J ___ AF Form 24*
- TAB K ___ Statement of Understanding*

In addition to the above documents, the following is required For Current Enlisted Members (see attached for examples):

- TAB L ___ Commander's Endorsement Letter*
- TAB M ___ Current Report on Individual Personnel (RIP) sheet from vMPF*
- TAB N ___ Last 5 EPRs, LOEs or other evaluations*
- TAB O ___ AF Fitness Test Results (must be current & passing)*
- TAB P ___ Official AF Bio*
- TAB Q ___ AF Form 422a, Notification of Air Force Member's Qualification Status (must be current)*
- TAB R ___ All Prior Service Records (i.e. DD 214s, and/or NGB Form 22*)
- TAB S ___ E-Kokua or Drivers' Abstract*

*****Packages will be arranged and consolidated into a single PDF format IAW with this guide**

****PDF File name should be: OSBXX-X_LAST NAME_FIRST INITIAL (Example: OSB17-1_DOE_J)**

****Email packages to the following address: hqhiang.hqhianga1r.recruitingelement@us.af.mil**

****Email Subject Line should be: OSBXX-X (Example: OSB17-1)**

****NOTE: Failure to submit a complete package will result in disqualification to meet the board**

*Recruiting Personnel will maintain copy in application case file package for submission to NGB

PRIVACY ACT STATEMENT -- US AIR FORCE APPLICATION RECORD

AUTHORITY: 10 USC Sections 133, 265, 275, 504, 508, 510, 672(d), 678, 837, 1007, 1071 through 1480, 1553, 2105, 2107, 3012, 5031, 8013, 8033, 8496, and 9411; 32 USC 708; 44 USC 3101; and Executive Orders 9397, 10450, and 11652.

PURPOSE: To determine your mental, medical, and moral qualifications for entry into the US Air Force. This data is FOR OFFICIAL USE ONLY and will be maintained in strict confidence within the Department of Defense according to Federal law and regulation. If you are accepted and subsequently enter into a component of the Air Force, the information becomes a part of your military personnel records which is used to provide information for personnel management actions. If you are not accepted or do not subsequently enter a component of the Air Force, your records will be destroyed as specified by regulation.

ROUTINE USES: This information may be disclosed to the Social Security Administration and the Department of Treasury to establish a record of income; to federal, state, local or foreign law enforcement authorities for investigating, prosecuting a violation or potential violation of law; to federal, state, or local agencies to obtain information concerning hiring or retention of an employee, issuance of a security clearance, letting of a contract, or issuance of a license, grant or other benefit; to a federal agency in response to its request in connection with the hiring or retention of an employee, issuance of a security clearance, reporting of an investigation of an employee, letting of a contract, issuance of a license, grant, or other benefit by the requesting agency to the extent that the information is relevant and necessary to the requesting agency's decision on the matter; to a congressional office in response to their inquiry made at the request of the individual; to the Office of Management and Budget (OMB) in connection with review of private relief legislation as set forth in OMB Circular A19; to foreign law enforcement, security, investigatory, or administrative authorities to comply with requirements of international agreements and arrangements; to state and local taxing authorities in accordance with Treasury Fiscal Requirements Manual Bulletin 7607; to the Office of Personnel Management (OPM) concerning information on pay and leave, benefits, retirement deductions, and other information necessary for OPM to carry out its functions; to NARA for records management functions; and to the Department of Justice for pending or potential litigation.

Johnny K. Applicant April 10, 2012

DISCLOSURE IS VOLUNTARY: However, failure to furnish information needed to determine your mental, medical and moral qualifications for entry into the US Air Force will result in a denial of application.



YOUR UNIT LETTERHEAD

123 MILITARY DRIVE
CITY, ST ZIP

**THIS IS AN EXAMPLE COVER LETTER.
WE ARE NOT RECOMMENDING YOU USE THIS FORMAT
IF IT DOES NOT REFLECT YOU.**

Johnny K. Applicant
123 Apple Drive
City, ST 12345

DATE

Selection Board
123 Board Drive
City, ST 12345

Greetings Selection Board,

As a recent college graduate and a current employee of the U.S. Department of Defense, I am very excited to continue my future working with the ANG as a commissioned officer. I am very impressed with the mission of our organization and more specifically the opportunity available as an officer. I am writing to apply for your officer candidacy program.

As you can see from my resume, my skills and qualifications would make me an outstanding candidate. I am convinced my skills can make a difference to the ANG team. I am currently employed in the civilian sector as well as am an Air National Guardsman. I am certain my personal attributes and past experiences give me a unique perspective as an officer candidate and I would be honored to continue my Air Force career as such as officer.

Thank you for the opportunity to present myself and for your consideration in choosing me as the next Air National Guard officer. If you need to contact me to discuss my qualifications, please call me at (123) 456-7890 or email me at johnny.applicant@ang.af.mil.

Johnny K. Applicant

Johnny K. Applicant
SSgt, ANG

PERSONAL DATA

JOHNNY K. APPLICANT, SSgt, ANG

DOR: 12 Feb 2007

Comm: (123) 456-7890

Clearance: Secret

THIS IS AN EXAMPLE RESUME.**WE ARE NOT SUGGESTING YOU USE THIS FORMAT
IF IT DOES NOT REFLECT YOU.****OBJECTIVE/GOALS:**

To obtain and succeed in the position a commissioned officer.

EMPLOYMENT HISTORY**Highlight your leadership roles in your resume!**

- April 2010 – Present **Military Communications Technician, Air National Guard**
Prepares military communications near and far to ensure only the best information is used to determine outstanding results. Trains and supervises 8 subordinates in the demanding field of military communications. Coordinates with internal and external customers to debrief military communications.
- Aug 2009 – Present **Statistician, Military Gizmo Company**
Creates military gizmos for every component of the military. Supports the field with research and development for the appropriate gizmos that fulfill and complete the military mission. Supervise 2 junior statisticians and a field office.
- Jun 2006 – April 2010 **Airman Duty, Air National Guard**
Researches and completes reports. Distributes and files internal and external correspondence to identified field units. Enforces internal procedures to ensure local operations run efficiently and concerns are handled at the functional level. Assists Sergeant Duty in compiling and analyzing projects in a highly efficient manner.
- Jun 2006 – Aug 2009 **Inventory Specialist, Generic Company USA**
Coordinates and distributes \$10,000,000 worth of inventory by using the Special Inventory Protocol (SIP) program.

EXAMPLE**PROFESSIONAL MILITARY EDUCATION**

19 Aug 2009 USAF NCO Preparatory Course In-Residence, Distinguished Graduate

SIGNIFICANT AWARDS**Highlight any Leadership awards here!**

10 Aug 2010 Honor Graduate, USAF Military Communications Technician Course

PERSONAL INTERESTS**Highlight any sports/athletics/fitness related endeavors/accomplishments**

My wife and two rambunctious children are the joy in my life. I am also completing my Master's degree and am projected to gain that in July 2013.

***Add in any professional certifications or licenses you have obtained.**

Found at <https://w20.afpc.randolph.af.mil/afqtsnet20/DODBanner.aspx>



AIR FORCE PERSONNEL CENTER

[My Stuff](#) | [Privacy & Security Policy](#) | [Contact Us](#)

Air Force Officer Qualifying Test Scores

Test Results

This document contains information which must be protected IAW AFI 33-332 and DOD Regulation 5400.11, Privacy Act of 1974, as amended, applies and it is For Official Use Only (FOUO).

