

**United State Army Reserve
Officer Direct Commission &
Officer Reappointment Application
Sample Packet**

Updated FY 09

GENERAL REQUIREMENTS: (Officer Accession Bonus applies)

1. **AGE:** Minimum age is 18. Maximum age 42. Anyone over the age of 42 at the time of the packet submission will submit an age waiver. Presently there are no restrictions to the maximum age for which an applicant can submit a waiver request.
2. **CITIZENSHIP:** All applicants must be a US citizen or have lawfully entered the United States for permanent residence.
3. **SECURITY REQUIREMENTS:** All applicants must have at least a Secret Clearance, except those applying for MI which must have a Top Secret. Applicants can be field boarded without an approved clearance as long as the EPSQ has been submitted with fingerprint cards. Packets can be HQDA boarded with an interim secret.
4. **MENTAL QUALIFICATIONS:** Must have a GT Score of 110 or higher.
5. **EDUCATION:** Baccalaureate Degree. Applicants with less than a 4-year degree must submit all college transcripts and the results of either ACT (19) or SAT (850). Can not be over 10 years old.
6. **MORAL:** Each applicant will be of good moral character. Moral waivers will be submitted with the application and processed by HRC, St. Louis upon receipt of application. Court documentation will be submitted with waiver request.
7. **LEADERSHIP:** Applicants will possess traits as potential leaders and have the ability to deal effectively with people. Such traits will be evaluated in terms of applicant's NCOERs, letters of recommendation, background and experience.
8. **MEDICAL:** All applicants will submit an approved Chapter 2 physical and any waiver requests with application.
9. **WAIVERS:** All waivers will be submitted with the packet and processed by HRC, St. Louis once the packet is received.

PREFERRED REQUIREMENTS:

1. Have at least 60 credit hours of college
2. Not older than 40 years of age
3. Completed the appropriate NCOES.
4. NCOERs showing leadership and supervisory experience.

PROPER COVER CHECK LIST

- 1. Enlisted Appointment Application Check List.**
- 2. Civilian Appointment Application Check List.**
- 3. Reappointment Check List.**
- 4. Not Later Than 12 Months Refrad Reappointment Check List.**

DIRECT COMMISSION QUALITY CONTROL CROSS CHECKLIST

REGION:

As of 14 Jan 09 Rank / Last, First Name:

OANCO SPM ARCD

<u>CATEGORY</u>	<u>ITEM</u>	<u>CHECK FOR:</u>	<u>YES/NO/NA</u>	<u>YES/NO/NA</u>	<u>YES/NO/NA</u>
CHECKLIST	CHECKLIST	Is the checklist properly filled out ?			
DA Form 61		Must included 3 DA Form 61 (one original and two copies with any supporting documents i.e. Body Fat or Signature Authority)			
DA Form 61 (Page 1)	Item # 1	(X) Commissioned Officer-Army Reserve			
	Item # 2	Enter AR 135-100			
	Item # 3	Always enter O -1			
	Item # 6	Pick 3 preferences, number 1,2,or 3			
	Item # 7	Self explanatory			
	Item # 8	Enter Rank (E-6)			
	Item # 9a	Enter SSN (000-00-0000)			
	Item # 10	Enter MOS (42A20)			
	Item # 11	Enter the total number of years of Active Duty -(This should match section II, block 18 of the 2a and # 27 of DA 61 (Active Duty Time.)			
	Item # 12	Self explanatory			
	Item # 13	Enter the number of dependents under age 18;			
	Item # 14	Enter date of birth as (14 JUN 67) .			
	Item # 15	Enter place of birth as: City County State (GA)			
	Item # 16	Enter SEX; M-male, F-female.			
	Item # 17	Enter the units complete military address to include the phone number and UIC. SOURCE DOCUMENT 2A			
	Item # 18	Enter complete address of applicant to include phone number, if no phone put NO PHONE .			
	Item # 19	Not required if current mailing address is the same as permanent address.			
	Item # 20	US Citizen should always be marked YES since you must be a US Citizen to apply.			
	Item # 20a	Enter YES or NO.			
	Item # 20b	Self explanatory.			
	Item # 20c	Enter the applicants certificate number showing he/she is a US Citizen, date and address of court must be included. Include Naturalization certificate			
	Item # 21a	Self explanatory.			
Item # 21b	Enter the Name and Location of High School; (Great High School, Anywhere, MI 49503).				
Item # 21c	MOST CURRENT COLLEGE ON TOP. Enter the Name and Location of College or University as; (Univ of MI, Smart, MI) if you need more room go to the next line. Each college listed must have a transcript, no internet/web page transcripts and unofficial will be accepted. Can list only the current college attending, if all colleges are rolled up on one transcript.				
Item # 21c(1)	Enter type of Degree; if degree has not been earned leave blank.				
Item # 21c(2)	Enter credits earned.				
Item # 21c(3)	Enter number of years attended.				
Item # 21c(4)	Enter the date graduated or will graduate as; (day/month/ year 15 11 2004).				
Item # 21c(5)	Enter major; if there is no major put (General).				
Item # 22a	Enter the highest level of military school; Should be a NCOES but if none put the highest military school (AIT) ; Enter as (US Army Support Institute, Ft. Sill, OK) Verify this with the DA Form 1059 and Section III block 22 of DA 2A and the DA Form 2-1 block 17.				
Item # 22c	Enter the from month and year to month and year and (X) if completed. (i.e. From 08 03 To 08 03) .				

Page 2	Item # 24	X the appropriate box			
	Item # 25	Enter X			
	Item # 26	Enter no if applicable and applicant has not had fine over \$250.			
	Item # 27	Active Military Service; Enter all active military service to include AGR and Mobilized time that produced a DD 214. Do not enter Basic and AIT unless over a year. {a. U.S. Army Reserve (mobilized) or appropriate branch b. 13 Jan 03 c. 15T30 e. E-6/AC (AC = Active Component); E-6/RC=Reserve Component/National Guard}			
	Item # 28	Enter all Reserve time; This includes ARNG and other Branches of Reserve time.{a. U.S. Army Reserve (mobilized) or appropriate branch b. 13 Jan 03 c. 15T30 e. E-6/AC (AC = Active Component); E-6/RC=Reserve Component/National Guard}			
	Item # 30	Only list personal awards(e.g. AAM, MSM).			
	Item # 31a,b,c,d,e	Check the appropriate boxes.			
	Item # 32	Answer question; if NO then enter NO if YES Explain.			
Item # 33	Answer question by putting an X in the appropriate box.				
Page 3	Item # 40a	Enter the complete address of the employer with phone number; If the phone number will not fit put it in the lower left hand corner of block 41 REMARKS. If the applicant is unemployed enter "UNEMPLOYED". If AGR leave blank.			
	Item # 40b	Enter the Job title.			
	Item # 40c	Enter the month and yr when started and the month and yr ended or present. Must have dates for unemployed times.			
	Item # 41	Enter the required PT statement with the Commander's Signature Block. (See Sample Packet) NO DELEGATION OF SIGNATURE AUTHORITY ON APFT STATEMENT. Must be signed by the commander, per DA Pam 601-6 para 1-4f. THE SOURCE DOCUMENT FOR THIS ENTRY IS THE DA FORM 705; MUST BE CURRENT PT TEST. NOT APPLICABLE FOR CIVILIAN.			
Item # 42	Enter the date and signature of applicant; Ensure this is on or after the date of the PT Test. (If needed included Body Fat Work Sheet) Digital signature is authorized				
Page 4	DA Form 61 Page 4	DO NOT INCLUDE THIS PAGE IN APPLICATION!!!			
Photo	DA Photo	DA Photos are required. They should be done at a military facility. If the Soldier is deployed outside conus - any photo in ACUs will be accepted. Check photo-does it look acceptable and do ribbons match block # 9 of DA Form 2-1. CIVILIAN (DRESS CLOTHES)			
Letters Of Recommendation	Commanders Letter	Letter MUST come from the applicant's commander. NOT APPLICABLE FOR CIVILIAN.			
	Other Letters	Other letters of recommendation are good but be sure they relate to the applicant's leadership or expertise in the field applying for.			
Waivers	Age	No Age Waiver up to 41. Age 42 and over Waiver are sent to DA G1 for approval / disapproval and Must include Waiver request with packet.			
	Moral	Moral waivers are approved at HRC St. Louis. Any packet requiring a waiver needs to be at ARCD 60 days prior to the DA Board. See Sample Packet for moral waiver format. (Include court documentation, if no documentation, must so state in waiver request).			
	APFT	APFT waivers are approved at HRC St Louis. Any packet requiring a waiver needs to be at ARCD 60 days prior to the DA Board. Waiver requests must follow sample format and include current DA Form 3349, DA Form 705 and memo from 1st LTC in chain of command. Profile should match Chap 2 physical.			
	Medical	Medical waivers are processed by HRC St Louis, after selection board. Must include request with packet and medical documentation.			
Employment	Vacancy	Unit Vacancy Statement (see example in sample packet) Must include Unit UIC, Paragraph, Line, Position Number and signed by the commander of gaining unit.			
	Employment	Chronological listing of all civilian employment and degree of responsibility. IS OPTIONAL			
	Statements	Statements of Reserve Status, Officer Basic Course requirements and Religious Practice, dated and signed.			
	DA Form 3574 or 3575 (as applicable)	Enter AR 135-100 in first paragraph; Make sure bottom of form is filled out and signed. USE THE CORRECT FORM BASED UPON THE APPLICANT'S TIME IN SERVICE. ORIGINAL SIGNATURE			
	DA Form 2-1 pen changes are acceptable	Block 1: Is name correct (crosscheck with DA 61).			
		Block 2: Is SSN correct (crosscheck with DA 61).			
		Block 5: List Deployments Example: 0805 - 0306 Iraq; 8; TDY			
		Block 6: Is MOS correct. (Should match DA Fm 2A, Sec III, item 1).			
		Block 8: Is GT score 110 or higher. Must Include test date and place.			
		Block 9: Do Ribbons match DA Photo.			
		Block 17: Is NCOES and other civilian education and military schools correct.			

DA Form 2-1 or ERB <u>Item numbers will vary depending upon form date. Current Form May 2008</u>		Block 18: Is Rank correct.			
		Block 20: Should match 2A Sec II, item 7.			
		Block 22: Must match Chapter 2 physical. Enter HT/WT; date of exam & check Yes or No for glasses			
		Block 23: Place of Birth & Citizenship			
		Block 24: Dependents must be entered.			
		Block 25: Home of Record/Address should match DA Fm 2A item 14.			
		Block 26: Civilian Job info must be filled out; should match block 40- pg3 of DA 61. Include job title, duties performed, and the name of employer. Always check NO for critical occupation.			
		Block 31a or (32a depending on date of form) (10) and 31c or (32c depending on date of form) (9) - Must match Section II item 9 & 10 of DA 2A.			
	Blocks 32 and 33 (33 & 34 depending on date of form): Must be dated and signed by the applicant.				
DA Form 2-1		Block 34 (or 35 depending on date of form): Assignment history cross check against resume and NCOERs			
DA Form 2A	DA Form 2A	Section I; blocks 1-8 make sure they are correct.			
		Section II: Check blocks 1,2,4,5,18,20 are correct.			
		Section III: Check blocks 1,7,8,9,10 (source document is the Chap 2 physical). Block 13,14,15 should match the DA Form 705 (PT Test). Block 19 should match the Security Memo date. Block 22 should match DA Form 1059.			
		Section IV: block 1 and 2 should match page 1 of DA 61 block 17.			
		Section V: Make sure blocks 3 and 5 are correct. Section VII: Make sure applicant signed and dated form (Must be within 1 year).			
NCOER	NCOER Memo	This memo should only be used for NCOERs that cannot be found; Must reflect the dates and reason for all missing NCOERs and that applicant has exhausted all resources to recover them.			
	NCOERs	Its best to get all required NCOERs from 2X Citizen. By doing this they are stamped as certified copy indicating that they are official records in the Soldier's file.			
	DD 214	Must be readable copy. Include 214 for all periods of active duty.			
	GT- Score	Evidence of a qualifying score of 110 or higher on the ASVAB (GT Area) This is for civilian and others Armed Forces applicants.			
	Special Testing	Official Test Sheet ACT (19) or SAT (850) Can not be over 10 years old. SAT score are taken from 2 subject Math and critical Reading.			
Education	College Transcripts	Ensure that the transcript supports any prerequisite for education. If a school is listed on the DA Form 61, Item #21c, the transcript should be included. No internet / web page transcripts and Unofficial will be accepted.			
Security	Security Letter	JPAS PRINTOUT or, If no clearance must have E-QIP DOC in the packet with 2 fingerprint cards.			
Physical	Chapter 2 Physical	Make sure it is certified true copy. Ensure it is a Chapter 2 commission physical. Must be within 18 months of DA Board Selection. Flight physicals must be stamped by Ft. Rucker Flight Surgeon. 2807-1: Check blocks 1,2,3,5 are filled in, and blocks 6a,b,c. 2808: BLOCK 15a,b,c are checked. Make sure it is marked commission, DAZ, or something that shows it is a Chap 2 Physical. 2808 - Block 74a - Must be checked "is qualified". Block 74b must be filled out completely. Block 81a must be signed by the Physician. Not required for Civilian applicants.			
	DD 368	Required if coming from another component or branch of service.			
Field Board Documentation		Report of proceedings of the Board Officers, Memorandum appointing the board, DA Form 6224, DA Form 6227, at least 1 board member must be from branch individual is applying, if not a memo must be in the packet explaining why. Not Applicable for reappointment. MUST HAVE ORIGINAL FIELD BOARD DOCUMENTS.			
Bonus	DA 4856 and Bonus Paperwork	Check current SRIP list to confirm eligibility.			
AGR Counseling	DA 4856 / ODC	AGR applicant must have the ODC developmental counseling.			
Accessions NCO of credit	Print Name / Signature				
SP MSN NCO	Print Name / Signature				

**ARMY RESERVE OFFICER DIRECT COMMISSION
(Enlisted Appointment Application Checklist)**

REGION: _____

Applicant Last, First Name: _____ **GRADE:** _____ **AOC:** _____

Home Address: _____

Unit Address: _____

Applicant is: **USAR TPU** _____ **OTHERS** _____

YES NO

- | | | |
|-----|-----|--|
| ___ | ___ | DA Form 61 (3 Copies w/ Commander's Statement Signed in Block 41). |
| ___ | ___ | Photograph (DA Photo). |
| ___ | ___ | Commander Letter of Recommendation. |
| ___ | ___ | Others letter of Recommendation. |
| ___ | ___ | Waivers: Moral ___ Age ___ Medical ___ APFT ___. |
| ___ | ___ | Chronological listing of all civilian employment and degree of responsibility at each position (optional). |
| ___ | ___ | Unit Vacancy Statement to UIC _____, Paragraph _____, Line _____, |
| ___ | ___ | Position Number _____, Grade _____, MOS/SSI _____. |
| ___ | ___ | Reserve Status Statement. |
| ___ | ___ | Religious Practice Statement. |
| ___ | ___ | Residence Officer Basic course Completion statement. |
| ___ | ___ | DA Form 3575 certificate of acknowledgement and understanding (for Prior Service individuals). |
| ___ | ___ | DA Form 3574 certificate of acknowledgement and understanding (for individual with MSO). |
| ___ | ___ | Documentary evidence of education / college transcripts. |
| ___ | ___ | Minimum Qualifying score for ACT (19) SAT (850) if no 4-year degree (Not more then 10 years old). |
| ___ | ___ | Evidence of qualifying score of 110 or higher on the Army Aptitude Area GT. |
| ___ | ___ | DA Form 2-1, 2A Personnel Qualification Record. (if applicable) |
| ___ | ___ | Evaluation Reports (last 5 years NCOER's). |
| ___ | ___ | DD Form 214 or other statement of service Form, for each period of AD, AR and NG. |
| ___ | ___ | Security Clearance Investigation. |
| ___ | ___ | Preappointment Physical with HIV, Drug and Alcohol results within 24 months of DA Board. |
| ___ | ___ | Conditional release from service, other than USAR or discharge orders. |
| ___ | ___ | DA Form 6224, DA Form 6227 (Field Interview Board Documentation). |
| ___ | ___ | AGR Developmental Counseling Form 4856. |

ANCO/ ARCC OF CREDIT: _____ **Phone:** _____

I HAVE REVIEWED THIS APPLICATION.