Today: JANUARY 25, 2008

Test Scores of APPLICANT, JOHNNY K.

Test Date	TCO	Form/Version	Pilot	Navigator	Acad Aptitude	Verbal	Quantitative
05 JAN 2008	123	ABCD	44	55	66	77	88

Note: The scores listed above are the only valid scores.

[Check another score](#)

NOTICE: For Security reasons close out all browsers when finished.

EXAMPLE

This contains information which must be protected IAW AFI 33-332 and DOD Regulation 5400.11, Privacy Act of 1974 as Amended Applies, and it is For Official Use Only (FOUO); it must be protected as privacy act information removed prior to further disclosure.

OFFICIAL TRANSCRIPT
ISSUED TO STUDENT
IN SEALED ENVELOPE

TRANSCRIPT

Name: JOHNNY APPLICANT

Social Security No.: 123-45-6789

Student ID No 123456

Date of Birth: June 12, 1984

Degree: Bachelor of Arts
Major 1:
Major 2:

Degree Date:
Concentration 1:
Concentration 2:

Class:
Minor 1:
Minor 2:

----- (F2Z) Fall II 2005 (cont.) -----

	Total Earned	Total Applied	Total Pt Hrs	Total Grade Points	Total Grade	GPA
ses	6.00	3.00	6.00	3.00	12.00	4.000
cum	107.00	36.00	107.00	36.00	141.00	3.916

----- (UIT) Summer 2006 -----

	Total Earned	Total Applied	Total Pt Hrs	Total Grade Points	Total Grade	GPA
ses	3.00	3.00	3.00	3.00	12.00	4.000
cum	119.00	45.00	119.00	45.00	177.00	3.938

----- (F2T) Fall II 2005 -----

	Total Earned	Total Applied	Total Pt Hrs	Total Grade Points	Total Grade	GPA
ses	3.00	3.00	3.00	3.00	12.00	4.000
cum	110.00	39.00	110.00	39.00	153.00	3.923

----- (FIT) Fall I 2006 -----

	Total Earned	Total Applied	Total Pt Hrs	Total Grade Points	Total Grade	GPA
ses	3.00	3.00	3.00	3.00	12.00	4.000
cum	112.00	42.00	112.00	42.00	165.00	3.937

----- (S1Z) Spring I 2006 -----

	Total Earned	Total Applied	Total Pt Hrs	Total Grade Points	Total Grade	GPA
ses	3.00	3.00	3.00	3.00	12.00	4.000
cum	113.00	42.00	113.00	42.00	165.00	3.928

----- (F2T) Fall II 2006 -----

	Total Earned	Total Applied	Total Pt Hrs	Total Grade Points	Total Grade	GPA
ses	3.00	3.00	3.00	3.00	12.00	4.000
cum	125.00	51.00	125.00	51.00	201.00	3.941

----- (S2Z) Spring II 2006 -----

	Total Earned	Total Applied	Total Pt Hrs	Total Grade Points	Total Grade	GPA
ses	3.00	0.00	3.00	0.00	0.00	0.000
cum	116.00	42.00	116.00	42.00	165.00	3.928

----- (S1T) Spring I 2007 -----

	Total Earned	Total Applied	Total Pt Hrs	Total Grade Points	Total Grade	GPA
ses	6.00	6.00	6.00	6.00	24.00	4.000
cum	131.00	57.00	131.00	57.00	225.00	3.947

EXAMPLE

OFFICIAL TRANSCRIPT
ISSUED TO STUDENT
IN SEALED ENVELOPE

TRANSCRIPT

Name:

Social Security No.:
Date of Birth:

Student ID No.

Degree:
Major 1:
Major 2:

Degree Date:
Concentration 1:
Concentration 2:

Class:
Minor 1:
Minor 2:

----- (S12) Spring I 2007 -----

***** TRANSCRIPT TOTALS *****

		Transfer from DANIES											
		Total	Total	Grade	Grade	TRFR	TRFR	TRFR	TRFR	TRFR	TRFR	TRFR	TRFR
ses	cum	Earned	Applied	Pt Hrs	Points	GPA	Earned	Applied	Pt Hrs	Points	GPA	Earned	Applied
		SE495	Drug & Alcohol Abuse	3.00	TR								
		SF531	Organizational Behavior	3.00	TR								
		SG530	Human Resource Management	3.00	TR								
				60.00			60.00	60.00	60.00	237.00	3.950		
				83.00			0.00	83.00	0.00	0.00	0.000		
				143.00			60.00	143.00	60.00	237.00	3.950		
ses		9.00	0.00	9.00	0.00	0.000							
cum		140.00	57.00	140.00	57.00	0.947							

EXAMPLE

----- (U12) Summer 2007 -----

		Total	Total	Grade	Grade	GPA
ses	cum	Earned	Applied	Pt Hrs	Points	GPA
		CJ440	Internship in Crim	3.00		
ses		3.00	3.00	3.00	12.00	4.000
cum		143.00	60.00	143.00	60.00	3.950

Degree: Bachelor of Science
Awarded: 07/29/2007
Major: Crim Justice Admin

<----- *Designation of degree and date awarded is required on transcript

*No online transcript printouts accepted

*All transcripts are required in order to determine qualification of AFSC

----- Accomplishments Thgh 2007 -----

07/29/07 Summa Cum Laude

12/18/64 Dean's List

USAF DRUG AND ALCOHOL ABUSE CERTIFICATE

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 U.S.C., Chapter 31, Sections 504, 505, 508, 513; Chapter 807, Section 8067; Chapter 833, Section 8258; Chapter 1205, Sec12201, and Executive Order 9397 (SSN), as amended.

PURPOSE: To determine enlistment/commissioning eligibility, and process qualified applicants. To determine classification and assignment actions after enlistment or commissioning. All documents are source documents in determining benefits/entitlements.

ROUTINE USES: Disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act outside the DoD as a routine use. 'Blanket Routine Uses' apply.

DISCLOSURE: Voluntary; however, failure to furnish personal identification information may negate the enlistment/commissioning application.

SECTION I. DEFINITION OF TERMS

ADVERSE ADJUDICATION: An adverse adjudication (*adult or juvenile*) is a finding, decision, sentence, or judgment, other than unconditionally dropped, dismissed, or acquitted. If the adjudicating authority places a condition or restraint that leads to dismissal, dropped charges, or acquittal, the adjudication is adverse. Suspension of sentence, pardon, not processed, or dismissal after compliance with imposed conditions is adverse adjudication.

AIR FORCE: Includes active Air Force, Air Force Reserve, Air National Guard, and Air Force Academy.

ALCOHOL ABUSE: Alcohol use confirmed by competent medical authority that the individual is emotionally, mentally, or physically dependent on alcohol.

NOTE: When not confirmed by medical authority, self-admitted alcohol use that leads to a person's misconduct or unacceptable behavior; to the impairment of work performance, physical or mental health, financial responsibility or personal relationships; must be reported during the medical examination for determination of alcohol abuse.

DRUG ABUSE: The illegal, wrongful, or improper use of marijuana, any narcotic substance, hallucinogens, or any illegal drug.

ILLEGAL DRUGS: Any drug or narcotic that is habit forming or has a potential for abuse because of its stimulant, depressant, or hallucinogenic effect.

Includes, but not limited to: cocaine, crack, hallucinogens, (*to include lysergic acid diethylamide (LSD), phencyclidine (PCP), tetrahydrocannabinol (THC) in non-marijuana form, and others*), opium, morphine, heroin, dilaudid, codeine, Demerol, inhalants (*paint, glue, and others*), amphetamines (*speed*), methamphetamines (*ice*), barbiturates (*downers*) and anabolic steroids.

MARIJUANA: Any intoxicating organic or synthetic cannabis or tetrahydrocannabinol (THC) type substance. Organic forms from the hemp plant include marijuana, hashish and all derivatives of cannabis sativa. Synthetically, in the form of an herbal and chemical product which, when consumed mimics the effects of cannabis, includes salviadinorum or salvinorum or any product known under such names as "Spice", "Genie", "DaScents", "Zohia", "K-2", and "KO Knockout 2" or variant thereof by whatsoever name it may be called.

SECTION II. CERTIFICATION AT TIME OF APPLICATION

WARNING: YOU MUST BE TOTALLY HONEST IN COMPLETING THIS FORM. If you are truthful now and are accepted by the Air Force, no punitive action can or will be taken against a civilian applicant as a result of any information you reveal. **HOWEVER, YOU ARE CAUTIONED THAT SHOULD YOU CONCEAL DRUG OR ALCOHOL ABUSE INFORMATION AT THIS TIME, AND IT IS DISCOVERED AFTER YOUR ENTRY INTO THE AIR FORCE, PUNITIVE ACTION MAY BE TAKEN AGAINST YOU BASED UPON THE FALSE INFORMATION YOU HAVE PROVIDED.** Such action includes, but is not limited to, elimination from training or discharge under less than honorable conditions.

INITIAL YES/NO BOXES AS APPLICABLE

	YES	NO
I have read and understand the definition of the terms above.	<i>JKA</i>	
Have you ever used or experimented with marijuana? (<i>Prior marijuana use is not disqualifying for enlistment or appointment, unless you are determined to be a chronic user or psychologically dependent, have been convicted or adversely adjudicated for marijuana involvement. Preservice marijuana use may render you ineligible for certain skills.</i>)		<i>JKA</i>
Have you ever experimented with, used, or possessed any illegal drug or narcotic?		<i>JKA</i>
Have you ever been a supplier or distributor of or a trafficker in marijuana, or other illegal drugs or narcotics?		<i>JKA</i>
Have you ever been treated or undergone rehabilitation for drug or alcohol abuse?		<i>JKA</i>
Have you consumed hemp seed oil or any products containing hemp seed oil in the last 45 days?		<i>JKA</i>

SECTION III. STATEMENTS OF UNDERSTANDING

	INITIALS
During my medical examination I will be tested and screened for drug and alcohol abuse. I understand that any detection of drug use (<i>including marijuana</i>) or alcohol abuse will render me ineligible for the Air Force. I understand I will undergo further drug and alcohol screening after entry in the Air Force, and I may be discharged based on the results of such screening.	<i>JKA</i>
Service in the United States Air Force places me in a position of special trust and responsibility. Drug or alcohol abuse after this date will be considered evidence of my inability to meet the standards of behavior expected of me as a member of the Air Force. Therefore, any drug use (<i>including marijuana</i>) or any alcohol abuse as described above, FROM THIS DATE FORWARD , renders me ineligible for the Air Force.	<i>JKA</i>
Drug and alcohol abuse by members of the U.S. Air Force violates Air Force standards of behavior and conduct and will not be tolerated. If I am identified as a drug or alcohol abuser while a member of the Air Force, appropriate disciplinary or administrative action may be taken against me, to include trial by court martial or discharge under less than honorable conditions.	<i>JKA</i>
I understand that certain skill areas in the Air Force cannot be performed by persons who have abused drugs or alcohol. My unit commander will have final approval authority regarding my actual assignment to sensitive skill positions. If I am not acceptable for such duties due to information I have revealed on this form, I will be reassigned to another position in my skill or reclassified into another skill. If it is established that I have used any substance beyond that which I have indicated on this form, I understand my enlistment, commissioning, or appointment may be declared fraudulent and I may be discharged.	<i>JKA</i>

KNOWING AND UNDERSTANDING ALL THE INFORMATION ABOVE, AND REALIZING THAT THIS DOCUMENT WILL BE USED ONLY TO DETERMINE MY ELIGIBILITY AND RECORD MY CERTIFICATION OF ELIGIBILITY, I HEREBY STATE THAT THE ABOVE INFORMATION AS TO MY PREVIOUS DRUG OR ALCOHOL INVOLVEMENT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DATE	NAME (Last, First, M.I.) AND SSN OF APPLICANT	SIGNATURE
20121212	Applicant, Johnny K. 123-45-6789	<i>Johnny K. Applicant</i>

WITNESS

I CERTIFY THE ABOVE INDIVIDUAL SIGNED THIS CERTIFICATE OF HIS/HER OWN FREE WILL

DATE 20121212	NAME (<i>Last, First, M.I.</i>) AND GRADE OF WITNESS Recruiter, Designated O. E-6	SIGNATURE <i>Designated O. Recruiter</i> Or if electronic - Click here to sign
------------------	--	--

REMARKS

****If you initialled "Yes" for experimenting with marijuana on page 1 a brief statement is required here. The statement needs to include:**

1. How many times you experimented with marijuana
2. When was the last date used
3. Why you stopped

Any marijuana use of 6 or more times will require a waiver.

The area below is left blank until actual accession. Please do not fill for prequalification.

SECTION IV. RECERTIFICATION AT TIME OF ENLISTMENT, COMMISSIONING, OR APPOINTMENT

INITIALS

I have read and fully understand all the information on this form.

I hereby state that there has been no change in my status since I originally provided this information on the date on front of this form.

I hereby certify that I have not used any drug, including marijuana, and that I have not been in any alcohol related abuse incidents, since I originally completed this form.

DATE	NAME (<i>Last, First, M.I.</i>) AND SSN OF APPLICANT	SIGNATURE
------	--	-----------

WITNESS

I CERTIFY THE ABOVE INDIVIDUAL SIGNED THIS CERTIFICATE OF HIS/HER OWN FREE WILL

DATE	NAME (<i>Last, First, M.I.</i>) AND GRADE OF WITNESS	SIGNATURE
------	--	-----------

PRINT AND INCLUDE ALL PAGES, NOT JUST FIRST PAGE. May be more or less than 8, this is an example.
Found at AF Portal > Virtual MPF > Record Review/Update > View/Print All Pages.

Personal Information – Print All Pages

Page 1 of 8

NAME: JOHNNY K APPLICANT RANK: SSG SSAN: 123-45-6789 DATE: 24 APR 2012

INDIVIDUAL INFORMATION

MARITAL STATUS: MARRIED

PERSONAL EMAIL ADDRESS:
JOHNNYAPPLICANT@GMAIL.COM

DUTY EMAIL ADDRESS:
JOHNNYAPPLICANT@ANG.AF.MIL

HOME PHONE: 123-456-7890

HOME ADDRESS:
1234 APPLE DRIVE
CITY, ST 12345

MAILING ADDRESS:
1234 APPLE DRIVE
CITY, ST 12345

SEX: MALE

RACE: ASIAN, NATIVE HI/PACIFIC ISL

HISPANIC DECLARATION: NOT HISPANIC OR
LATINO

ETHNIC GROUP: ASIAN

RELIGIOUS PREFERENCE: NO RELIGIOUS PREFERENCE

DATE OF BIRTH: 12 JUN 1984

PLACE OF BIRTH: CALIFORNIA

CITIZENSHIP: BY BIRTH IN UNITED STATES

WEIGHT MANAGEMENT:

EFFECTIVE DATE:
N/A

UNFAVORABLE INFORMATION FILE: NO UIF

CONTROL ROSTER: NOT ON CONTROL ROSTER

CONSENT TO RELEASE:

THIS DOCUMENT CONTAINS INFORMATION WHICH MUST BE PROTECTED
IAW AFI 33-322 AND DOD REGULATION 5400.11.
PRIVACY ACT OF 1974, AS AMENDED, APPLIES.