SPECIAL MISSION NCO NAME: _____

SIGNATURE: _____

DCRO NAME: _____

SIGNATURE: _____

**ARMY RESERVE OFFICER DIRECT COMMISSION
(Civilian Appointment Application Checklist)**

REGION: _____

Applicant Last, First Name: _____ **AOC:** _____

Home Address: _____

Applicant is: Civilian ___ Civilian with Prior Service time ___

YES NO

- ___ ___ DA Form 61 (3 Copies).
- ___ ___ Photograph (Appropriate Civilian Attire).
- ___ ___ Others letter of Recommendation.
- ___ ___ Waivers: Moral ___ Age ___ Medical ___.
- ___ ___ Chronological listing of all civilian employment and degree of responsibility at each position (Optional).
- ___ ___ Unit Vacancy Statement to UIC _____, Paragraph _____, Line _____,
Position Number _____, Grade _____, MOS/SSI _____.
- ___ ___ Religious Practice Statement.
- ___ ___ Residence Officer Basic course Completion statement.
- ___ ___ DA Form 3574 certificate of acknowledgement and understanding (For individual with MSO and civilians).
- ___ ___ Documentary evidence of education / college transcripts.
- ___ ___ Minimum Qualifying score for ACT (19) SAT (850) if no 4-year degree. (Not more than 10 years old).
- ___ ___ Evidence of qualifying score of 110 or higher on the Army Aptitude Area GT.
- ___ ___ DD Form 214 or other statement of service Form, for each period of AD, AR or NG (If Applicable).
- ___ ___ Security Clearance Investigation.
- ___ ___ Preappointment Physical with HIV, Drug and Alcohol results within 24 months of DA Board. (Optional).
- ___ ___ DA Form 6224, DA Form 6227 (Field Interview Board Documentation, with memo).

ANCO / ARCC OF CREDIT: _____ **Phone:** _____

I HAVE REVIEWED THIS APPLICATION.

SPECIAL MISSION NCO NAME: _____

SIGNATURE: _____

DCRO NAME: _____

SIGNATURE: _____

**ARMY RESERVE OFFICER DIRECT COMMISSION
(Reappointment Checklist)**

REGION: _____

Applicant's Last, First Name: _____ **GRADE:** _____ **AOC:** _____

Applicant Home Address: _____

Applicant Unit Address: _____

Applicant is: USAR TPU _____ OTHERS _____

YES NO

- | | | |
|-----|-----|--|
| ___ | ___ | DA Form 61 (3 Copies w/ Commander's Statement Signed in Block 41). |
| ___ | ___ | Photograph (DA Photo). |
| ___ | ___ | Commander Letter of Recommendation. |
| ___ | ___ | Others letter of Recommendation. |
| ___ | ___ | Waivers: Moral ___ Age ___ Medical ___ APFT ___. |
| ___ | ___ | Unit Vacancy Statement to UIC _____, Paragraph _____, Line _____, |
| ___ | ___ | Position Number _____, Grade _____, MOS/SSI _____. |
| ___ | ___ | Reserve Status Statement. |
| ___ | ___ | Religious Practice Statement. |
| ___ | ___ | DA Form 3575 certificate of acknowledgement and understanding (for individuals
Without a statutory service obligation. |
| ___ | ___ | Officer Evaluation Reports and Prior Officer paperwork. |
| ___ | ___ | DD Form 214 or other statement of service form, for each period of AD or Reserve. |
| ___ | ___ | Security Clearance Investigation. |
| ___ | ___ | Preappointment Physical with HIV, Drug and Alcohol results within 24 months of
DA Board. |
| ___ | ___ | Conditional release from service, other than USAR or discharge orders. |

OANCO / ARCC OF CREDIT: _____ **Phone:** _____

I HAVE REVIEWED THIS APPLICATION.

SPECIAL MISSION NCO NAME: _____

SIGNATURE: _____

DCRO NAME: _____

SIGNATURE: _____

PHOTO

MILITARY- DA PHOTO

**CIVILIAN – ATTIRE DRESS CLOTHES
(CIVILIAN ONLY)**

ACU – ACCEPTABLE FOR SOLDIER IN THEATER

APPLICATION FOR APPOINTMENT

For use of this form, see AR 135-100, AR 145-1, AR 351-5, and AR 801-100; the proponent agency is DCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

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

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

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

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

1. TYPE OF APPOINTMENT FOR WHICH APPLICATION IS SUBMITTED		2. GOVERNING REGULATION OR CIRCULAR (Specify appropriate section(s) if applicable) AR 135-100	
<input type="checkbox"/>	COMMISSIONED OFFICER - REGULAR ARMY	3. GRADE FOR WHICH APPLYING (Reserve appointments only) 0-1	
<input checked="" type="checkbox"/>	COMMISSIONED OFFICER - ARMY RESERVE	4. SOURCE OF APPLICATION (ROTC only)	
<input type="checkbox"/>	WARRANT OFFICER - REGULAR ARMY	<input type="checkbox"/>	DMG DATE DESIGNATED:
<input type="checkbox"/>	WARRANT OFFICER - ARMY RESERVE	<input type="checkbox"/>	SCHOLARSHIP - ENTER 1, 2, 3 OR 4 YEARS:
<input type="checkbox"/>	OFFICER CANDIDATE SCHOOL	5. ONLY FOR APPLICANTS FOR APPOINTMENT AS WARRANT OFFICERS (List choice by MOS code and title)	
6. BRANCH AND SPECIALTY PREFERENCES		a. MOS CODE	b. MOS TITLE
Regular Army and Officer Candidate applicants and all ROTC graduates: In numerical sequence, indicate 10 branch preferences other than CA and SS.			
USAR applicants: If applying for a specific Reserve vacancy, indicate ONLY the branch of the vacant position; all other applicants may enter more than one branch.			

PREFER-ENCE		BRANCH		SPECIALTY		PERSONAL DATA								
						7. NAME (Last, first, middle)(Explain variations from birth certificate in Item 41) DOE, JOHN PAUL			8. GRADE E-7		9a. SOCIAL SECURITY NUMBER 123-45-9654			
		10. BRANCH (MOS if enl or wa) 42A40		11. TOTAL YRS ACTIVE SERVICE 3		12. MARITAL STATUS M		13. NUMBER OF DEPENDENTS UNDER 18 YEARS OF AGE 3		9b. SELECTIVE SERVICE NUMBER N/A				
1		AG		14. DATE OF BIRTH 20 JUN 70		15. PLACE OF BIRTH (City, county, state) PENSACOLA ESCAMBIA FL		16. SEX M		17. COMPLETE MILITARY ADDRESS (If presently on active duty) (Include ZIP Code) 0812 TC BN HHD MOTOR TRANS UIC: WSYKAA 1330 WESTOVER ST. CHARLOTTE, NC 28205-5124 PHONE AND/OR AUTOVON NUMBER 704-342-5160				
		AR								18. CURRENT MAILING ADDRESS (If difference from Item 18) (Include ZIP Code) N/A				
		AV												
		CA												
		CM												
		EN												
		FA												
2		FI				18. PERMANENT ADDRESS (Include ZIP Code) 6622 OLD SAVANNAH RD CHARLOTTE, NC 28227		19. CURRENT MAILING ADDRESS (If difference from Item 18) (Include ZIP Code) N/A						
		IN				PHONE (Include area code) 704-536-0101		PHONE (Include area code)						
		MI				20. US CITIZEN		a. NATIVE		b. <input type="checkbox"/> NATURALIZATION		c. APPLICANT'S CERTIFICATE NO. (If item b. checked) (Date, place, court)		
		MP				<input checked="" type="checkbox"/> YES		<input checked="" type="checkbox"/> YES		<input type="checkbox"/> DERIVED		N/A		
		OD				<input type="checkbox"/> NO		<input type="checkbox"/> NO		<input type="checkbox"/> IMMIGRANT				
3		QM				21. CIVILIAN EDUCATION (See page 3 for additional requirements for professional personnel)								
		SC				a. HIGH SCHOOL GRADUATE		b. NAME AND LOCATION OF HIGH SCHOOL						
		SS				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SANTA ROSA CHRISTIAN ACADEMY, MILTON, FL 32570						
		TC				c. NAME AND LOCATION OF EACH COLLEGE OR UNIVERSITY ATTENDED (Include USMA, USNA, USAFA, USCGA, and USMMA)		(1) DEGREE	(2) SEMESTER CREDITS EARNED	(3) YEARS ATTENDED	(4) DATE GRADUATED OR WILL GRADUATE		(5) MAJOR SUBJECT	
		AN				BOB JONES UNIV, GREENVILLE, SC		B.S.	168	6	7	5	1997	OFFICE ADMINISTRATI
		CH												
		DE												
		JA												
		MC												
		MS												
		SP												
		VC				d. SPECIAL EDUCATIONAL HONORS, SCHOLARSHIPS, ETC.		e. IF YOU HAVE EVER BEEN EXPELLED FROM SCHOOL, OR PLACED ON PROBATION, EITHER FOR ACADEMIC OR DISCIPLINARY REASONS, EXPLAIN (Continue in Item 41)(Remarks)						

22. HIGHEST LEVEL SERVICE SCHOOL ATTENDED								
a. NAME OF SCHOOL		b. COURSE		c. DATES (Mo-Yr)		COMPLETED		d. IF NOT COMPLETED GIVE REASON
CO E 71, NCO ACADEMY FORT JACKSON, SC		42A ANCOC PHASE II		FROM	TO	YES	NO	
				07 01	07 03	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
23a. FOREIGN LANGUAGES AND DEGREE OF PROFICIENCY								b. ALAT SCORE (If applicable)

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

25. I UNDERSTAND THAT, IF I AM SELECTED FOR APPOINTMENT, I WILL BE EXPECTED TO ACCEPT SUCH ASSIGNMENTS AS ARE IN THE BEST INTEREST OF THE SERVICE REGARDLESS OF MY MARITAL STATUS AND/OR RESPONSIBILITY FOR DEPENDENTS; AND IT IS MY RESPONSIBILITY TO MAKE APPROPRIATE ARRANGEMENTS FOR THE CARE OF MY DEPENDENTS SHOULD I BE REQUIRED TO PERFORM DUTY IN AN AREA WHERE DEPENDENTS ARE NOT PERMITTED.

26. HAVE YOU EVER UNDER EITHER MILITARY OR CIVILIAN LAW BEEN INDICTED OR SUMMONED IN TO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING (Including any proceedings involving juvenile offenses, article 16, UCMJ, and any court-martial) REGARDLESS OF THE RESULT OF TRIAL, OR CONVICTED, FINED, IMPRISONED, PLACED ON PROBATION, PAROLED OR PARDONED, OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE? (Exclude traffic violations involving a fine or forfeiture of \$100 or less).

YES NO IF YES, ATTACH REQUEST FOR WAIVER LISTING THE DATE, THE NATURE OF EACH ALLEGED OFFENSE OR VIOLATION, THE NAME AND LOCATION OF THE COURT OR PLACE OF HEARING, AND THE PENALTY IMPOSED OR OTHER DISPOSITION OF EACH CASE AND FURNISH COPY OF COURT ACTION OR DETAILED STATEMENT IN AFFIDAVIT FORM AS TO THE OUTCOME OF EACH CASE.

27. ACTIVE MILITARY SERVICE (Indicate tour with each organization separately - show ROTC Camps in Item 39)

	a. ORGANIZATION (US Armed Forces, USCG, NOAA, US Public Health Service, Peace Corps)	b. DATES (Day, Month, Year)		c. BRANCH/MOS (As appropriate)	d. PRIOR SERVICE NO. (If applicable)	e. HIGHEST GRADE AND COMPONENT
		FROM	TO			
ENLISTED	US ARMY	02 SEP 88	01 SEP 91	71L10		E-4/AC
WARRANT OFFICER						
COMMISSIONED						

f. DATE CURRENT ACTIVE DUTY TOUR TERMINATES _____ g. DATE OF LAST ADL PROMOTION _____

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

	a. ORGANIZATION (US Armed Forces, USCG, NOAA, US Public Health Service, Peace Corps)	b. DATES (Day, Month, Year)		c. BRANCH/MOS (As appropriate)	d. PRIOR SERVICE NO. (If applicable)	e. HIGHEST GRADE AND COMPONENT
		FROM	TO			
ENLISTED	US ARMY RESERVE	03 OCT 93	PRESENT	42A40		E-7/RC
	US ARMY RESERVE CONTROL GROUP (IRR)	02 SEP 91	02 OCT 93	71L10		E-4/RC
WARRANT OFFICER						
COMMISSIONED						

29. SOURCE OF CURRENT COMMISSION (If applicable)

ARNGUS: OCS DIRECT APPOINTMENT OTHER

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

DIRECT APPOINTMENT

30. AWARDS (Do not list theater or service medals)

MSM, ARCOM, AAM

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

a. ROTC YES NO

b. OCS YES NO

c. APPOINTMENT IN RESERVE COMPONENT (USAR/ARNG)	YES	NO	d. APPOINTMENT IN REGULAR ARMY	YES	NO
AS A WARRANT OFFICER			AS A WARRANT OFFICER		
AS A COMMISSIONED OFFICER		<input checked="" type="checkbox"/>	AS A COMMISSIONED OFFICER		<input checked="" type="checkbox"/>

e. IF ANSWER IS "YES", EXPLAIN FULLY

32. ARE YOU NOW OR HAVE YOU EVER BEEN IN THE MILITARY SERVICE OF OR BEEN EMPLOYED BY A FOREIGN GOVERNMENT (If yes, give dates, country and type of service or employment)

No

33. HAVE YOU EVER RESIGNED OR BEEN ASKED TO RESIGN IN LIEU OF ELIMINATION PROCEEDINGS; BEEN DISCHARGED IN LIEU OF ELIMINATION, FURLOUGHED (other than regular furlough or leave), OR PLACED ON INACTIVE STATUS WHILE SERVING IN THE US ARMED FORCES; OR, HAVE YOU EVER RESIGNED OR BEEN ASKED TO RESIGN FROM A POSITION WHILE IN PRIVATE OR GOVERNMENT EMPLOYMENT? (If yes, state circumstances; if more space is required, continue on separate sheet).

YES NO

34. APPLICANTS FOR JUDGE ADVOCATE GENERAL'S CORPS ONLY

35. APPLICANTS FOR CHAPLAINS BRANCH ONLY

BARS OF WHICH YOU ARE A MEMBER (Specify dates)

RELIGIOUS DENOMINATION BY WHICH YOU WILL BE ENDORSED

36. APPLICANTS FOR MEDICAL AND DENTAL CORPS ONLY

a. TRAINING		b. NAME AND LOCATION OF HOSPITAL	c. DATES (Month and Year)	
LEVEL	TYPE		FROM	TO
INTERNSHIP				
RESIDENCY TNG				
SPECIALTY TNG				
d. SPECIALTY BOARDS			e. DATES OF CERTIFICATION (Day, Month, Yr)	
f. PLACE IN WHICH CURRENTLY LICENSED				

37. APPLICANTS FOR ARMY NURSE CORPS AND ARMY MEDICAL SPECIALIST CORPS ONLY

a. NAME OF NURSING OR ACCREDITED PROFESSIONAL SCHOOL		b. LOCATION		
c. DATES OF ATTENDANCE (Mo, Yr)		d. STATE AND CURRENT REGISTRATION NUMBER		e. STATE AND DATE OF INITIAL REGISTRATION (Day, Month, Year)
FROM	TO			
f. POSTGRADUATE COURSES (Include courses at general hospitals, service schools, and short courses)				
(1) SUBJECT OR COURSE	(2) NAME AND LOCATION OF SCHOOL OR HOSPITAL	(3) SEMESTER CREDITS EARNED	(4) DATES OF ATTENDANCE (Month, Year)	
			FROM	TO

38. HAVE YOU BEEN EMPLOYED BY THE US ARMY AS A DIETITIAN, OCCUPATIONAL OR PHYSICAL THERAPIST? (If yes, give dates)
 YES NO

39. ARMY ROTC (To be completed only by prospective ROTC graduates applying for appointment in USAR or RA)

SUCCESSFULLY COMPLETED AROTC PROGRAM AS FOLLOWS				
COURSE	DATES ATTENDED (Month and Year)		c. CAMP TRAINING	COMPLETION DATE (Month, Year)
	FROM	TO		
a. BASIC			(1) INSTALLATION (Basic)	
b. ADVANCED			(2) INSTALLATION (Advanced/Ranger)	

40. MAIN CIVILIAN EMPLOYMENT

a. NAME AND ADDRESS OF EMPLOYER	b. JOB TITLE	c. MONTH AND YEAR	
VANGUARD 704-306-4180 1 NORTH FALLS, CHARLOTTE, NC 34567	CLIENT RELATIONS ASSOCIATE	FROM OCT 2001	TO PRESENT
b. PRINCIPAL DUTIES (Describe briefly)			

PROVIDE SUPPORT FOR CLIENTS WHO HAVE VARIOUS RETIREMENT OR INVESTMENT ACCOUNTS

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

I CERTIFY THAT SFC JOHN P. DOE SUCCESSFULLY PASSED THE APFT CONSISTING OF PUSH-UPS, SIT-UPS AND TWO MILE RUN WITH A SCORE OF 289, ON 10 OCT 2008; THE VERIFIED HEIGHT IS 72 INCHES AND WEIGHT IS 180 LBS.

BODY FAT STATEMENT WITH BODY FAT WORK SHEET ATTACHED. (LEAVE OFF STATEMENT IF SOLDIER DOES NOT HAVE TO BE TAPED).

COMMANDERS SIGNATURE BLCOK

42. THE INFORMATION CONTAINED HEREIN IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	DATE	SIGNATURE OF APPLICANT
	15 OCT 2008	Signed

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

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

37. APPLICANTS FOR ARMY NURSE CORPS AND ARMY MEDICAL SPECIALIST CORPS ONLY				
a. NAME OF NURSING OR ACCREDITED PROFESSIONAL SCHOOL			b. LOCATION	
c. DATES OF ATTENDANCE <i>(Mo, Yr)</i>		d. STATE AND CURRENT REGISTRATION NUMBER		e. STATE AND DATE OF INITIAL REGISTRATION <i>(Day, Month, Year)</i>
FROM	TO			
f. POSTGRADUATE COURSES <i>(Include courses at general hospitals, service schools, and short courses)</i>				
<small>(1)</small>	<small>(2)</small>	<small>(3)</small>	<small>(4)</small>	
SUBJECT OR COURSE	NAME AND LOCATION OF SCHOOL OR HOSPITAL	SEMESTER CREDITS EARNED	DATES OF ATTENDANCE <i>(Month, Year)</i>	
			FROM	TO

38. HAVE YOU BEEN EMPLOYED BY THE US ARMY AS A DIETITIAN, OCCUPATIONAL OR PHYSICAL THERAPIST? *(If yes, give dates)*
 YES NO

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

40. MAIN CIVILIAN EMPLOYMENT			
a. NAME AND ADDRESS OF EMPLOYER		b. JOB TITLE	
UNEMPLOYED			
		c. MONTH AND YEAR	
		FROM	TO
		OCT 2001	PRESENT
b. PRINCIPAL DUTIES <i>(Describe briefly)</i>			

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

I CERTIFY THAT SFC JOHN P. DOE SUCCESSFULLY PASSED THE APFT CONSISTING OF PUSH-UPS, SIT-UPS AND TWO.FIVE MILEWALK WITH A SCORE OF 189, ON 10 OCT 2008; THE VERIFIED HEIGHT IS 72 INCHES AND WEIGHT IS 180 LBS.

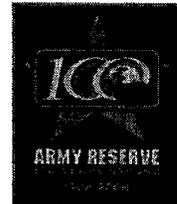
BODY FAT STATEMENT WITH BODY FAT WORK SHEET ATTACHED. (LEAVE OFF STATEMENT IF SOLDIER DOES NOT HAVE TO BE TAPED).

COMMANDERS SIGNATURE BLCOK

42. THE INFORMATION CONTAINED HEREIN IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	DATE	SIGNATURE OF APPLICANT
	15 OCT 2008	Signed



DEPARTMENT OF THE ARMY
103RD CS COMMAND, HHC SUST (EXPO)
225 E. ARMY POST ROAD
DES MOINES, IOWA 50315-5899



REPLY TO
ATTENTION OF

Office Symbol

1 October 2008

MEMORANDUM FOR: President of the Board

SUBJECT: Letter of Recommendation for Direct Appointment in the Army Reserve (Last Name, First Name, Middle Initial, 111-11-XXXX)

1. This letter is to provide Sergeant First Class John P. Doe my strongest endorsement for Direct Commission. SFC Does' proven technical skills coupled with his strong leadership make him an ideal candidate.
2. I judge SFC Doe a prime candidate based on the over twenty-four years of working with, evaluating, and mentoring Soldiers. During his mobilization supporting **OPERATION IRAQI FREEDOM**, he received General Officer recognition for his performance in a high op-tempo position that clearly demonstrated his ability to translate war fighter's needs into collectable intelligence requirements. SFC Doe is organized and detail oriented in every facet of his duty performance. SFC Doe volunteered for a tour with the National Geospatial-Intelligence Agency, applying his tactical knowledge and leveraging operational experience to broaden his professional competence in advanced geospatial-intelligence. Based on his experience, not often captured in a young Soldier, and communication skills, SFC Doe has been selected to deliver platform instruction at the National Geospatial-Intelligence College.
3. In summary, SFC Does' impressive credentials coupled with his poise, confidence, and dependability make him an outstanding candidate for the Officer Direct Commission Program. I submit this letter to the board with my highest recommendation and the utmost confidence that, if selected, SFC Doe will contribute immeasurably to the Officer Corps.
4. POC for this recommendation is the undersigned at (234) 679-3618 or (978) 654-7214, e-mail at john.b.jones@usar.army.mil.

(Signature)
JOHN B. JONES
CPT, MI, USAR
Commanding

OTHER

LETTERS OF RECOMMENDATION

**LETTERS FROM CIVILIAN EMPLOYMENT MUST
BE ON LETTERHEAD**



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
103RD CS COMMAND, HHC SUST (EXP0
225 E. ARMY POST ROAD
DES MOINES, IOWA 50315-5899



Office Symbol

1 October 2008

MEMORANDUM FOR: President of the Board

SUBJECT: Request for Prerequisite Waiver
Request for Age Waiver
Request for Active Federal Service Waiver
(Select the appropriate one)

1. I am requesting a waiver for the prerequisite of having one year of documented maintenance shop supervisory experience. (State the type of waiver you are requesting). Example for an age Waiver; Requests for an Active Federal Service Waiver, Request for a Prerequisite Waiver (state the prerequisite you wish to waive).
2. Anyone can request a prerequisite, AFS or age waiver, but not everyone will get them approved. Give a detailed explanation why you feel this waiver should be approved. Please note that waivers are approved only in unusual circumstances. Prerequisite waiver requests that do not give adequate justification, i.e. unusual skills, unique talents, special circumstances, etc. will probably be disapproved. With AFS waivers (required if you have 12 or more years AFS) or age waivers (required if you will be 33 or older for aviators or 46 or older for technicians, by the convene date of the board) the same principle applies and requests must be fully justified. Adequate justification might be: unusual circumstances, deployed for past year and unable to submit a packet, unusual skills, or unique talents. Asking for these waivers just because they are a part of the application will not result in approval.
4. Please continue to consider my application for Warrant Officer Candidacy.

(Signature)
JOHN R. DOE
SFC, USAR
000-00-0000



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
103RD CS COMMAND, HHC SUST (EXP0
225 E. ARMY POST ROAD
DES MOINES, IOWA 50315-5899



Office Symbol

1 October 2008

MEMORANDUM FOR: President of the Board

SUBJECT: Request for Exception to Policy Requiring Standard Three-Event Army Physical Fitness Test (APFT)

1. References:

- a. Army Regulation 350-1, Army Training and Education, paragraph 3-9b, 9 April 2003.
- b. Message, HQDA, DAMO-ZA, 23 June 2005, subject APFT Standards for Soldiers Enrolling in Warrant Officers Candidate School (WOCS) or Officers Candidate School (OCS).

2. I have a P2 profile with a PULHES of 112111. Physical Profile states no 2 mile run on APFT, may do alternate aerobic event of walk, swim or bike.

3. I feel in my case that the exception to policy should be considered. I have always done fairly well on all of my APFT'S (scores from 239 to 250) and I was getting ready for one when I re-injured my left knee. I consulted with my civilian doctor and a doctor from the 81ST RRC and they both agreed that I tore my miscues joint and my ACL. Both doctors agreed that continuing running the 2 mile requirement for the APFT would cause more damage to my knee that what is already taken place and suggested the possibility of an alternate event. I was given a P2 profile from the 81ST for the case at hand. I hand surgery on my left knee in November 04 and everything seems to be fine now and does not cause me any problems performing my duties as a Solider and in my civilian career. I am in excellent health and Fully Mission Capable what ever the job requirement is. I don't see any reason why I would not a strong asset the WARRANT OFFICER CORPS. I am a highly motivated and is very dedicated to the ARMY and to my fellow SOLIDERS.

4. I fully understand that applying for this exception to policy does not constitute an automatic approval. I further understand that I must be fully mission capable in the warrant officer specialty in which I am applying. I am fully worldwide deployable under this profile. **(This paragraph must be typed exactly as shown).**

Enclosure
DA Form 3349

JOHN R DOE
SSG, USAR
000-00-0000



DEPARTMENT OF THE ARMY
75TH COMBAT SUPPORT HOSPITAL
2720 33RD AVENUE
GULFPORT, MISSISSIPPI 39501-4848



REPLY TO
ATTENTION OF

Office Symbol

1 October 2008

MEMORANDUM FOR President of the Board

SUBJECT: Request for Moral Waiver

1. Request a waiver for the following offense: DUI. (indicate specifically what you were charged with. Do not simply list the Article number. You must request a moral waiver for any infractions listed on your enlistment contract or for any Article 15s, to include Summarized. A moral waiver is not required for traffic fines of \$250.00 or less. Do not include court costs).
2. Date of the offence: 10 August 1998. (Month and Year)
3. Place of offence: Slidell, Louisiana (City and State)
4. Punishment imposed: Fined \$300.00 (Fine amount, forfeiture amount, extra duty, letter of reprimand, etc.).
5. Mitigating circumstances surrounding the charge: (There are 3 points to address: (1) accepting responsibility for your actions, (2) the lessons learned, and (3) how you now contribute to your unit, community and military service). The offence was committed while I was driving from a friends house to my residence. I submitted to a sobriety test and failed then locked up and released on bond. I was charged with DUI and received a 6 month suspended sentence and placed on probation for 2 years . I performed 32 hours of Community Service, attended a Driver's Improvement course and a Substance Abuse Program. Paid all Court Costs, documentation is included. I have accepted responsibility for the offence and have not driven after drinking since the arrest. I learned that criminal actions not only harm others but can also harm myself. I strive daily to live by the ARMY values and mentor my peers and subordinates to live by these values. I speak to young people at drill and in everyday life about drinking and driving. My experience lets my peers know the value of right from wrong. I encourage young people in the community to join the military, as it can enhance their values and life.

JOHN R. DOE
SFC, USAR
000-00-0000

**NOTE: A separate moral waiver request must be submitted for each offense.
(You will this this moral waiver request if you responded YES to Block 26 of the DA Form 61. If you responded NO, you do not need a moral waiver.)**



DEPARTMENT OF THE ARMY
HEADQUARTERS AND HEADQUARTERS COMPANY
84TH UNITED STATES ARMY RESERVE READINESS TRAINING COMMAND
50 SOUTH O STREET
FORT MCCOY, WISCONSIN 54656-5137



REPLY TO
ATTENTION OF

Office Symbol

1 October 2008

MEMORANDUM FOR President of the Board

SUBJECT: Waiver Request Requiring Standard Three-Event Army Physical Fitness Test (APFT) DOE, JOHN R., 000-00-0000

1. I endorse SFC Doe's request for requiring the standard three-event Army physical fitness test (APFT).
2. SFC Doe is fully deployable. He meets all physical requirements IAW AR 40-501 and is able to take and pass an approved APFT IAW FM 21-21. There is no alternate event for the sit-up event. SFC Doe meets height/weight standards IAW AR 600-9. SFC Doe is able to fully complete all aspects of training, to include all road marches in the prescribed gear and uniform.
3. SFC Doe has demonstrated the overall skills, knowledge and leadership capabilities necessary for becoming an outstanding Technical Warrant Officer or Direct Commission Officer. SFC Doe has held numerous positions with the 84th and is highly respected from his peers, officers and enlisted soldiers within the unit. SFC Doe constantly strives for perfection and sets the example for others to follow.
4. The letter of recommendation by the first O-5 in the chain of command should support the request and state that the applicant is physically capable of completing training and is fully deployable. Request must address the critical needs and the negative impact on the Command's ability to support the Army's war effort and transformation. It should also address that all viable means to fill the vacant position have been exhausted. Specific, quantifiable comments about the Soldier's character and tactical and technical competence should be identified to support this request.
5. SFC Doe currently has a PUHLES of 131111, and does not conduct the sit-up event (currently there are no alternate events), due to not being able to keep his fingers interlocked on his neck. SFC Doe can conduct all of his duties as a Human Resource NCO efficiently and effectively and his profile does not limit his abilities to perform these duties.
6. POC is the undersigned at 608-388-7113 or e-mail @ you.r.young@us.army.mil

Signature Block of 1st LTC in Chain

PHYSICAL PROFILE

For use of this form, see AR 40-501; the proponent agency is the Office of the Surgeon General.