Air Force Surgeon General

ASIMS Web

Individual Medical Readiness Status

APPLICANT.JOHNNY.K.1234567890

ANG

EMAIL: johnny.applicant@ang.af.mil

Action List

(Nothing due)

Immunizations

Immunization	Series	Date	Next Due
Hep A	2	2 Oct 1999	
Influenza	13	22 Nov 2011	1 Sep 2012
MMR	1	1 Jan 1985	
Polio	1	1 Mar 1995	
Td	4	12 Jul 2009	12 Jul 2019

EXAMPLE

Medical Readiness

ENSURE YOU ARE CURRENT

Overall Status:		Current		Profile		Med Equipment		Other	
PHA	Dental	Labs	Profile	Med Equipment	Other				
Current	Current	Current	Ready	Current					
Health Assessment:	27 Apr 2011	Dental Class: 1	Blood Type: O	Restriction:	No	GMI Required:	No	ANAM Date:	-
Interval History:	27 Apr 2011	Dental Date: 28 Feb 2012	RH: Positive	Release Date:	1 May 2012				
DD2766 Review and Update:	25 May 2011		Sickle Cell: Negative						
Provider Review/Signature:	25 May 2011		G6PD: Normal		AF469			AF422a	
Last In-Person Visit:	-		HIV Date: 24 May 2011						
			DNA: On File						

Deployment Health Assessments

Form	Form Date	Deploy Date	Return Date	Closed Date
No deployment health assessment forms.				

For More Information Contact

Fitness Management System

Report of Individual Fitness for: **SSG JOHNNY APPLICANT**
 SSAN: **XXX-XX-6789**

[Click here to print](#)

ANG READINESS

Pascode: **AB1CDE2** Prepared on: **04/27/2012 at 12:06 GMT**

Age	Gender	Height	Weight	BM
27	M	72"	190.0 lbs	11 kg/m
		Score	Points	Max Points
1.5 Mile Run		35	56.00	60.00
Abdominal Circumference		30"	20.00	20.00
Push Ups		45	9.20	10.00
Sit-ups		44	8.50	10.00
Test entered/changed by: FACILITATOR			Total Points	93.7
Exemption Type:			Next test due date: 04/30.2013	Fitness Level Excellent

Member Air Force fitness ranking is:

Top 50% of the AF

Member age and gender fitness ranking is:

Top 50% of the AF



Individual Test History

Name: JOHNNY APPLICANT

Rank: SSG Unit: ANG

SSAN: XXX-XX-6789

Test Date	Cardio Results	Abdominal Circumference (in)	Push Ups	Sit-Ups	Composite Score	Fitness Level	Test Entered By
04/13/2012	35/56	30	45	44	93.7	Excellent	FACILITATOR

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) APPLICANT, JOHNNY K		2. DEPARTMENT, COMPONENT AND BRANCH AIR FORCE--ANGUS		3. SOCIAL SECURITY NUMBER 123 - 45 - 6789	
4a. GRADE, RATE OR RANK SSGT	b. PAY GRADE E-5	5. DATE OF BIRTH (YYYYMMDD) 19840612	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) 20160101		
7a. PLACE OF ENTRY INTO ACTIVE DUTY CITY, STATE USA		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 1234 APPLE DRIVE, CITY, ST 12345			
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND ANG			b. STATION WHERE SEPARATED CITY, STATE USA		
9. COMMAND TO WHICH TRANSFERRED ANG STATE				10. SGLI COVERAGE <input type="checkbox"/> NONE AMOUNT: \$400,000	
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) XXXXX AFSC 8 MONTHS 2 DAYS		12. RECORD OF SERVICE			
		a. DATE ENTERED AD THIS PERIOD	2008	JUN	11
		b. SEPARATION DATE THIS PERIOD	2008	MAY	10
		c. NET ACTIVE SERVICE THIS PERIOD	07	02	02
		d. TOTAL PRIOR ACTIVE SERVICE	00	00	00
		e. TOTAL PRIOR INACTIVE SERVICE	00	00	00
		f. FOREIGN SERVICE	00	00	00
		g. SEA SERVICE	00	00	00
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) Armed Forces Reserve Medal with 3 'M' Devices with 1 hourglass device.		14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) NONE THIS PERIOD.			

EXAMPLE

15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM			YES	X	NO
b. HIGH SCHOOL GRADUATE OR EQUIVALENT		X	YES		NO
16. DAYS ACCRUED LEAVE PAID 0	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION			YES	NO
					X

18. REMARKS
MEMBER WAS SERVING ON ACTIVE DUTY IN A VOLUNTARY STATUS UNDER TITLE 32 USC 503 12 JUL 06 - 30 JUN 07. Copy 3 to DVA Data.

-----NOTHING FOLLOWS-----

Found on the AF Portal > ARMS-Auto Records Mgt Sys or PRDA- Personnel Records Display

The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.

19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code) 1234 APPLE STREET CITY, STATE 12345		b. NEAREST RELATIVE (Name and address - include ZIP Code) 1235 APPLE STREET CITY, STATE 12345			
20. MEMBER REQUESTS COPY 6 BE SENT TO <u>UT</u> DIRECTOR OF VETERANS AFFAIRS			X	YES	NO
21. SIGNATURE OF MEMBER BEING SEPARATED MEMBER NOT AVAILABLE TO SIGN		22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) PERSONNEL TECHNICIAN, ANG <i>SP6 G. S. NOV 25 2006 G. S. NOV 25 2006</i>			

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION RELEASE FROM ACTIVE DUTY		24. CHARACTER OF SERVICE (Include upgrades) HONORABLE			
25. SEPARATION AUTHORITY AFH 10-416		26. SEPARATION CODE T50		27. REENTRY CODE N/A	
28. NARRATIVE REASON FOR SEPARATION RELEASE DUE TO DEMOBILIZATION					
29. DATES OF TIME LOST DURING THIS PERIOD NONE				30. MEMBER REQUESTS COPY 4 (Initials) N/A	

Attachment 2**STATEMENT OF AGREEMENT AND UNDERSTANDING****(REQUIRED FOR ANGUS APPOINTMENT)**

In conjunction with my application for appointment, I certify that I understand and agree to the requirements I have initialed below:

____ 1. (LINE OFFICER APPLICANTS ONLY) I agree to attend the Air National Guard (ANG) Academy of Military Science prior to my appointment.

____ 2. (ALL APPLICANTS) Any formal training required for full qualification in the appointment specialty is considered a condition of appointment. I agree to enter that training within 18 months unless otherwise authorized in AFMAN 36-2105, *Officer Classification*, in which case, I agree to complete training within three years of my appointment. I understand that failure to attend such training or elimination from such training, may result in separation from the ANG.

____ 3. (INITIAL APPOINTMENT AS JUDGE ADVOCATE) I agree to attend the Commissioned Officer Training (COT) Course and the Judge Advocate Staff Officer Course within 12 months of my appointment as determined by the Judge Advocate General (HQ USAF/JA).

____ 4. (INITIAL APPOINTMENT AS CHAPLAIN) I agree to attend the COT Course and the Chaplain Orientation Course within 24 months of my appointment.

____ 5. (INITIAL APPOINTMENT OF HEALTH PROFESSIONALS) I agree to attend the Commissioned Officer Training Course within 12 months of my ANG appointment.

____ 6. (ALL APPLICANTS EXCEPT UNDERGRADUATE FLYING TRAINING {UFT}) I understand that my appointment is being accomplished prior to completion of the required security investigation. I further understand that if I fail to meet these requirements within 180 days from date of temporary federal recognition, I will be determined unacceptable for appointment as a commissioned officer, and will be discharged from my appointment and receive an Honorable Discharge Certificate.

____ 7. (ALL APPLICANTS) I certify that I [am] [am not] a Key Federal Employee. In the event I am identified as a Key Federal Employee, I understand I must present a certificate of availability from my civilian employment indicating that in the event of a partial or full mobilization, I will be available for active military duty.

____ 8. (INITIAL APPOINTMENT OF NON-COLLEGE GRADUATES IN LINE SPECIALTIES ONLY) I understand that as a condition of my appointment in the ANG:

I agree to obtain a bachelor's degree by the end of my fourth year of commissioned service. I further understand that if I do not complete a bachelor's degree by the end of my fourth year of commissioned service, I will be discharged from the ANG and as a Reserve of the Air Force in accordance with (IAW) AFI 36-3209, *Separation and Retirement Procedures for Air National Guard and Air Force Reserve Members*.

I understand to be eligible for position vacancy promotion to captain, I must possess a bachelor's degree.

I understand that I am not eligible to transfer to the United States Air Force (USAF) or Air Force Reserves (AFRES) until I have completed my degree requirement.

____9. (INITIAL APPOINTMENT OF NON-COLLEGE GRADUATES IN NURSE CORPS SPECIALTIES ONLY) I understand that as a condition of my appointment in the ANG:

I agree to obtain a Bachelor of Science degree with a major in Nursing (BSN) prior to my consideration for promotion to the grade of captain. The BSN degree must be completed no later than 1 May of the year in which the Promotion Board, for which I am first eligible for promotion to captain, convenes. I further understand that if I do not complete a bachelor's degree by the end of my fourth year of commissioned service, or upon my second consideration for mandatory promotion to captain, I will be discharged from the ANG and as a Reserve of the Air Force IAW AFI 36-3209.

I understand to be eligible for position vacancy promotion to captain, I must possess a bachelor's degree.

I understand that I am not eligible to transfer to the USAF or AFRES until I have completed my degree requirement.

____10. (HEALTH PROFESSIONAL APPLICANTS WHO HAVE 18 OR MORE YEARS OF CONSTRUCTIVE SERVICE CREDIT IAW AFI 36-2005, *Appointment in Commissioned Grades and Designation and Assignment in Professional Categories -- Reserve of the Air Force and United States Air Force*) I understand that appointment in the grade of lieutenant colonel requires approval by the Secretary of Defense and that this process may add several months to my application processing time. In the event that I otherwise qualify for appointment in the grade of lieutenant colonel, I hereby consent to and request appointment as a major, pending approval by the Secretary of Defense. In the event the Secretary of Defense does not approve my name, I understand that I may be honorably discharged from all appointments. **NOTE:** ANG, Directorate of Diversity, Personnel and Training (ANG/DP) will notify the State Headquarters of applicants who qualify for appointment as a lieutenant colonel.

____11. (CHAPLAINS, MEDICAL, DENTAL, NURSE, AND BIO-MEDICAL SCIENCE CORPS) I have been counseled and understand that I may request to be retained in an active status beyond my Mandatory Separation Date to enable me to obtain 20 satisfactory years of service or to age 67, whichever is earlier. I know that I must remain qualified for active status in an ANG or AFRES program; otherwise my status may be terminated under provisions of law or instruction prior to my reaching age 67.

____12. (INITIAL APPOINTMENT OF HEALTH PROFESSIONALS) I understand that I will be appointed in the Air National Guard. However, I will not be granted privileges to practice until medical credentials have been completed IAW AFI 44-119, *Clinical Performance Improvement*.

____13. (EARLY COMMISSIONING PROGRAM (ECP) APPLICANTS) I understand that I am applying for appointment in the ANG of the United States under the ECP for physicians. If approved for appointment, I will be appointed as a Health Service Administrator until such time as I complete medical school. Upon completion of my medical education, and if otherwise qualified, I will be reappointed as a physician. I further understand and agree:

I will serve with the ANG as directed, unless sooner relieved by competent authority, for a minimum period of four years from the date I am re-appointed as a physician. I further agree to remain a member of the Ready Reserve during the tenure of my appointment as an ANG officer.

If I fail to complete the requirement for award of a Doctor of Medicine or Doctor of Osteopathy degree acceptable to the Air Force Surgeon General, the Chief, National Guard Bureau, will then withdraw my federal recognition and I will be separated from the Air National Guard of the United States (ANGUS).

____14. (ALL APPLICANTS EXCEPT UFT) I agree to remain a member of the ANG of the United States for a period of four years from date of appointment. I understand that this service commitment will be served concurrently, unless otherwise specified, with any other service commitments I have or may incur.

____15. (UPT/UPT-H APPLICANTS) I agree to remain a member of the ANG of the United States for a period of ten years from date of graduation from UPT. I understand that this service commitment will be served concurrently, unless otherwise specified, with any other service commitments I have or may incur.

____16. (UNDERGRADUATE NAVIGATOR TRAINING (UNT) APPLICANTS) I agree to remain a member of the ANG of the United States for a period of six years from date of graduation from UNT. I understand that this service commitment will be served concurrently, unless otherwise specified, with any other service commitments I have or may incur.

____17. (APPLICANT'S RECEIVING SEVERANCE/SEPARATION PAY) I have been counseled and understand the following information from DoD 7000.14-R, *DoD Financial Management Regulation*.

“A member who has received Special Separation Benefit (SSB) and who later qualified for retired or retainer pay shall have deducted a portion of such retired or retainer pay until an amount equal to the gross amount of such SSB has been deducted. The portion deducted shall be equal to a fraction determined by dividing the years of service for which the member received SSB by the total years of service used in computing the members retired or retainer pay.”

____18. (ALL APPLICANTS) I certify I (am) (am not) a single parent with custody or joint custody of a dependent child. (See ANGI 36-2005, *Appointment of Officers in the Air National Guard of The United States and as Reserves of the Air Force*, Paragraph 2.17.)

____19. (ALL APPLICANTS) I certify I (am) (am not) married to another military member with dependents. (See ANGI 36-2005, Paragraph 2.17.).

____20. (ALL RATED APPLICANTS) I understand that I will not be authorized to perform flying duties until receipt of permanent federal recognition and valid aeronautical orders.

____21. (APPLICANTS UNABLE TO OBTAIN 20 YEARS OF SERVICE) I understand that I will not be able to obtain 20 satisfactory years of service towards military retirement. Therefore, I will not receive a retirement from the ANG.

(SIGNATURE)

(APPLICANTS TYPED NAME, SSN)

Subscribed and sworn to before me at _____(location) on _____(date).