1. MEDICAL CONDITION: (Description in lay terminology) <input type="checkbox"/> INJURY? Or <input type="checkbox"/> ILLNESS/DISEASE?		2. CODES (Table 7-2 AR 40-501)	3. Temporary Permanent	P	U	L	H	E	S
4. PROFILE TYPE									
a. TEMPORARY PROFILE (Expiration date YYYYMMDD) (Limited to 3 months duration)								YES	NO
b. PERMANENT PROFILE (Reviewed and validated as a minimum with every periodic physical exam or after 5 years from the date of issue)									
c. IF A PERMANENT PROFILE WITH A 3 OR 4 PULHES, DOES THE SOLDIER MEET RETENTION STANDARDS IAW CHAPTER 3 AR 40-501? (IF USAR/ARNG/ARNGUS SOLDIER NOT ON ACTIVE DUTY SEE PARA. 9-10 & 10-26, AR 40-501 IF SOLDIER DOES NOT MEET RETENTION STANDARDS.)								Needs MMRB	Needs MEB/PEB
5. FUNCTIONAL ACTIVITIES FOR PERMANENT AND TEMPORARY PROFILES (If any answer (a-f) is NO then the profile should be at least a 3)									
a. ABLE TO CARRY AND FIRE INDIVIDUAL ASSIGNED WEAPON									
b. ABLE TO MOVE WITH A FIGHTING LOAD AT LEAST 2 MILES (48 LBS. Includes helmet, boots, uniform, LBE, weapon, protective mask, pack, etc.)									
c. ABLE TO WEAR PROTECTIVE MASK AND ALL CHEMICAL DEFENSE EQUIPMENT									
d. ABLE TO CONSTRUCT AN INDIVIDUAL FIGHTING POSITION (Dig, fill, & lift sand bags, etc.)									
e. ABLE TO DO 3-5 SECOND RUSHES UNDER DIRECT AND INDIRECT FIRE									
f. IS SOLDIER HEALTHY WITHOUT ANY MEDICAL CONDITION THAT PREVENTS DEPLOYMENT?									
6. APFT		YES	NO	ALTERNATE APFT (Fill out if unable to do APFT run otherwise N/A)				YES	NO
2 MILE RUN				APFT WALK				N/A	
APFT SIT-UPS				APFT SWIM				N/A	
APFT PUSH UPS				APFT BIKE				N/A	
7. STANDARD OR MODIFIED AEROBIC CONDITIONING ACTIVITIES (Check all applicable boxes)									
UNLIMITED RUNNING				OR RUN AT OWN PACE & DISTANCE					
UNLIMITED WALKING				OR WALK AT OWN PACE & DISTANCE					
UNLIMITED BIKING				OR BIKE AT OWN PACE & DISTANCE					
UNLIMITED SWIMMING				OR SWIM AT OWN PACE & DISTANCE					
8. UPPER BODY WEIGHT TRAINING (See FM 21-20)				9. LOWER BODY WEIGHT TRAINING (See FM 21-20)					
10. OTHER: e.g. Functional limitations and capabilities and other comments: (May continue on page 2)					11. THESE PARAMETERS ARE OPTIONAL USE AS NEEDED				
					Lifting or carrying max weight _____ or _____ distance				
					Running maximum distance _____				
					Prolonged standing - maximum time per episode _____				
					Marching with standard field gear except rucksack max distance _____				
					Impact activities such as jumping max # reps in one day _____				
<input type="checkbox"/> This temporary profile is an extension of a temporary profile first issued on _____									
12. TYPE NAME & GRADE OF PROFILING OFFICER				13. SIGNATURE			14. DATE (YYYYMMDD)		
15. ACTION BY APPROVING AUTHORITY				APPROVED			NOT APPROVED		
16. TYPE NAME & GRADE OF SENIOR PROFILING OFFICER OR APPROVING AUTHORITY				17. SIGNATURE			18. DATE (YYYYMMDD)		
19. ACTION BY UNIT COMMANDER (See para 7-12, AR 40-501)								YES	NO
THIS PROFILE REQUIRES A CHANGE IN THIS SOLDIER'S MOS or DUTY ASSIGNMENT									
20. COMMENT									
If this is a permanent profile with a PULHES serial of 3 or 4 refer to block 4c									
21. TYPE NAME & GRADE OF UNIT COMMANDER				22. SIGNATURE			23. DATE (YYYYMMDD)		
24. PATIENT'S IDENTIFICATION (For typed or written entries give: Name (Last, first); grade; SSN; hospital or medical facility)				25. UNIT					
				26. ISSUING CLINIC, PROVIDER E-MAIL & PHONE NUMBER					
PROFILING OFFICER (Or Approving Authority if applicable) IS RESPONSIBLE FOR ENSURING THE PULHES & DATE OF PROFILE IS ENTERED INTO MEDPROS. ORIGINAL COPY POSTED IN MEDICAL RECORDS, 1 COPY TO UNIT COMMANDER, 1 COPY GIVEN TO SOLDIER, 1 COPY TO MILPO.									



**DEPARTMENT OF THE ARMY
HEADQUARTERS AND HEADQUARTERS COMPANY
84TH UNITED STATES ARMY RESERVE READINESS TRAINING COMMAND
50 SOUTH O STREET
FORT MCCOY, WISCONSIN 54656-5137**



REPLY TO
ATTENTION OF

Office Symbol

1 October 2008

MEMORANDUM FOR President of the Board

SUBJECT: Unit Vacancy Statement

An actual vacancy exists in this unit for a required officer position in the grade 03, MOS/SSI, 31A00, UIC W868AA, TDA/TOE W868AA, PARAGRAPH 618, LINE 04, and POSITION NUMBER 0775. This vacancy is advertised on the REQUEST Vacancy control # 2675551. There is no officer assigned to this unit, including over strength or waiting position assignment on the Unit Manning Report, qualified to fill this vacancy. I am aware the US Army HRC may fill this position with a qualified officer if such an officer is geographically available for assignment.

DAVID R. JONES
MAJ, QM, USAR
Commanding

Army Reserve Retention and Transition Division

Load/Hold Vacancy Request Form

FOR OFFICIAL USE ONLY

PRIVACY ACT STATEMENT: Authority for collection of personal information and Social Security Number is 10 U.S.C. 3012. Disclosure by applicant is voluntary. Principle purpose is to access applicants into United States Army Reserve units. Routine uses: to document vacancy management actions and accessions in the United States Army Reserve. The Social Security Number is used for maintenance of records and the compiling of statistics.

Date Requested: 15 Mar 2006

Date Completed:

RRC: 7th RRC

ARCC SSN: 223-9999

ARRC RSID: 5024

RRC Representative: SFC Jane Doe

RRC Representative Telephone: (800) 221-5555

Applicant Data

Rank/Grade: SP9/E4

Name (last): Williams

(first): Jane

SSN: 383-22-4444

Sex (M/F): M

PMOS/AOC: 42L

ASI/SI: 9/00

Language ID Code: 00

SMOS/AOC: 75V

ASI/SI: 9/00

Language ID Code: 00

AMOS/AOC: 98G

ASI/SI: 9/00

Language ID Code: 00

City (residence): Brooklyn

(state): NY

ZIP Code: 11201

Unit Data

UIC: WSB/A1

Facility ID: NY 201

Unit Name: 3rd Rgt

Unit POC: SFC Jackie Wilson

Unit POC Telephone: (800) 221-5555

POC e-mail address: jackie.wilson@usar.army.mil

Choice ZIP: 11201

Position Data

Vacancy Control Number: 467879

Authorized Sex (M/F): M

Override (typing, line score, etc.): 1701000

Authorized Grade: E4

MOS/AOC: 42L

ASI/SI: 95

Language ID Code: 00

Para: 001

Line: 05

Posn: 002

Type (P/A/O): A

Will-Train (P/N): P

Purpose

IRR to TPU: Y

IRR to IMA: N

IMA to TPU: N

RRC Notes

AR-RTD Notes

JOHN R. DOE

1. I understand that my present reserve status will be vacated by my acceptance of appointment.

1 October 2008

2. I understand that I must complete a resident Officer Basic Course within 24 months from the date of appointment as a lieutenant or be subject to discharge per AR 135-175 for failure to complete a basic branch course.

1 October 2008

3. Department of Defense policy is to accommodate religious practices when accommodation will not have an adverse impact on military readiness, unit cohesion, standards, health, safety or discipline. The Army places high value on the rights of its members to observe the tenets of their respective religions. Unit commanders are authorized to initially approve or deny requests for accommodation of religious practices. Conditions of accommodation may change based on military need. Policy guidelines are contained in AR 600-20 and AR 165-20. I understand that the Army cannot guarantee accommodation of religious practices.

1 October 2008

**CERTIFICATE OF ACKNOWLEDGEMENT AND UNDERSTANDING OF SERVICE REQUIREMENTS
FOR INDIVIDUALS APPLYING FOR APPOINTMENT IN THE USAR
UNDER THE PROVISIONS OF AR 135-100, OR 135-101, AS APPLICABLE
- INDIVIDUALS WITHOUT PRIOR SERVICE -**

For use of this form, see AR 135-100; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 10 USC 651, 10 USC 270.

PRINCIPAL PURPOSE: Used together with application for appointment to insure individual understanding of the 8-year statutory obligation.

ROUTINE USES: Information is used to establish and record the obligation incurred by the officer. The SSN is used to identify the member.

DISCLOSURE: Disclosure of your Social Security Number is voluntary. However, failure to disclose your SSN may be cause for denying your application for appointment.

INSTRUCTIONS: *This Certificate of Acknowledgement and Understanding of Service Requirements will be executed and submitted in 3 copies with the application for appointment as a commissioned or warrant officer in the USAR by all interested applicants without prior service.*

In connection with your application for appointment as a commissioned or warrant officer in the Army Reserve under the provisions of AR 135-100 ^(Applicable AR) *, there are certain service obligations that you will incur if a commission is offered and you accept. The are explained in detail below. This information should be carefully studied prior to acknowledgement. This form with your signature will be submitted with your request for appointment and indicates that you understand and accept all of the service requirements contained herein. Copies of this form with your signature will become part of your Official File if you are selected for appointment.

CERTIFICATION

If I accept an appointment as a commissioned or warrant officer in the US Army Reserve, I understand and agree to comply with the following service requirements:

1. I will incur a statutory military service obligation of 8 years commencing with the effective date of appointment.
2. Appointment under this program requires that I agree to participate satisfactorily in the Army Reserve during the entire period that I am a commissioned or warrant officer in accordance with the rules and regulations now in effect, or which may hereafter be placed into effect by proper authority.
3. I will enter on active duty for the period stipulated in my application or such lesser period as determined by the Department of the Army and upon completion of active duty I will be required to participate in the Army Reserve as follows:
 - a. If I am mandatorily assigned or voluntarily join a Reserve unit I will be required to attend all scheduled unit training assemblies (at least 48 per year) unless excused by proper authority.
 - b. As a member of a unit, I may be required to satisfactorily complete a period of annual active duty for training of not less than 14 days per year exclusive of travel time.
 - c. If I am not assigned to a unit, I will be assigned to the Individual Ready Reserve (IRR), and while so assigned I may be required to perform not more than 30 days active duty for training annually.
 - d. While a member of the IRR, I may be subject to assignment or reassignment to a unit.
 - e. For as long as I hold this appointment I am responsible for notifying my unit or IRR commander of the mailing address at which I will receive official orders and/or correspondence. It is also my responsibility to apply to and/or comply

**Enter applicable regulation that appointment is being tendered under AR 135-100, or AR 135-101.*

with all official orders and correspondence which I may receive. I understand that failure to notify my commander of an address where I can be reached or to comply with all official orders and correspondence could result in my being considered for elimination.

4. That as a Reserve Officer of the Army, I can become an officer of the Army National Guard of the United States if I am appointed and Federally recognized in the Army National Guard of a State, Puerto Rico, or the District of Columbia. I understand further that satisfactory service as a commissioned officer of the Army National Guard of the United States constitutes service in the Ready Reserve; accordingly, if Ready Reserve service in an appropriate activity of the United States Army Reserve is not available to me, I agree to accept appointment in the Army National Guard of a state (*including the District of Columbia and Puerto Rico*) in which I am residing, if tendered and to complete my Ready Reserve service as an officer of the Army National Guard of the United States.

During the time that I am a commissioned or warrant officer and a member of the Ready Reserve I may at any time be ordered to active duty involuntarily as an individual or as a member of a unit in the event of war or emergency declared by Congress, or the President of the United States, or under any other condition authorized by law in effect at the time of my appointment, or which may hereafter be enacted into law.

I, the undersigned, having voluntarily elected to apply for appointment as a commissioned or warrant officer of the United States Army Reserve, acknowledge that all of the conditions of said appointment are understood and acceptable.

TYPED NAME OF APPLICANT (<i>Last - First - Middle Initial</i>)	SOCIAL SECURITY NUMBER
DOE, JOHN P.	111-11-1111
SIGNATURE	DATE
MUST SIGN	MUST DATE

**CERTIFICATE OF ACKNOWLEDGEMENT AND UNDERSTANDING OF SERVICE REQUIREMENTS
FOR INDIVIDUALS APPLYING FOR APPOINTMENT IN THE USAR UNDER THE PROVISIONS OF
AR 135-100, OR AR 135-101, AS APPLICABLE - INDIVIDUALS WITHOUT A STATUTORY SERVICE OBLIGATION**
For use of this form, see AR 135-100; proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 10 USC 270.
PRINCIPAL PURPOSE: Used together with application for appointment to insure individual understanding of the service requirements.
ROUTINE USES: Information is used to establish and record the contractual service obligation incurred by the officer. The SSN is used to identify the member.
DISCLOSURE: Disclosure of your Social Security Number is voluntary. However, failure to disclose your SSN may be cause for denying your application for appointment.

INSTRUCTIONS: *This Certificate of Acknowledgement and Understanding of Service Requirements will be executed and submitted in 3 copies with application for appointment as a commissioned or warrant officer in the USAR by all interested applicants who do not have a statutory service obligation.*

In connection with your application for appointment as a commissioned or warrant officer in the Army Reserve under the provisions of AR 135-100 ^(Applicable AR) * there are certain service obligations that you will incur if a commission is offered and you accept. They are explained in detail below. Individuals discharged prior to completing their statutory obligation incur a contractual obligation upon service reentry and are required to serve the number of years, months and days that were not served in their previous statutory obligation. This information should be carefully studied prior to acknowledgement.