(SIGNATURE)

(TYPED NAME, GRADE OF WITNESS)

**APPLICATION FOR APPOINTMENT AS RESERVE OF THE AIR FORCE
OR USAF WITHOUT COMPONENT**

OMB NO. 0701-0096

**APPOINTMENT AS A RESERVE
MEMBER OF THE AIR FORCE**

**FEDERAL RECOGNITION AND APPOINTMENT
AS A RESERVE MEMBER OF THE AIR FORCE**

**APPOINTMENT AS A USAF MEMBER
WITHOUT COMPONENT**

PRIVACY ACT STATEMENT

*AUTHORITY: 10 U.S.C. 591, Reserve Components Qualifications; Executive Order 9397 (SSN), as amended.
PRINCIPAL PURPOSE: Provides necessary information to determine if applicant meets qualifications established for appointment as a Reserve (ANGUS and USAFR) or in the USAF without component. Use of SSN is necessary to make positive identification of an applicant and his or her records.
ROUTINE USE: May specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3).
DISCLOSURE: Disclosure is voluntary. If information is not provided, all further processing is terminated.*

AGENCY DISCLOSURE STATEMENT

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, East Tower, Suite 02G09, Alexandria, VA 22350 -3100 (0701-0096). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

INSTRUCTIONS

Complete this form in two copies. Use typewriter or print clearly in ink. Sign each copy separately. Check the type of appointment, under the form title, for which you are applying. Upon termination from active duty, travel entitlements are based on the information you enter in item 6, "Home of Record (HOR)." Once recorded, the HOR may not be changed. If additional space is required, continue in item 33, "Remarks."

1. TO :		2. SPECIALTY	
3. FROM: (Last, First, Middle Initial)		4. SSN	5. DATE OF BIRTH (YYYYMMDD)
6. HOME OF RECORD(HOR) (Include ZIP Code and 4 digit) (If a postal box include your street address)		7. PLACE OF BIRTH (City, State, Country)	
8. MAILING ADDRESS (If other than HOR, include ZIP Code and 4 digit) (If a postal box include your street address)		9. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY (Name, relationship, and address)	
10. MARITAL STATUS	<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED TO MILITARY MEMBER	<input type="checkbox"/> MARRIED TO CIVILIAN
	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> WIDOWED
11. FAMILY MEMBERS (Other than spouse, number completely dependent upon you)	12. U.S. CITIZEN	<input type="checkbox"/> YES	<input type="checkbox"/> NO (If yes, check appropriate item)
	BIRTH	<input type="checkbox"/> NATURALIZED	
IF YOU ARE U.S. CITIZEN BY OWN NATURALIZATION, STATE THE DATE, NUMBER OF CERTIFICATE, AND COURT			

13. I UNDERSTAND I AM BEING CONSIDERED FOR APPOINTMENT:

To fill an active force requirement and agree to remain on active duty for the period specified in pertinent instructions (AFIs 36-2008, 36-2011 and 36-2107).

My geographic preference of assignment is:	I will be available to enter active duty on:	<input type="checkbox"/> I do	Require at least 30 days notice to enter active duty.
		<input type="checkbox"/> I do not	

To fill an authorized position vacancy in the Ready Reserve.

INITIALS	I further understand that if I have not previously incurred a military service obligation (MSO), that I will incur an MSO and I have been briefed on what my MSO will be.
INITIALS	I have been briefed on my responsibility to participate in the Air Force Direct Deposit Program within 60 days of arrival at my first permanent duty station.
INITIALS	I have been briefed on the contents of the application briefing item on separation policy..

14. EDUCATION								
TYPE OF SCHOOL	NAME OF SCHOOL	DATES ATTENDED		MAJOR SUBJECT	NO. YRS COMPL	GRAD		TYPE OF DEGREE
		FROM (YMD)	TO (YMD)			Y	N	
SECONDARY AND OTHER								
COLLEGE, POST-GRADUATE, INTERNSHIP, RESIDENCY, FELLOWSHIP, ETC.								
MILITARY								

15. OTHER SUBJECTS SPECIALIZED IN (Include certification by American Specialty Boards and date of certification)

16. PHYSICIANS ONLY					
<input type="checkbox"/> I DO <input type="checkbox"/> DO NOT DESIRE TRAINING IN AVIATION MEDICINE					
17. CHRONOLOGICAL STATEMENT OF SERVICE AND TRAINING IN ANY COMPONENT OF THE UNIFORMED SERVICES (Include service academies and preparatory schools, Reserve Officer Training Corps (ROTC), Officer Training School (OTS), Health Professions Scholarship (HPSP), etc.)					
DATES ATTENDED		HIGHEST GRADE	ORGANIZATION (Type and Service)	SPECIALTY	ACTIVE DUTY OR RESERVE
FROM (YMD)	TO (YMD)				
18. ARE YOU CURRENTLY A MEMBER OF ANY BRANCH OF THE UNIFORMED SERVICES?				19. WERE ALL DISCHARGES HONORABLE?	
<input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, provide branch of uniformed service)				<input type="checkbox"/> YES <input type="checkbox"/> NO	
20. WERE YOU EVER NONSELECTED FOR PROMOTION TO AN OFFICER GRADE IN ANY BRANCH OF THE UNIFORMED SERVICES?					
<input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, provide branch of uniformed service)					
21. WERE YOU SEPARATED OR ARE YOU PENDING SEPARATION FROM ANY BRANCH OF THE UNIFORMED SERVICES FOR CAUSE, OR WERE YOU SEPARATED OR ARE YOU PENDING SEPARATION FROM COMMISSIONED STATUS IN ANY BRANCH OF THE UNIFORMED SERVICES DUE TO NONQUALIFIED, NONSELECT, OR DEFERRAL PROMOTION?					
<input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, provide branch of uniformed service, reason for separation action, and date of separation, if applicable)					
22. HAVE YOU EVER RECEIVED SEVERANCE PAY, OR SEPARATION PAY, OR READJUSTMENT PAY, OR VOLUNTARY SEPARATION INCENTIVE(VSI) OR SPECIAL SEPARATION BENEFIT(SSB) PAY WHEN RELEASED FROM ACTIVE DUTY OR DISCHARGED FROM ANY UNIFORMED SERVICE?					
<input type="checkbox"/> YES <input type="checkbox"/> NO					
23. HAVE YOU PREVIOUSLY MADE APPLICATION AND BEEN REJECTED FOR COMMISSIONING BY ANY COMPONENT OF THE UNIFORMED SERVICES?					
<input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please state when and where rejected, and cause)					
24. HAVE YOU EVER APPLIED FOR A COMMISSION OR POSITION WITH ANY BRANCH OF THE ARMED SERVICES OR FEDERAL GOVERNMENT? IF SO, PLEASE EXPLAIN. <input type="checkbox"/> YES <input type="checkbox"/> NO (If additional space is required, continue in "REMARKS")					
25. CHRONOLOGICAL STATEMENT OF CIVILIAN EMPLOYMENT, INCLUDING PART-TIME POSITIONS. (If additional space is required, continue in "REMARKS" section)					
FROM (YMD)	TO (YMD)	EMPLOYED BY (Give name and address to include ZIP Code and 4 digit)	FULL TIME	PART TIME (Hrs per week)	MONTHLY SALARY
POSITION AND DUTIES			REASON FOR TERMINATION		
FROM (YMD)	TO (YMD)	EMPLOYED BY (Give name and address to include ZIP Code and 4 digit)	FULL TIME	PART TIME (Hrs per week)	MONTHLY SALARY
POSITION AND DUTIES			REASON FOR TERMINATION		
FROM (YMD)	TO (YMD)	EMPLOYED BY (Give name and address to include ZIP Code and 4 digit)	FULL TIME	PART TIME (Hrs per week)	MONTHLY SALARY
POSITION AND DUTIES			REASON FOR TERMINATION		
26. HAVE YOU EVER BEEN INVOLVED, ARRESTED, INDICTED, OR CONVICTED(INCLUDING PRETRIAL DIVERSION) FOR ANY VIOLATION OF CIVIL OR MILITARY LAW, INCLUDING NONJUDICIAL PUNISHMENT PURSUANT TO ARTICLE 15 OF THE UCMJ, OR MINOR TRAFFIC VIOLATIONS?					
<input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please explain below. List all offenses charged against you regardless of final disposition, including situations where the involvement has not been recorded locally or the record has been ordered sealed or expunged by the court.)					
OFFENSE	DATE (YYYYMMDD)	PLACE	AGE	DISPOSITION OF CHARGE	COURT

26a. HAVE YOU EVER BEEN CONVICTED OF A DUI OR ALCOHOL RELATED OFFENSE?
 YES NO (If yes, submit a statement in your own words describing the circumstances, and a copy of the police report. Involvement has not been recorded locally or the record has been ordered sealed or expunged by the court.)

OFFENSE	DATE (YYYYMMDD)	PLACE	AGE	DISPOSITION OF CHARGE	COURT

27. ARE YOU A CONSCIENTIOUS OBJECTOR? (A conscientious objector is defined as: One who has or has a firm, fixed, and sincere objection to participation in war in any form or to bearing of arms because of religious training or belief, which includes solely moral or ethical beliefs.)
 YES NO

28. ARE YOU NOW OR HAVE YOU EVER BEEN AFFILIATED WITH ANY ORGANIZATION OR MOVEMENT THAT SEEKS TO ALTER OUR FORM OF GOVERNMENT BY UNCONSTITUTIONAL MEANS, OR SYMPATHETICALLY ASSOCIATED WITH ANY SUCH ORGANIZATION, MOVEMENT, OR MEMBERS THEREOF?
 YES NO (If yes, please describe.)

29. ARE THERE ANY OTHER UNFAVORABLE INCIDENTS IN YOUR LIFE WHICH YOU BELIEVE MAY REFLECT UPON YOUR LOYALTY TO THE UNITED STATES GOVERNMENT OR UPON YOUR ABILITY TO PERFORM THE DUTIES WHICH YOU MAY BE CALLED UPON TO UNDERTAKE?
 YES NO (If yes, please describe.)

30. HEALTH CARE PRACTITIONERS AND JUDGE ADVOCATE APPLICANTS ONLY

A. LIST ALL STATE OR FEDERAL BAR LICENSES HELD CURRENTLY OR AT ANY TIME IN THE PAST

STATE IN WHICH LICENSED	DATE LICENSED	EXPIRATION DATE	STATE IN WHICH LICENSED	DATE LICENSED	EXPIRATION DATE

B. APPLICANT MUST INITIAL EACH QUESTION

(1) HAVE YOU EVER HAD ANY OF THE ABOVE STATE LICENSE(S) SUSPENDED OR REVOKED?
(Initials) YES NO (If yes, please explain in "REMARKS.")

(2) HAVE YOU EVER VOLUNTARILY SURRENDERED OR FAILED TO RENEW ANY OF THE ABOVE STATE LICENSES?
(Initials) YES NO (If yes, please explain in "REMARKS.")

(3) HAVE YOU EVER HAD ANY MEDICAL CLAIMS, SETTLEMENTS, JUDICIAL, OR ADMINISTRATIVE ADJUDICATION, OR GRIEVANCES, OR ANY OTHER RESOLVED OR OPEN CHARGES OF INAPPROPRIATE, UNETHICAL, UNPROFESSIONAL, OR SUBSTANDARD MEDICAL CARE OR LEGAL MALPRACTICE?
(Initials) YES NO (If yes, please explain in "REMARKS.")

(4) HAVE YOU EVER HAD YOUR PROFESSIONAL PRIVILEGES WITHDRAWN, DENIED, OR RESTRICTED BY ANY HEALTH CARE INSTITUTION OR STATE BAR LICENSING ORGANIZATION, OR HAVE YOU EVER VOLUNTARILY SURRENDERED YOUR PRIVILEGES?
(Initials) YES NO (If yes, please explain in "REMARKS.")

(5) ARE YOU BOARD CERTIFIED?
(Initials) YES NO (If no, please explain in "REMARKS.")

(6) ARE YOU BOARD ELIGIBLE?
(Initials) YES NO (If no, please explain in "REMARKS.")

(7) HAVE YOU EVER TAKEN THE WRITTEN AND/OR ORAL PORTION OF YOUR BOARD OR BAR EXAMINATION AND FAILED?
(Initials) YES NO (If yes, please explain in "REMARKS.")

(8) DO YOU PLAN TO TAKE OR RETAKE YOUR BOARDS OR BAR EXAMINATION IN THE FUTURE?
(Initials) YES NO (If yes, when? please explain in "REMARKS.")

31. AFOQT SCORES (Only AFTCOs or Unit Commanders are authorized to enter scores)

AFOQT FORM	DATE TESTED	PILOT	NAV TECH	AA	VERBAL	QUANTITATIVE

32. SECURITY CLEARANCE (X as applicable)
 NONE PENDING: DATE INITIATED (YYYYMMDD) GRANTED: TYPE: DATE GRANTED

33. REMARKS (If additional space is needed, continue on page 4. Be sure to identify item number.)

I understand that any false or incomplete information knowingly provided on or with this application may be grounds for not employing or accessing with the Air Force, or grounds for dismissing or releasing me from active duty if already employed or serving.

NAME (First, Full Middle, Last Name) (Typed or Printed)	SIGNATURE (First, Full Middle, and Last Name)	DATE
--	--	-------------

AF FORM 24 CONTINUATION SHEET



BIOGRAPHY

UNITED STATES AIR FORCE

MASTER SERGEANT JOHN A. DOE

(12pt Arial bold, left above text, double space between name heading and Narrative)

(10pt Arial -- Position title, organization, base, location. Give a brief description of position responsibilities) Sergeant Doe advises and assists the commander, vice commander, and command chief on matters concerning the discipline, health, morale, welfare, and mentorship of more than 1,500 military and civilian personnel and their families. He also counsels 19 directorates and special staff members on personal affairs, adjudicates complaints and coordinates with various base agencies.

(Second and third (if necessary) paragraphs usually include prior career fields and/or prior service (if applicable), overview of positions held, and other noteworthy assignments or events.)