This form with your signature will be submitted with your request for appointment and indicates that you understand and accept all of the contractual service requirements contained herein. Copies of this form with your signature will become part of your Official File if selected for appointment.

CERTIFICATION

If I accept an appointment as a commissioned or warrant officer in the US Army Reserve, I understand and agree to comply with the following service requirements for the entire period that I hold a USAR appointment. If an AMEDD volunteer, I agree to fulfill my contractual obligation under my active duty commitment. When I am released from active duty as an AMEDD officer, I will comply with the following USAR service requirements should a contractual obligation remain.

1. I agree to participate satisfactorily in the Army Reserve during the entire period that I am a commissioned or warrant officer in accordance with the rules and regulations now in effect or which may hereafter be placed into effect by proper authority.
2. I will enter on active duty or active duty for training when ordered by competent authority. Upon completion of active duty or active duty for training, I will participate in the Army Reserve as follows:
 - a. As a member of a Reserve Unit, I will attend all scheduled unit training assemblies (at least 48 per year) unless excused by proper authority.
 - b. As a member of a unit, I will satisfactorily complete one period of annual active duty for training of not less than 14 days per year exclusive of travel time.
 - c. If I am not assigned to a unit, I will be assigned to the individual Ready Reserve (IRR) and while so assigned, if so ordered by competent authority, will perform not more than 30 days active duty for training annually.
 - d. I will keep my commander advised of my current mailing address at which I will receive official correspondence.
 - e. I will reply to, and comply with all official orders and correspondence which I may receive.

During the time that I am a commissioned or warrant officer and a member of the Ready Reserve, I may at any time be ordered to active duty involuntarily as an individual, or as a member of a unit in the event of war or emergency declared by Congress, or the President of the United States, or under any other conditions authorized by law in effect at the time of my appointment, or which may hereafter be enacted into law.

I, the undersigned having voluntarily elected to apply for appointment as a commissioned or warrant officer of the United States Army Reserve acknowledge that all of the conditions of said appointment are understood and acceptable.

DATE	MUST DATE	SOCIAL SECURITY NUMBER	111-11-1111
NAME (Typed) (Last, First, MI)	DOE, JOHN P	SIGNATURE	MUST SIGN

**Enter applicable regulation that appointment is being tendered under (AR 135-100, or AR 135-101)*

DA FORM 2-1 OR ERB

DA FORM 2A

Updated, signed and dated

NCOER

LAST 5 YEARS

NEED MEMO FOR ANY MISSING NCOER

PART I - ADMINISTRATIVE DATA

a. NAME (Last, First, Middle Initial)				b. SSN	c. RANK ()	d. DATE OF RANK	e. PMOSC	
f.1. UNIT		ORG.	STATION	ZIP CODE OR APO, MAJOR COMMAND		f.2. STATUS CODE	g. REASON FOR SUBMISSION	
h. PERIOD COVERED		i. RATED MONTHS	j. NON-RATED CODES	k. NO. OF ENCL	l. RATED NCO'S EMAIL ADDRESS (.gov or .mil)	m. UIC	n. CMD CODE	o. PSB CODE
FROM	THRU							
YEAR MONTH DAY	YEAR MONTH DAY							

PART II - AUTHENTICATION

a. NAME OF RATER (Last, First, Middle Initial)		SSN	SIGNATURE	DATE (YYYYMMDD)
RANK	PMOSC/BRANCH	ORGANIZATION	DUTY ASSIGNMENT	RATER'S AKO EMAIL ADDRESS (.gov. or .mil)
b. NAME OF SENIOR RATER (Last, First, Middle Initial)		SSN	SIGNATURE	DATE (YYYYMMDD)
RANK	PMOSC/BRANCH	ORGANIZATION	DUTY ASSIGNMENT	SENIOR RATER'S AKO EMAIL ADDRESS (.gov. or .mil)
c. NAME OF REVIEWER (Last, First, Middle Initial)		SSN	SIGNATURE	DATE (YYYYMMDD)
RANK	PMOSC/BRANCH	ORGANIZATION	DUTY ASSIGNMENT	REVIEWER'S AKO EMAIL ADDRESS (.gov. or .mil)
d. <input type="checkbox"/> CONCUR WITH RATER AND SENIOR RATER EVALUATIONS <input type="checkbox"/> NONCONCUR WITH RATER AND/OR SENIOR RATER EVAL (See attached comments)				
e. RATED NCO: I understand my signature does not constitute agreement or disagreement with the evaluations of the rater and senior rater. I further understand my signature verifies that the administrative data in Part I, the rating officials in Part II, the duty description in Part III, and the APFT and height/weight entries in Part IVc are correct. I have seen the completed report. I am aware of the appeal process of AR 623-3.			SIGNATURE	DATE (YYYYMMDD)

PART III - DUTY DESCRIPTION (Rater)

a. PRINCIPAL DUTY TITLE		b. DUTY MOSC		
c. DAILY DUTIES AND SCOPE (To include, as appropriate, people, equipment, facilities and dollars)				
d. AREAS OF SPECIAL EMPHASIS				
e. APPOINTED DUTIES				
f. COUNSELING DATES		INITIAL	LATER	LATER

PART IV - ARMY VALUES/ATTRIBUTES/SKILLS/ACTIONS (Rater)

a. ARMY VALUES. Check either "YES" or "NO". (Bullet Comments are mandatory. Substantive bullet comments are required for "NO" entries)		YES	NO
V A L U E S	1. LOYALTY: Bears true faith and allegiance to the U. S. Constitution, the Army, the unit, and other soldiers.		
	2. DUTY: Fulfills their obligations.		
	3. RESPECT/EO/EEO: Treats people as they should be treated.		
	4. SELFLESS-SERVICE: Puts the welfare of the nation, the Army, and subordinates before their own.		
	5. HONOR: Lives up to all the Army values.		
	6. INTEGRITY: Does what is right - legally and morally.		
	7. PERSONAL COURAGE: Faces fear, danger, or adversity (physical and moral).		
Bullet comments			

RATED NCO'S NAME (Last, First, Middle Initial) +	SSN	THRU DATE +
---	-----	----------------

PART IV (Rater) - VALUES/NCO RESPONSIBILITIES Bullet comments are mandatory. Substantive bullet comments are required for "EXCELLENCE" or "NEEDS IMPROVEMENT."

b. COMPETENCE

- o Duty proficiency; MOS competency
- o Technical & tactical; knowledge, skills, and abilities
- o Sound judgment
- o Seeking self-improvement; always learning
- o Accomplishing tasks to the fullest capacity; committed to excellence

EXCELLENCE <i>(Exceeds std)</i>	SUCCESS <i>(Meets std)</i>	NEEDS IMPROVEMENT <i>(Some)</i>	NEEDS IMPROVEMENT <i>(Much)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

c. PHYSICAL FITNESS & MILITARY BEARING

- o Mental and physical toughness
- o Endurance and stamina to go the distance
- o Displaying confidence and enthusiasm; looks like a soldier

EXCELLENCE <i>(Exceeds std)</i>	SUCCESS <i>(Meets std)</i>	NEEDS IMPROVEMENT <i>(Some)</i>	NEEDS IMPROVEMENT <i>(Much)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APFT	HEIGHT/WEIGHT /

d. LEADERSHIP

- o Mission first
- o Genuine concern for soldiers
- o Instilling the spirit to achieve and win
- o Setting the example; Be, Know, Do

EXCELLENCE <i>(Exceeds std)</i>	SUCCESS <i>(Meets std)</i>	NEEDS IMPROVEMENT <i>(Some)</i>	NEEDS IMPROVEMENT <i>(Much)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

e. TRAINING

- o Individual and team
- o Mission focused; performance oriented
- o Teaching soldiers how; common tasks, duty-related skills
- o Sharing knowledge and experience to fight, survive and win

EXCELLENCE <i>(Exceeds std)</i>	SUCCESS <i>(Meets std)</i>	NEEDS IMPROVEMENT <i>(Some)</i>	NEEDS IMPROVEMENT <i>(Much)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

f. RESPONSIBILITY & ACCOUNTABILITY

- o Care and maintenance of equipment/facilities
- o Soldier and equipment safety
- o Conservation of supplies and funds
- o Encouraging soldiers to learn and grow
- o Responsible for good, bad, right & wrong

EXCELLENCE <i>(Exceeds std)</i>	SUCCESS <i>(Meets std)</i>	NEEDS IMPROVEMENT <i>(Some)</i>	NEEDS IMPROVEMENT <i>(Much)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART V - OVERALL PERFORMANCE AND POTENTIAL

a. RATER. Overall potential for promotion and/or service in positions of greater responsibility.

AMONG THE BEST	FULLY CAPABLE	MARGINAL
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

e. SENIOR RATER BULLET COMMENTS

b. RATER. List 3 positions in which the rated NCO could best serve the Army at his/her current or next higher grade.

c. SENIOR RATER. Overall performance

<input type="checkbox"/>				
1	2	3	4	5
Successful			Fair	Poor

d. SENIOR RATER. Overall potential for promotion and/or service in positions of greater responsibility.

<input type="checkbox"/>				
1	2	3	4	5
Superior			Fair	Poor

ALL DD FORM 214'S

IF APPLICABLE

OFFICIAL TEST RESULTS

OF ACT AND SAT SCORES

RESULTS MUST BE WITHIN 10 YEARS

REQUIRED ONLY IF NO BACHELORS
DEGREE

ALL

COLLEGE TRANSCRIPTS

SECURITY CLEARANCE VERIFICATION

**IF NO SECURITY CLEARANCE SUBMITT
E-QIP WITH 2 FINGER PRINT CARD (FD 258)**

OR

JCAVS PERSON SUMMARY PRINT OUT

Person Summary

INDIVIDUAL'S NAME

Person Category: Active Duty - Enlisted (USA)

SSN: 000-00-0000

Date of Birth:

Open Investigation: N/A

Marital Status: N/A

PSQ Sent Date:

Place of Birth:

Attestation Date: N/A

Citizenship:

Incident Report: N/A

NdA Signed: No

SF 713 Fin

Consent Date: N/A

NdS Signed: No

SF 714 Fin
Disclosure Date: N/A

Polygraph: N/A

Foreign Relation: N/A

PSQ Sent

Request to
Research/Upgrade
Eligibility

Non-SGI Access History

Accesses

Category	PSP	Suitability and Trustworthiness	Available Actions
Active Duty - Enlisted (USA)	No	<p>IT: N/A</p> <p>Public Trust: N/A</p> <p>Child Care: N/A</p>	<p>Incorporate Non-SGI</p> <p>Grant Interim</p>

Person Category Information

Category Classification: N/A

Organization:

Organization Status: N/A

Occupation Code: N/A

Separation Date: N/A

SGI SMO: N/A

Non-SGI SMO:

REPORT OF MEDICAL EXAMINATION	1. DATE OF EXAMINATION (YYYYMMDD) 20080413	2. SOCIAL SECURITY NUMBER 111-11-1111
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PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397.
PRINCIPAL PURPOSE(S): To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces.
ROUTINE USE(S): None.
DISCLOSURE: Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.

3. LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX) DOE, JOHN P.	4. HOME ADDRESS (Street, Apartment Number, City, State and ZIP Code) 6622 OLD SAVANNAH RD CHARLOTTE, NC 28227	5. HOME TELEPHONE NUMBER (Include Area Code) (704) 536-0101
---	---	---

6. GRADE E-7	7. DATE OF BIRTH (YYYYMMDD) 19700620	8. AGE 29	9. SEX <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	10.a. RACIAL CATEGORY (X one or more) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input checked="" type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White	b. ETHNIC CATEGORY <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino
-----------------	--	--------------	---	--	--

11. TOTAL YEARS GOVERNMENT SERVICE a. MILITARY 19 b. CIVILIAN	12. AGENCY (Non-Service Members Only)	13. ORGANIZATION UNIT AND UIC/CODE 0812 TC BN HHD MOTOR TRANS, WSYKAA 1330 WESTOVER ST. CHARLOTTE NC
---	---------------------------------------	--

14.a. RATING OR SPECIALTY (Aviators Only)	b. TOTAL FLYING TIME	c. LAST SIX MONTHS
---	----------------------	--------------------

15.a. SERVICE <input checked="" type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force	b. COMPONENT <input type="checkbox"/> Active Duty <input checked="" type="checkbox"/> Reserve <input type="checkbox"/> National Guard	c. PURPOSE OF EXAMINATION <input type="checkbox"/> Enlistment <input type="checkbox"/> Medical Board <input type="checkbox"/> Other <input checked="" type="checkbox"/> Commission <input type="checkbox"/> Retirement <input type="checkbox"/> Retention <input type="checkbox"/> U.S. Service Academy <input type="checkbox"/> Separation <input type="checkbox"/> ROTC Scholarship Program	16. NAME OF EXAMINING LOCATION, AND ADDRESS (Include ZIP Code) DEPARTMENT OF THE ARMY AVIATION TROOP MEDICAL CLINIC IRELAND ARMY COMMUNITY HOSPITAL FT. KNOX, KY 40121-5520
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CLINICAL EVALUATION (Check each item in appropriate column. Enter "NE" if not evaluated.)

	Nor- mal	Ab- norm	NE	44. NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)
17. Head, face, neck, and scalp				
18. Nose				
19. Sinuses				
20. Mouth and throat				
21. Ears - General (Int. and ext. canals/Auditory acuity under item 71)				
22. Drums (Perforation)				
23. Eyes - General (Visual acuity and refraction under items 61 - 63)				
24. Ophthalmoscopic				
25. Pupils (Equality and reaction)				
26. Ocular motility (Associated parallel movements, nystagmus)				
27. Heart (Thrust, size, rhythm, sounds)				
28. Lungs and chest (Include breasts)				
29. Vascular system (Varicosities, etc.)				
30. Anus and rectum (Hemorrhoids, Fistulae) (Prostate if indicated)				
31. Abdomen and viscera (Include hernia)				
32. External genitalia (Genitourinary)				
33. Upper extremities				
34. Lower extremities (Except feet)				
35. Feet (See Item 35 Continued)				
36. Spine, other musculoskeletal				
37. Identifying body marks, scars, tattoos				
38. Skin, lymphatics				
39. Neurologic				
40. Psychiatric (Specify any personality deviation)				
41. Pelvic (Females only)				
42. Endocrine				

43. DENTAL DEFECTS AND DISEASE (Please explain. Use dental form if completed by dentist. If dental examination not done by dental officer, explain in Item 44.) <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable Class _____	35. FEET (Continued) (Circle category) Normal Arch Mild Asymptomatic Pes Cavus Moderate Pes Planus Severe Symptomatic
--	---

LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX) DOE, JOHN P.	SOCIAL SECURITY NUMBER 111-11-1111
---	---------------------------------------

LABORATORY FINDINGS

45. URINALYSIS	a. Albumin	46. URINE HCG	47. H/H	48. BLOOD TYPE
	b. Sugar			
TESTS	RESULTS	HIV SPECIMEN ID LABEL		DRUG TEST SPECIMEN ID LABEL
49. HIV	NEG			
50. DRUGS	NEG			
51. ALCOHOL	NEG			
52. OTHER				
a. PAP SMEAR				
b.				
c.				

MEASUREMENTS AND OTHER FINDINGS

53. HEIGHT 68	54. WEIGHT 175 lbs.	55. MIN WGT - MAX WGT	MAX BF %	56. TEMPERATURE	57. PULSE		
58. BLOOD PRESSURE			59. RED/GREEN (Army Only)	60. OTHER VISION TEST			
a. 1ST	b. 2ND	c. 3RD					
SYS.	SYS.	SYS.					
DIAS.	DIAS.	DIAS.					
61. DISTANT VISION		62. REFRACTION BY AUTOREFRACTION OR MANIFEST		63. NEAR VISION			
Right 20/	Corr. to 20/	By	S. CX	Right 20/	Corr. to 20/ by		
Left 20/	Corr. to 20/	By	S. CX	Left 20/	Corr. to 20/ by		
64. HETEROPHORIA (Specify distance)							
ES ^o	EX ^o	R.H.	L.H.	Prism div.	Prism Conv CT		
65. ACCOMMODATION		66. COLOR VISION (Test used and result)		67. DEPTH PERCEPTION (Test used and score) AFVT			
Right	Left	PIP	/14	Uncorrected	Corrected		
68. FIELD OF VISION			69. NIGHT VISION (Test used and score)	70. INTRAOCULAR TENSION			
				O.D.	O.S.		
71a. AUDIOMETER		Unit Serial Number				72a. READING ALOUD TEST	
Date Calibrated (YYYYMMDD)		Date Calibrated (YYYYMMDD)				TEST	
HZ	500	1000	2000	3000	4000	6000	SAT
Right							UNSAT
Left							SAT
72b. VALSALVA							UNSAT

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY (Use additional sheets if necessary.)

LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX) SOCIAL SECURITY NUMBER
 DOE, JOHN P. 111-11-1111

74.a. EXAMINEE/APPLICANT (check one) 76. I have been advised of my disqualifying condition.
 IS QUALIFIED FOR SERVICE a. SIGNATURE OF EXAMINEE
 IS NOT QUALIFIED FOR SERVICE b. DATE (YYYYMMDD)

b. PHYSICAL PROFILE

P	U	L	H	E	S	X	PROFILER INITIALS	DATE (YYYYMMDD)
1	1	1	1	1	1			

76. SIGNIFICANT OR DISQUALIFYING DEFECTS

ITEM NO.	MEDICAL CONDITION/DIAGNOSIS	ICD CODE	PROFILE SERIAL	RBJ DATE (YYYYMMDD)	QUALIFIED	DIS-QUALIFIED	EXAMINER INITIALS	WAIVER RECEIVED	
								SERVICE	DATE (YYYYMMDD)

77. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers) (Use additional sheets if necessary.)

78. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify) (Use additional sheets if necessary.)

79. MEPS WORKLOAD (For MEPS use only)

WKID	ST	DATE (YYYYMMDD)	INITIAL	WKID	ST	DATE (YYYYMMDD)	INITIAL

80. MEDICAL INSPECTION DATE

HT	WT	%BF	MAX WT	HCG	QUAL	DISQ	PHYSICIAN'S SIGNATURE

81.a. TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER b. SIGNATURE

82.a. TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER b. SIGNATURE

83.a. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which) b. SIGNATURE

84.a. TYPED OR PRINTED NAME OF REVIEWING OFFICER/APPROVING AUTHORITY b. SIGNATURE

85. This examination has been administratively reviewed for completeness and accuracy.

a. SIGNATURE b. GRADE c. DATE (YYYYMMDD)

86. WAIVER GRANTED (If yes, date and by whom)

YES 87. NUMBER OF ATTACHED SHEETS
 NO

REPORT OF MEDICAL HISTORY

(This information is for official and medically confidential use only
and will not be released to unauthorized persons.)

OMB No. 0704-0413
OMB approval expires
Mar 31, 2010

The public reporting burden for this collection of information is estimated to average 10 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 the Department of Defense, Executive Services Directorate (0704-0413). 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.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM AS INDICATED ON PAGE 2.

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397 (SSAN).
PRINCIPAL PURPOSE(S): To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces.
ROUTINE USE(S): None.
DISCLOSURE: Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.

WARNING: The information you have given constitutes an official statement. Federal law provides severe penalties (up to 5 years confinement or a \$10,000 fine or both), to anyone making a false statement. If you are selected for enlistment, commission, or entrance into a commissioning program based on a false statement, you can be tried by military courts-martial or meet an administrative board for discharge and could receive a less than honorable discharge that would affect your future.

1. LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX) DOE, JOHN P.	2. SOCIAL SECURITY NUMBER 111-11-1111	3. TODAY'S DATE (YYYYMMDD) 20080413
4.a. HOME ADDRESS (Street, Apartment No., City, State, and ZIP Code) 6622 OLD SAVANNAH RD CHARLOTTE, NC 28227	5. EXAMINING LOCATION AND ADDRESS (Include ZIP Code) DEPARTMENT OF THE ARMY AVIATION TROOP MEDICAL CLINIC IRELAND ARMY COMMUNITY HOSPITAL FT. KNOX, KY 40121-5520	
b. HOME TELEPHONE (Include Area Code) (704) 536-0101		

X ALL APPLICABLE BOXES:			7.a. POSITION (Title, Grade, Component)
6.a. SERVICE <input checked="" type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force	6.b. COMPONENT <input type="checkbox"/> Active Duty <input checked="" type="checkbox"/> Reserve <input type="checkbox"/> National Guard	6.c. PURPOSE OF EXAMINATION <input type="checkbox"/> Enlistment <input type="checkbox"/> Medical Board <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Commission <input type="checkbox"/> Retirement <input type="checkbox"/> Retention <input type="checkbox"/> U.S. Service Academy <input type="checkbox"/> Separation <input type="checkbox"/> ROTC Scholarship Program	b. USUAL OCCUPATION

8. CURRENT MEDICATIONS (Prescription and Over-the-counter)	9. ALLERGIES (Including insect bites/stings, foods, medicine or other substance)
---	---

Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 on Page 2.

HAVE YOU EVER HAD OR DO YOU NOW HAVE:	YES	NO	12. (Continued)	YES	NO
10.a. Tuberculosis	<input type="radio"/>	<input type="radio"/>	f. Foot trouble (e.g., pain, corns, bunions, etc.)	<input type="radio"/>	<input type="radio"/>
b. Lived with someone who had tuberculosis	<input type="radio"/>	<input type="radio"/>	g. Impaired use of arms, legs, hands, or feet	<input type="radio"/>	<input type="radio"/>
c. Coughed up blood	<input type="radio"/>	<input type="radio"/>	h. Swollen or painful joint(s)	<input type="radio"/>	<input type="radio"/>
d. Asthma or any breathing problems related to exercise, weather, pollen, etc.	<input type="radio"/>	<input type="radio"/>	i. Knee trouble (e.g., locking, giving out, pain or ligament injury, etc.)	<input type="radio"/>	<input type="radio"/>
e. Shortness of breath	<input type="radio"/>	<input type="radio"/>	j. Any knee or foot surgery including arthroscopy or the use of a scope in any bone or joint	<input type="radio"/>	<input type="radio"/>
f. Bronchitis	<input type="radio"/>	<input type="radio"/>	k. Any need to use corrective devices such as prosthetic devices, knee brace(s), back support(s), lifts or orthotics, etc.	<input type="radio"/>	<input type="radio"/>
g. Wheezing or problems with wheezing	<input type="radio"/>	<input type="radio"/>	l. Bone, joint, or other deformity	<input type="radio"/>	<input type="radio"/>
h. Been prescribed or used an inhaler	<input type="radio"/>	<input type="radio"/>	m. Plate(s), screw(s), rod(s) or pin(s) in any bone	<input type="radio"/>	<input type="radio"/>
i. A chronic cough or cough at night	<input type="radio"/>	<input type="radio"/>	n. Broken bone(s) (cracked or fractured)	<input type="radio"/>	<input type="radio"/>
j. Sinusitis	<input type="radio"/>	<input type="radio"/>	13.a. Frequent indigestion or heartburn	<input type="radio"/>	<input type="radio"/>
k. Hay fever	<input type="radio"/>	<input type="radio"/>	b. Stomach, liver, intestinal trouble, or ulcer	<input type="radio"/>	<input type="radio"/>
l. Chronic or frequent colds	<input type="radio"/>	<input type="radio"/>	c. Gall bladder trouble or gallstones	<input type="radio"/>	<input type="radio"/>
11.a. Severe tooth or gum trouble	<input type="radio"/>	<input type="radio"/>	d. Jaundice or hepatitis (liver disease)	<input type="radio"/>	<input type="radio"/>
b. Thyroid trouble or goiter	<input type="radio"/>	<input type="radio"/>	e. Rupture/hernia	<input type="radio"/>	<input type="radio"/>
c. Eye disorder or trouble	<input type="radio"/>	<input type="radio"/>	f. Rectal disease, hemorrhoids or blood from the rectum	<input type="radio"/>	<input type="radio"/>
d. Ear, nose, or throat trouble	<input type="radio"/>	<input type="radio"/>	g. Skin diseases (e.g. acne, eczema, psoriasis, etc.)	<input type="radio"/>	<input type="radio"/>
e. Loss of vision in either eye	<input type="radio"/>	<input type="radio"/>	h. Frequent or painful urination	<input type="radio"/>	<input type="radio"/>
f. Worn contact lenses or glasses	<input type="radio"/>	<input type="radio"/>	i. High or low blood sugar	<input type="radio"/>	<input type="radio"/>
g. A hearing loss or wear a hearing aid	<input type="radio"/>	<input type="radio"/>	j. Kidney stone or blood in urine	<input type="radio"/>	<input type="radio"/>
h. Surgery to correct vision (RK, PRK, LASIK, etc.)	<input type="radio"/>	<input type="radio"/>	k. Sugar or protein in urine	<input type="radio"/>	<input type="radio"/>
12.a. Painful shoulder, elbow or wrist (e.g. pain, dislocation, etc.)	<input type="radio"/>	<input type="radio"/>	l. Sexually transmitted disease (syphilis, gonorrhea, chlamydia, genital warts, herpes, etc.)	<input type="radio"/>	<input type="radio"/>
b. Arthritis, rheumatism, or bursitis	<input type="radio"/>	<input type="radio"/>	14.a. Adverse reaction to serum, food, insect stings or medicine	<input type="radio"/>	<input type="radio"/>
c. Recurrent back pain or any back problem	<input type="radio"/>	<input type="radio"/>	b. Recent unexplained gain or loss of weight	<input type="radio"/>	<input type="radio"/>
d. Numbness or tingling	<input type="radio"/>	<input type="radio"/>	c. Currently in good health (If no, explain in Item 29 on Page 2.)	<input type="radio"/>	<input type="radio"/>
e. Loss of finger or toe	<input type="radio"/>	<input type="radio"/>	d. Tumor, growth, cyst, or cancer	<input type="radio"/>	<input type="radio"/>

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX) DOE, JOHN P.	SOCIAL SECURITY NUMBER 111-11-1111
--	--

Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in item 29 below.

HAVE YOU EVER HAD OR DO YOU NOW HAVE:	YES	NO		YES	NO	
15. a. Dizziness or fainting spells	<input type="radio"/>	<input checked="" type="radio"/>	19. Have you been refused employment or been unable to hold a job or stay in school because of:	<input type="radio"/>	<input checked="" type="radio"/>	
b. Frequent or severe headache	<input type="radio"/>	<input checked="" type="radio"/>		a. Sensitivity to chemicals, dust, sunlight, etc.	<input type="radio"/>	<input checked="" type="radio"/>
c. A head injury, memory loss or amnesia	<input type="radio"/>	<input checked="" type="radio"/>		b. Inability to perform certain motions	<input type="radio"/>	<input checked="" type="radio"/>
d. Paralysis	<input type="radio"/>	<input checked="" type="radio"/>		c. Inability to stand, sit, kneel, lie down, etc.	<input type="radio"/>	<input checked="" type="radio"/>
e. Seizures, convulsions, epilepsy or fits	<input type="radio"/>	<input checked="" type="radio"/>		d. Other medical reasons (If yes, give reasons.)	<input type="radio"/>	<input checked="" type="radio"/>
f. Car, train, sea, or air sickness	<input type="radio"/>	<input checked="" type="radio"/>		20. Have you ever been treated in an Emergency Room? (If yes, for what?)	<input type="radio"/>	<input checked="" type="radio"/>
g. A period of unconsciousness or concussion	<input type="radio"/>	<input checked="" type="radio"/>		21. Have you ever been a patient in any type of hospital? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)	<input type="radio"/>	<input checked="" type="radio"/>
h. Meningitis, encephalitis, or other neurological problems	<input type="radio"/>	<input checked="" type="radio"/>		22. Have you ever had, or have you been advised to have any operations or surgery? (If yes, describe and give age at which occurred.)	<input type="radio"/>	<input checked="" type="radio"/>
16. a. Rheumatic fever	<input type="radio"/>	<input checked="" type="radio"/>	23. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)	<input type="radio"/>	<input checked="" type="radio"/>	
b. Prolonged bleeding (as after an injury or tooth extraction, etc.)	<input type="radio"/>	<input checked="" type="radio"/>	24. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)	<input type="radio"/>	<input checked="" type="radio"/>	
c. Pain or pressure in the chest	<input type="radio"/>	<input checked="" type="radio"/>	25. Have you ever been rejected for military service for any reason? (If yes, give date and reason for rejection.)	<input type="radio"/>	<input checked="" type="radio"/>	
d. Palpitation, pounding heart or abnormal heartbeat	<input type="radio"/>	<input checked="" type="radio"/>	26. Have you ever been discharged from military service for any reason? (If yes, give date, reason, and type of discharge, whether honorable, other than honorable, for unfitness or unsuitability.)	<input type="radio"/>	<input checked="" type="radio"/>	
e. Heart trouble or murmur	<input type="radio"/>	<input checked="" type="radio"/>	27. Have you ever received, is there pending, or have you ever applied for pension or compensation for any disability or injury? (If yes, specify what kind, granted by whom, and what amount, when, why.)	<input type="radio"/>	<input checked="" type="radio"/>	
f. High or low blood pressure	<input type="radio"/>	<input checked="" type="radio"/>	28. Have you ever been denied life insurance?	<input type="radio"/>	<input checked="" type="radio"/>	
17. a. Nervous trouble of any sort (anxiety or panic attacks)	<input type="radio"/>	<input checked="" type="radio"/>	29. EXPLANATION OF "YES" ANSWER(S) (Describe answer(s), give date(s) of problem, name of doctor(s) and/or hospital(s), treatment given and current medical status.)			
b. Habitual stammering or stuttering	<input type="radio"/>	<input checked="" type="radio"/>				
c. Loss of memory or amnesia, or neurological symptoms	<input type="radio"/>	<input checked="" type="radio"/>				
d. Frequent trouble sleeping	<input type="radio"/>	<input checked="" type="radio"/>				
e. Received counseling of any type	<input type="radio"/>	<input checked="" type="radio"/>				
f. Depression or excessive worry	<input type="radio"/>	<input checked="" type="radio"/>				
g. Been evaluated or treated for a mental condition	<input type="radio"/>	<input checked="" type="radio"/>				
h. Attempted suicide	<input type="radio"/>	<input checked="" type="radio"/>				
i. Used illegal drugs or abused prescription drugs	<input type="radio"/>	<input checked="" type="radio"/>				
18. FEMALES ONLY. Have you ever had or do you now have:						
a. Treatment for a gynecological (female) disorder	<input type="radio"/>	<input checked="" type="radio"/>				
b. A change of menstrual pattern	<input type="radio"/>	<input type="radio"/>				
c. Any abnormal PAP smears	<input type="radio"/>	<input checked="" type="radio"/>				
d. First day of last menstrual period (YYYYMMDD)						
e. Date of last PAP smear (YYYYMMDD)						

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)

DOE, JOHN P.