EDUCATION *(Double space between heading and first entry. List both civilian degrees and professional military education (major, college, location), with no periods after bullets.)*

- 1993 Airmen Leadership School, Peterson AFB, CO
- 1994 Associate's Degree in Criminal Justice, Community College of the Air Force
- 2000 Paralegal Apprentice Course, Maxwell AFB, AL
- 2001 Noncommissioned Officer Academy, Tyndall AFB, FL
- 2003 Paralegal Craftsman Course, Maxwell AFB, AL
- 2003 Associate's Degree in Paralegal Studies, Community College of the Air Force
- 2003 Senior Noncommissioned Officer Academy Correspondence Course
- 2004 USAF First Sergeant Academy, Gunter Annex-Maxwell AFB, AL
- 2005 Associate's Degree in Human Resource Management, Community College of the Air Force
- 2006 Senior Noncommissioned Officer Academy, Gunter Annex-Maxwell AFB, AL
- 2010 Senior Noncommissioned Officer Joint PME Correspondence Course
- 2013 Bachelor of Arts Degree in Human Resource Management, American Military University

ASSIGNMENTS *(Double space between heading and first entry. List assignments in chronological order, starting with the earliest assignment. Put deployments in parentheses. No periods after bullets.)*

1. May 1990-Jul 1990, Trainee, 3708th Basic Military Training Squadron, Lackland AFB, Texas
2. Jul 1990-Aug 1990, Student, 3461st Student Training Squadron, Lowry AFB, Colorado
3. Aug 1990-Jul 1993, 7th Supply Squadron, Carswell AFB, Texas
4. Jul 1993-Dec 1995, 609th Air Support Operations Squadron, Shaw AFB, South Carolina
5. Dec 1995-Jul 1999, PME Instructor, 20th Mission Support Squadron, Shaw AFB, South Carolina
6. Jul 1999-Jun 2003, Air Force Pentagon Communications Agency, Pentagon, Washington, DC
7. Jun 2003-Sep 2004, 39th Communications Squadron, Incirlik AB, Turkey
8. Sep 2004-Oct 2006, AF Institute for Advanced Distributed Learning, Maxwell AFB, Alabama
9. Nov 2006-Mar 2009, First Sergeant, 42d Medical Group, Maxwell AFB, Alabama
(Deployed Jan-May 2008, First Sergeant, 455th Expeditionary Mission Support Group)
10. Mar 2009-Mar 2011, First Sergeant, 436th Aerial Port Squadron, Dover AFB, Delaware

(Deployed Dec 2009-Apr 2010, First Sergeant, 379th Expeditionary Aircraft Maintenance Squadron)

MAJOR AWARDS AND DECORATIONS *(Double space between heading and first entry. List in descending order of precedence. May limit to most significant awards and decorations)*

Air Force Meritorious Service Medal with three oak leaf clusters
Air Force Commendation Medal with three oak leaf clusters
Air Force Achievement Medal with oak leaf cluster

OTHER ACHIEVEMENTS *(Double space between heading and first entry. List in descending order of precedence. May limit to most significant awards and decorations)*

1993 Military Citizen Award, Airmen Leadership School
2000 Julie Y. Cross/Women in Law Enforcement of the Year, AETC
2001 Distinguished Graduate, Tyndall Noncommissioned Officer Academy
2001 SNCO of the Year, 88th Air Base Wing Staff Agency
2004 Top Graduate, USAF First Sergeant Academy
2005 First Sergeant of the Year, Air Force Flight Test Center/Edwards AFB
2006 Distinguished Graduate, Senior Noncommissioned Officer Academy
2007 First Sergeant of the Year, Air Force Flight Test Center/Edwards AFB
2009 Senior Paralegal of the Year, Fifth Air Force

EFFECTIVE DATES OF PROMOTION *(Double space between heading and first entry. List in chronological order, starting with the earliest promotion)*

Staff Sergeant	1 June 19XX
Technical Sergeant	1 December 19XX
Master Sergeant	1 June 19XX
Senior Master Sergeant	1 October 20XX

(Current as of January 2014)

AFSC	Job Title	Training length	Location
OPERATIONS			
AFSC			
Pilot			
11BX	Bomber Pilot	11-15 months	Various (Depends on airframe)
11FX	Fighter Pilot	11-15 months	Various (Depends on airframe)
11MX	Mobility Pilot	11-15 months	Various (Depends on airframe)
Combat Systems			
12BX	Bomber Combat Systems Officer	6-9 months	Various (Depends on airframe)
12FX	Fighter Combat Systems Officer	6-9 months	Various (Depends on airframe)
12MX	Mobility Combat Systems Officer	6-9 months	Various (Depends on airframe)
Space, Missile, and C2			
13BX	Air Battle Manager	6 months	Tyndall AFB, FL
13MX	Airfield Operation	4 months	Keesler AFB, MS
13SX	Space & Missile	6 months	Vandenberg AFB, CA
Intelligence			
14NX	Intelligence	5 months	Goodfellow AFB, TX
Weather			
15WX	Weather	2 months	Keesler AFB, MS
Operations Support			
16GX	Air Force Operations Staff Officer	12 months prior AF officer experience required	
16RX	Planning & Programming	12 months prior AF officer experience required	
Cyber Operations			
17DX	Cyberspace Operations	5 months	Keesler AFB, MS
LOGISTICS			
20C0	Logistics Commander	N/A	N/A
Logistics			
21AX	Aircraft Maintenance	14 weeks	Sheppard AFB, TX
21MX	Munitions and Missile Maintenance	60 days	Sheppard AFB, TX
21RX	Logistics Readiness	60 days	Lackland AFB, TX
SUPPORT			
30C0	Support Commander	N/A	N/A
Security Forces			
31PX	Security Forces	3 months	Lackland AFB, TX
Civil Engineering			
32EX	Civil Engineer	7 weeks	Wright-Patterson AFB, OH
Public Affairs			
35PX	Public Affairs	4 months	Ft Meade, MD
Personnel Officer			
38PX	Personnel	3 months	Keesler AFB, MS
MEDICAL			
Health Services			
41AX	Health Services Administrator	30 days	Ft Sam Houston, TX
Biomedical Clinicians			
42EX	Optometrist	2 weeks (Previous medical credentials required)	Keesler AFB, MS
42GX	Physician Assistant	2 weeks (Previous medical credentials required)	Keesler AFB, MS
Biomedical Specialists			
43EX	Bioenvironmental Engineer	2 weeks (Previous medical credentials required)	Keesler AFB, MS
43HX	Public Health	2 weeks (Previous medical credentials required)	Keesler AFB, MS
43PX	Pharmacist	2 weeks (Previous medical credentials required)	Keesler AFB, MS
43TX	Biomedical Laboratory	2 weeks (Previous medical credentials required)	Keesler AFB, MS
Physician			
44EX	Emergency Services Physician	2 weeks (Previous medical credentials required)	Keesler AFB, MS
44FX	Family Physician	2 weeks (Previous medical credentials required)	Keesler AFB, MS
44MX	Internist	2 weeks (Previous medical credentials required)	Keesler AFB, MS
Nurse			
46FX	Flight Nurse	2 weeks (Previous medical credentials required)	Keesler AFB, MS
46NX	Clinical Nurse	2 weeks (Previous medical credentials required)	Keesler AFB, MS
46YX	Privileged Advanced Practice Nurse	2 weeks (Previous medical credentials required)	Keesler AFB, MS
Dental			
47GX	Dentist	2 weeks (Previous medical credentials required)	Keesler AFB, MS
Aerospace Medicine			
48GX	General Medical Officer (GMO), Flt Surg	2 weeks (Previous medical credentials required)	Keesler AFB, MS
48RX	Residency Trained Flight Surgeon	2 weeks (Previous medical credentials required)	Keesler AFB, MS
48VX	Pilot-Physician	2 weeks (Previous medical credentials required)	Keesler AFB, MS
PROFESSIONAL			
Law			
51JX	Judge Advocate	9 weeks (Previous law credentials required)	Maxwell AFB, AL
Chaplain			
52RX	Chaplain	1 month (Previous theology credentials required)	Ft Jackson, SC
ACQUISITION			
65FX	Financial Management	2 months	Keesler AFB, MS