SOCIAL SECURITY NUMBER

111-11-1111

30. EXAMINER'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA *(Physician/practitioner shall comment on all positive answers in questions 10 - 29. Physician/practitioner may develop by interview any additional medical history deemed important, and record any significant findings here.)*

a. COMMENTS

b. TYPED OR PRINTED NAME OF EXAMINER *(Last, First, Middle Initial)*

c. SIGNATURE

d. DATE SIGNED
(YYYYMMDD)

REPORT OF MEDICAL HISTORY

(This information is for official and medically confidential use only and will not be released to unauthorized persons.)

OMB No. 0704-0413
OMB approval expires
Mar 31, 2010

The public reporting burden for this collection of information is estimated to average 10 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 the Department of Defense, Executive Services Directorate (0704-0413). 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.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM AS INDICATED ON PAGE 2.

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397 (SSAN).
PRINCIPAL PURPOSE(S): To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces.
ROUTINE USE(S): None.
DISCLOSURE: Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.

WARNING: The information you have given constitutes an official statement. Federal law provides severe penalties (up to 5 years confinement or a \$10,000 fine or both), to anyone making a false statement. If you are selected for enlistment, commission, or entrance into a commissioning program based on a false statement, you can be tried by military courts-martial or meet an administrative board for discharge and could receive a less than honorable discharge that would affect your future.

1. LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX) DOE, JOHN P.	2. SOCIAL SECURITY NUMBER 111-11-1111	3. TODAY'S DATE (YYYYMMDD) 20080413
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4.a. HOME ADDRESS (Street, Apartment No., City, State, and ZIP Code) 6622 OLD SAVANNAH RD CHARLOTTE, NC 28227	5. EXAMINING LOCATION AND ADDRESS (Include ZIP Code) DEPARTMENT OF THE ARMY AVIATION TROOP MEDICAL CLINIC IRELAND ARMY COMMUNITY HOSPITAL FT. KNOX, KY 40121-5520
b. HOME TELEPHONE (Include Area Code) (704) 536-0101	

X ALL APPLICABLE BOXES			7.a. POSITION (Title, Grade, Component)
6.a. SERVICE <input checked="" type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force	b. COMPONENT <input type="checkbox"/> Active Duty <input checked="" type="checkbox"/> Reserve <input type="checkbox"/> National Guard	c. PURPOSE OF EXAMINATION <input type="checkbox"/> Enlistment <input type="checkbox"/> Medical Board <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Retirement <input type="checkbox"/> U.S. Service Academy <input type="checkbox"/> ROTC Scholarship Program	b. USUAL OCCUPATION

8. CURRENT MEDICATIONS (Prescription and Over-the-counter)	9. ALLERGIES (Including insect bites/stings, foods, medicine or other substance) CERTIFIED TRUE COPY DATE: BY:
---	---

Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 on Page 2.

HAVE YOU EVER HAD OR DO YOU NOW HAVE:	YES	NO	12. (Continued)	YES	NO
10.a. Tuberculosis	<input type="radio"/>	<input type="radio"/>	f. Foot trouble (e.g., pain, corns, bunions, etc.)	<input type="radio"/>	<input type="radio"/>
b. Lived with someone who had tuberculosis	<input type="radio"/>	<input type="radio"/>	g. Impaired use of arms, legs, hands, or feet	<input type="radio"/>	<input type="radio"/>
c. Coughed up blood	<input type="radio"/>	<input type="radio"/>	h. Swollen or painful joint(s)	<input type="radio"/>	<input type="radio"/>
d. Asthma or any breathing problems related to exercise, weather, pollens, etc.	<input type="radio"/>	<input type="radio"/>	i. Knee trouble (e.g., locking, giving out, pain or ligament injury, etc.)	<input type="radio"/>	<input type="radio"/>
e. Shortness of breath	<input type="radio"/>	<input type="radio"/>	j. Any loss of foot surgery including arthroscopy or the use of a scope to any bone or joint	<input type="radio"/>	<input type="radio"/>
f. Bronchitis	<input type="radio"/>	<input type="radio"/>	k. Any need to use corrective devices such as prosthetic devices, knee brace(s), back support(s), lifts or orthotics, etc.	<input type="radio"/>	<input type="radio"/>
g. Wheezing or problems with wheezing	<input type="radio"/>	<input type="radio"/>	l. Bone, joint, or other deformity	<input type="radio"/>	<input type="radio"/>
h. Been prescribed or used an inhaler	<input type="radio"/>	<input type="radio"/>	m. Plate(s), screw(s), rod(s) or pin(s) in any bone	<input type="radio"/>	<input type="radio"/>
i. A chronic cough or cough at night	<input type="radio"/>	<input type="radio"/>	n. Broken bone(s) (cracked or fractured)	<input type="radio"/>	<input type="radio"/>
j. Sinusitis	<input type="radio"/>	<input type="radio"/>	13.a. Frequent indigestion or heartburn	<input type="radio"/>	<input type="radio"/>
k. Hay fever	<input type="radio"/>	<input type="radio"/>	b. Stomach, liver, intestinal trouble, or ulcer	<input type="radio"/>	<input type="radio"/>
l. Chronic or frequent colds	<input type="radio"/>	<input type="radio"/>	c. Gall bladder trouble or gallstones	<input type="radio"/>	<input type="radio"/>
11.a. Severe tooth or gum trouble	<input type="radio"/>	<input type="radio"/>	d. Jaundice or hepatitis (liver disease)	<input type="radio"/>	<input type="radio"/>
b. Thyroid trouble or goiter	<input type="radio"/>	<input type="radio"/>	e. Rupture/hemia	<input type="radio"/>	<input type="radio"/>
c. Eye disorder or trouble	<input type="radio"/>	<input type="radio"/>	f. Rectal disease, hemorrhoids or blood from the rectum	<input type="radio"/>	<input type="radio"/>
d. Ear, nose, or throat trouble	<input type="radio"/>	<input type="radio"/>	g. Skin diseases (e.g. acne, eczema, psoriasis, etc.)	<input type="radio"/>	<input type="radio"/>
e. Loss of vision in either eye	<input type="radio"/>	<input type="radio"/>	h. Frequent or painful urination	<input type="radio"/>	<input type="radio"/>
f. Worn contact lenses or glasses	<input type="radio"/>	<input type="radio"/>	i. High or low blood sugar	<input type="radio"/>	<input type="radio"/>
g. A hearing loss or wear a hearing aid	<input type="radio"/>	<input type="radio"/>	j. Kidney stone or blood in urine	<input type="radio"/>	<input type="radio"/>
h. Surgery to correct vision (RK, PRK, LASIK, etc.)	<input type="radio"/>	<input type="radio"/>	k. Sugar or protein in urine	<input type="radio"/>	<input type="radio"/>
12.a. Painful shoulder, elbow or wrist (e.g. pain, dislocation, etc.)	<input type="radio"/>	<input type="radio"/>	l. Sexually transmitted disease (syphilis, gonorrhea, chlamydia, genital warts, herpes, etc.)	<input type="radio"/>	<input type="radio"/>
b. Arthritis, rheumatism, or bursitis	<input type="radio"/>	<input type="radio"/>	14.a. Adverse reaction to serum, food, insect stings or medicine	<input type="radio"/>	<input type="radio"/>
c. Recurrent back pain or any back problem	<input type="radio"/>	<input type="radio"/>	b. Recent unexplained gain or loss of weight	<input type="radio"/>	<input type="radio"/>
d. Numbness or tingling	<input type="radio"/>	<input type="radio"/>	c. Currently in good health (If no, explain in Item 29 on Page 2.)	<input type="radio"/>	<input type="radio"/>
e. Loss of finger or toe	<input type="radio"/>	<input type="radio"/>	d. Tumor, growth, cyst, or cancer	<input type="radio"/>	<input type="radio"/>

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)

DOE, JOHN P.

SOCIAL SECURITY NUMBER

111-11-1111

Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in item 29 below.

HAVE YOU EVER HAD OR DO YOU NOW HAVE:		YES	NO			YES	NO
15.a.	Dizziness or fainting spells	<input type="radio"/>	<input checked="" type="radio"/>	19.	Have you been refused employment or been unable to hold a job or stay in school because of:		
b.	Frequent or severe headache	<input type="radio"/>	<input checked="" type="radio"/>	a.	Sensitivity to chemicals, dust, sunlight, etc.	<input type="radio"/>	<input checked="" type="radio"/>
c.	A head injury, memory loss or amnesia	<input type="radio"/>	<input checked="" type="radio"/>	b.	Inability to perform certain motions	<input type="radio"/>	<input checked="" type="radio"/>
d.	Paralysis	<input type="radio"/>	<input checked="" type="radio"/>	c.	Inability to stand, sit, kneel, lie down, etc.	<input type="radio"/>	<input checked="" type="radio"/>
e.	Seizures, convulsions, epilepsy or fits	<input type="radio"/>	<input checked="" type="radio"/>	d.	Other medical reasons (If yes, give reasons.)	<input type="radio"/>	<input checked="" type="radio"/>
f.	Car, train, sea, or air sickness	<input type="radio"/>	<input checked="" type="radio"/>	20.	Have you ever been treated in an Emergency Room? (If yes, for what?)	<input type="radio"/>	<input checked="" type="radio"/>
g.	A period of unconsciousness or concussion	<input type="radio"/>	<input checked="" type="radio"/>	21.	Have you ever been a patient in any type of hospital? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)	<input type="radio"/>	<input checked="" type="radio"/>
h.	Meningitis, encephalitis, or other neurological problems	<input type="radio"/>	<input checked="" type="radio"/>	22.	Have you ever had, or have you been advised to have any operations or surgery? (If yes, describe and give age at which occurred.)	<input type="radio"/>	<input checked="" type="radio"/>
16.a.	Rheumatic fever	<input type="radio"/>	<input checked="" type="radio"/>	23.	Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)	<input type="radio"/>	<input checked="" type="radio"/>
b.	Prolonged bleeding (as after an injury or tooth extraction, etc.)	<input type="radio"/>	<input checked="" type="radio"/>	24.	Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)	<input type="radio"/>	<input checked="" type="radio"/>
c.	Pain or pressure in the chest	<input type="radio"/>	<input checked="" type="radio"/>	25.	Have you ever been rejected for military service for any reason? (If yes, give date and reason for rejection.)	<input type="radio"/>	<input checked="" type="radio"/>
d.	Palpitation, pounding heart or abnormal heartbeat	<input type="radio"/>	<input checked="" type="radio"/>	26.	Have you ever been discharged from military service for any reason? (If yes, give date, reason, and type of discharge, whether honorable, other than honorable, for unfitness or unsuitability.)	<input type="radio"/>	<input checked="" type="radio"/>
e.	Heart trouble or murmur	<input type="radio"/>	<input checked="" type="radio"/>	27.	Have you ever received, is there pending, or have you ever applied for pension or compensation for any disability or injury? (If yes, specify what kind, granted by whom, and what amount, when, why.)	<input type="radio"/>	<input checked="" type="radio"/>
f.	High or low blood pressure	<input type="radio"/>	<input checked="" type="radio"/>	28.	Have you ever been denied life insurance?	<input type="radio"/>	<input checked="" type="radio"/>
17.a.	Nervous trouble of any sort (anxiety or panic attacks)	<input type="radio"/>	<input checked="" type="radio"/>	29. EXPLANATION OF "YES" ANSWER(S) (Describe answer(s), give date(s) of problem, name of doctor(s) and/or hospital(s), treatment given and current medical status.)			
b.	Habitual stammering or stuttering	<input type="radio"/>	<input checked="" type="radio"/>				
c.	Loss of memory or amnesia, or neurological symptoms	<input type="radio"/>	<input checked="" type="radio"/>				
d.	Frequent trouble sleeping	<input type="radio"/>	<input checked="" type="radio"/>				
e.	Received counseling of any type	<input type="radio"/>	<input checked="" type="radio"/>				
f.	Depression or excessive worry	<input type="radio"/>	<input checked="" type="radio"/>				
g.	Been evaluated or treated for a mental condition	<input type="radio"/>	<input checked="" type="radio"/>				
h.	Attempted suicide	<input type="radio"/>	<input checked="" type="radio"/>				
i.	Used illegal drugs or abused prescription drugs	<input type="radio"/>	<input checked="" type="radio"/>				
18.	FEMALES ONLY. Have you ever had or do you now have:						
a.	Treatment for a gynecological (female) disorder	<input type="radio"/>	<input type="radio"/>				
b.	A change of menstrual pattern	<input type="radio"/>	<input type="radio"/>				
c.	Any abnormal PAP smears	<input type="radio"/>	<input type="radio"/>				
d.	First day of last menstrual period (YYYYMMDD)						
e.	Date of last PAP smear (YYYYMMDD)						

CERTIFIED TRUE COPY
DATE:
BY:

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL PERSONNEL ONLY."

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX) DOE, JOHN P.	SOCIAL SECURITY NUMBER 111-11-1111
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30. EXAMINER'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician/practitioner shall comment on all positive answers in questions 10 - 29. Physician/practitioner may develop by interview any additional medical history deemed important, and record any significant findings here.)

a. COMMENTS

CERTIFIED TRUE COPY
DATE:
BY:

b. TYPED OR PRINTED NAME OF EXAMINER (Last, First, Middle Initial)	c. SIGNATURE	d. DATE SIGNED (YYYYMMDD)
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REQUEST FOR CONDITIONAL RELEASE

DD FORM 368

IF APPLICABLE

REQUEST FOR CONDITIONAL RELEASE

(Read Privacy Act Statement and Instructions on back before completing this form.)

SECTION I - REQUEST FOR RELEASE

1. SERVICE MEMBER DATA

a. NAME <i>(Last, First, Middle Initial)</i> Shannon, Rhonda A		b. PAY GRADE E-6	c. SSN 000-00-0000	d. SERVICE COMPONENT Navy Reserve
e. CURRENT UNIT/ COMMAND 145th	f. ADDRESS			
	(1) STREET 1590 Adamson Pkwy	(2) CITY Morrow	(3) STATE GA	(4) ZIP CODE 31222

2. RECRUITING OFFICE ADDRESS

a. STREET 1590 Adamson Pkwy	b. CITY Morrow	c. STATE GA	d. ZIP CODE 31222
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3. ACKNOWLEDGEMENT OF SERVICE MEMBER

a. I request a conditional release to process for entrance into another component of the Military Service. If I am a member of the National Guard or Reserve, I understand that I must attend all scheduled training until such time as I am enlisted or appointed into another Service. I also understand that I am to keep my current commander informed of any change in my status.

b. OFFICER MEMBER ONLY. I hereby tender my resignation from the _____ *(losing component)*; request that it be accepted contingent upon actual appointment or enlistment in the _____ *(gaining component)*, and be effective the day preceding the date of my acceptance of appointment or enlistment.

c. ENLISTED MEMBER ONLY. I understand I will be discharged from my current status effective the day preceding the date of my enlistment or appointment.

d. MEMBER SIGNATURE	e. DATE SIGNED 061010
---------------------	--------------------------

4. RECRUITER REQUEST FOR CONDITIONAL RELEASE

a. Request conditional release to enlist/appoint member into the _____ Army Reserve <i>(Service/Component)</i> .			
b. NAME OF RECRUITER <i>(Last, First, Middle Initial)</i> Doe, John P		c. SIGNATURE	d. DATE SIGNED 061010
e. TITLE Army Reserve Career Counselor			

SECTION II - APPROVAL/DISAPPROVAL

5. *(X as applicable)*

<input type="checkbox"/>	a. APPROVED. Individual is recommended and conditional release is granted. The release is valid until _____
<input type="checkbox"/>	b. DISAPPROVED. Release is not granted. <i>(Explain in "Remarks.")</i>

6. AUTHORIZING OFFICIAL

a. NAME <i>(Last, First, Middle Initial)</i>		b. TITLE		
c. TELEPHONE NUMBER <i>(Include area code)</i>	d. ADDRESS			
	(1) STREET	(2) CITY	(3) STATE	(4) ZIP CODE
e. SIGNATURE				f. DATE SIGNED

SECTION III - NOTIFICATION OF ENLISTMENT/APPOINTMENT ACTION

7. The member was administered the oath of enlistment or appointment into _____
THIS FORM AND A COPY OF THE OATH MUST BE RETURNED TO THE ADDRESS IN ITEM 6.d. TO EFFECT THE MEMBER'S DISCHARGE OR WITHDRAWAL OF FEDERAL RECOGNITION.

8. CERTIFYING OFFICIAL

a. NAME <i>(Last, First, Middle Initial)</i>		b. TITLE		c. UNIT/COMMAND	
d. TELEPHONE NUMBER <i>(Include area code)</i>	e. ADDRESS				
	(1) STREET	(2) CITY	(3) STATE	(4) ZIP CODE	
f. SIGNATURE					g. DATE SIGNED

Field Board Documents
DA Form 6224, DA Form 6227
and memorandum are ***Not Required*** for
Officer Reappointment Applicants



DEPARTMENT OF THE ARMY
 103RD CS COMMAND, HHC SUST (EXP0
 225 E. ARMY POST ROAD
 DES MOINES, IOWA 50315-5899



REPLY TO
 ATTENTION OF

DAAR-RT-8

1 October 2008

MEMORANDUM FOR President of the Direct Appointment Board

SUBJECT: Appointment of Direct Commissioning Interview Board

1. Authority: AR 135-100
2. Purpose: To interview applicants applying for a direct commission in the U.S. Army Reserve and to make recommendations to the U.S. Human Resources Command.
3. The following officers are appointed to the direct commission board:

<u>NAME</u>	<u>SSN</u>	<u>RANK</u>	<u>UNIT</u>	<u>POSITION</u>	<u>DUTY STATUS</u>	<u>BRANCH</u>
Harvey, Patricia A.	000-00-0000	LTC	300 th MP Bde	President	TPU	AG
Zacharias, Karl G.	000-00-0000	MAJ	HHD 645 th AG	Member	AGR	QM
Nowicki, David G.	000-00-0000	CPT	88 th RRC	Member	TPU	FI/TC

4. Applicants to be interviewed are:

<u>RANK</u>	<u>NAME</u>	<u>BRANCH</u>
SFC	Doe, John P.	AG
SSG	White, Bradley M.	QM

5. . The board convened on 1 October 2008 at the U.S. Army Reserve Center, 506 Roeder Circle, Fort Snelling, MN 55111. The uniform for the applicant's was ACU's. Point of contact per this memorandum is the undersigned at 1-800-843-2769 ext 3648 or email john.r.doe@usar.army.mil.

JOHN R. DOE
 MSG, Special Missions NCOIC
 REGION 8

INTERVIEW APPRAISAL SHEET M

For Use with all Applicants except Technical Experts or Specialists

NAME OF APPLICANT _____
LAST
FIRST
MIDDLE

ADDRESS OF APPLICANT _____
(Home address if civilian; organizational address if military)

This sheet will be accomplished by each board member individually to summarize his appraisal of the above-mentioned individual.

Considering the duties that this applicant will be required to perform, if accepted, where would you place him on each of the following scales? If you think that he would turn out to be the poorest officer OF HIS GRADE you ever knew, make a check mark in box 1. If you think that he would turn out to be the best officer OF HIS GRADE you ever knew, put a check mark in box 10. If you think that he would be an intermediate officer as compared with other officers IN HIS GRADE, put a check mark in of the intermediate boxes.

	1	2	3	4	5	6	7	8	9	10
1. MILITARY TRAINING BACKGROUND	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
2. MILITARY EXPERIENCE BACKGROUND	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
3. ABILITY TO WORK ON HIS OWN (RESPONSIBILITY)	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
4. ABILITY TO EXECUTE ORDERS	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
5. ABILITY TO GET RESULTS	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
6. OVER-ALL POTENTIALITY AS AN OFFICER	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]

[] RECOMMEND
 RECOMMENDATION
 (CHECK): [] DO NOT RECOMMEND

BOARD MEMBER _____
SIGNATURE

BOARD MEMBER _____
PRINT OR TYPE NAME AND GRADE

INSTALLATION _____

DATE _____
DAY
MONTH
YEAR

DO NOT WRITE IN THIS SPACE					
A	B	C	D	E	F
1		2		3	

NAME OF APPLICANT

(PRINT) LAST NAME FIRST NAME INITIAL SSN GRADE

UNIT AND LOCATION

DATE

NAME OF BOARD MEMBER

PLACE OF EXAMINATION

(PRINT) LAST NAME FIRST NAME INITIAL

INTERVIEW RECORD: OFFICER LEADERSHIP BOARD INTERVIEW, OLB-1

A	B	C	D	E	F
1	2	3	4	5	6

WORK SHEET E

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==
LOWEST QUARTER										SECOND QUARTER					THIRD QUARTER					HIGHEST QUARTER

DA FORM 6227

WORK SHEET D

I	1	2	3	4	5
II	==	==	==	==	==
III	==	==	==	==	==
IV	==	==	==	==	==

- I APPEARANCE
- II VOICE QUALITY
- III FACIAL EXPRESSION
- IV MANNER
- V COOPERATION
- VI COMPOSURE
- VII WORD SELECTION
- VIII LANGUAGE ORGANIZATION
- IX OBJECTIVITY

WORK SHEET C

1	2	3	4	5
==	==	==	==	==
==	==	==	==	==
==	==	==	==	==
==	==	==	==	==
==	==	==	==	==
==	==	==	==	==
==	==	==	==	==
==	==	==	==	==
==	==	==	==	==

WORK SHEET B

I	1	2	3	4
II	==	==	==	==
III	==	==	==	==
IV	==	==	==	==
V	==	==	==	==
VI	==	==	==	==
VII	==	==	==	==
VIII	==	==	==	==
IX	==	==	==	==

WORK SHEET A

I	1	2	3	4	5
II	==	==	==	==	==
III	==	==	==	==	==
IV	==	==	==	==	==
V	==	==	==	==	==
VI	==	==	==	==	==
VII	==	==	==	==	==
VIII	==	==	==	==	==
IX	==	==	==	==	==

R

W

T

FOR OFFICIAL USE ONLY (WHEN COMPLETED)

DEVELOPMENTAL COUNSELING FORM

For use of this form, see FM 6-22; the proponent agency is TRADOC.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army and E.O. 9397 (SSN)
PRINCIPAL PURPOSE: To assist leaders in conducting and recording counseling data pertaining to subordinates.
ROUTINE USES: For subordinate leader development IAW FM 6-22. Leaders should use this form as necessary.
DISCLOSURE: Disclosure is voluntary.

PART I - ADMINISTRATIVE DATA

Name (Last, First, MI) DOE, JOHN P.	Rank/Grade SFC/E-7	Social Security No. 111-11-1111	Date of Counseling 1 October 2008
Organization Region 8, RTO, 88th RRC, Fort Snelling, MN		Name and Title of Counselor SFC Marilyn S. Knighten, Officer Accessions NCO	

PART II - BACKGROUND INFORMATION

Purpose of Counseling: (Leader states the reason for the counseling, e.g. Performance/Professional or Event-Oriented counseling, and includes the leader's facts and observations prior to the counseling.)

OFFICER DIRECT APPOINTMENT ACCESSION BONUS

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:

I, _____, have been counseled on the Officer Accession Bonus and understand the eligibility requirements to receive this incentive per message HQDA, DAPE-MPA, 260353Z.

_____ I elect to receive the Officer Accession Bonus in AOC _____.

_____ I decline the Officer Accession Bonus.

_____ I am not eligible to receive the Officer Accession Bonus since I hold a Mil-Tech position.

_____ I understand the AOC which I am applying does not offer an Officer Accession Bonus.

OTHER INSTRUCTIONS

This form will be destroyed upon: reassignment (other than rehabilitative transfers), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.

Plan of Action (Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below)

Session Closing: (The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate.)

Individual counseled: I agree disagree with the information above.
Individual counseled remarks:

Signature of Individual Counseled: _____ SFC JOHN P. DOE _____ Date: _____ 1 OCT 08 _____

Leader Responsibilities: (Leader's responsibilities in implementing the plan of action.)

Signature of Counselor: _____ SFC MARILYN S. KNIGHTEN _____ Date: _____ 1 OCT 08 _____

PART IV - ASSESSMENT OF THE PLAN OF ACTION

Assessment: (Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)

Counselor: _____ Individual Counseled: _____ Date of Assessment: _____

Note: Both the counselor and the individual counseled should retain a record of the counseling.

CORRECTION

WRITTEN AGREEMENT
OFFICER ACCESSION BONUS
ACKNOWLEDGEMENT

In connection with my appointment as an officer and agreement to serve with the United States Army Reserve under the Selected Reserve Incentive Program. I hereby acknowledge that:

1. I meet the eligibility criteria, as follows:
 - a. I agree to accept an appointment as an officer in the armed forces to serve in the Selected Reserve in a critical officer skill that is designated for bonus entitlement by the Secretary of the Army.
 - b. I am not accepting an appointment as an officer serving in the Selected Reserve for the purpose of qualifying for a military technician position where membership in a Reserve Component is a condition of employment (a one time temporary assignment as a military technician is excluded) or an Active Guard and Reserve (AGR) position.
 - c. I am not being accessed for continuous active duty service.
 - d. I possess a skill designated by the Secretary of the Army for bonus entitlement or I agree to accomplish the necessary training prescribed by the Secretary of the Army to achieve the designated skill within 36 months of appointment.
 - e. e. I am not currently receiving financial assistance under chapters 1608, 1609, 1611, sections 2107, or 2107a of title 10, United States Code, or special pay under section 302g of title 37, United States Code, and will not receive such assistance during the period of this agreement.
2. I shall incur the following obligations In connection with my agreement to accept an appointment as an officer serving in the Selected Reserve:
 - a. I hereby agree to serve in the Selected Reserve for six years, the full period of this agreement.
 - b. I shall serve satisfactorily, as prescribed by the appropriate regulations of the United States Army Reserve, for the complete period in the Selected Reserve of the United States Army Reserve according to my written agreement and in the critical skill in which accessed, unless excused for the convenience of the government.
3. I shall be paid an accession bonus, as follows:
 - a. The bonus accrues beginning on the date this agreement is accepted by the Secretary of the Army.
 - b. The total amount of the bonus payable under the agreement becomes fixed upon acceptance of this written agreement by the Secretary of the Army.
 - c. I shall receive a bonus of \$10,000 paid in one lump sum upon my successful completion of OBC/WOBC.

CORRECTION

CORRECTION

4. If I fail to accept a commission or appointment as an officer, or I do not commence to participate, or I do not satisfactorily complete the service obligation incurred under this agreement for any of the reasons listed below, I understand that recoupment or entitlement to a portion of the bonus amount will be calculated in accordance with paragraph 5 below:
 - a. If I fail to participate satisfactorily in training or duty with the Selected Reserve including failure to maintain medical and dental readiness, during the entire period of the service obligation, unless the failure to participate satisfactorily was due to reasons beyond my control (e.g., death, injury, illness, or other impairment not the result of my own misconduct).
 - b. If I fail or fail to complete OBC/WOBC within 36 months of the date of appointment.
 - c. If I am involuntarily separated from the Selected Reserve unless as a result of unit inactivation, unit relocation, unit reorganization, or a DoD-directed reduction in the Selected Reserve force.
 - d. If I separate from the Selected Reserve for any reason (including enlistment or voluntary order to active duty in the active forces); other than by death, injury, illness or other impairment not the result of my own misconduct or an involuntary call-up or mobilization.
 - e. If I voluntarily move to a non-bonus skill unless the move is required by the Reserve Component.
 - f. If I fail to extend the contracted term of service for a period of authorized nonavailability.
 - g. If I accept a military technician position where membership in a Reserve component is a condition of employment. (a one time temporary assignment as a military technician for 6 months or less is excluded) or an AGR position.
5. The amount to be recouped or reimbursed shall be computed as follows:
 - a. The number of months I have served satisfactorily during the term for which my bonus has been paid shall be multiplied by the monthly rate authorized by the particular bonus (calculated by dividing the total bonus amount by the number of months of service the member has agreed to serve).
 - b. That amount shall be subtracted from the total amount of bonus paid to date (initial and any subsequent payments).
 - c. If the calculation indicates overpayment to me, I shall refund that amount to the government of the United States. If the calculation indicates that I have earned more than I have been paid, I shall receive a final payment in that amount.
6. Termination from bonus entitlement and/or any refund made by me shall not affect my period of obligation to serve in the Ready Reserve.
7. If, subsequent to the acceptance of this agreement by the Secretary of the Army or his delegate, I am called or involuntarily ordered to active duty, I shall be paid, during that period of active duty, any amount of the bonus that becomes payable to me during that period of active duty.

CORRECTION

CORRECTION

UNDERSTANDING

I have read and understand each of the statements above and the statements contained in this agreement signed by me, and I understand that they are intended to constitute all promises or agreements whatsoever concerning my affiliation. No other promise, representation, or commitment has been made to me in connection with my affiliations bonus.

AUTHENTICATION

Signature of service representative and date

Signature of service member and date

Typed name and grade of witnessing officer

Signature and date

CORRECTION

SERVICE SCHOOL ACADEMIC EVALUATION REPORT

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

DATE (YYYYMMDD)
20060101

1. LAST NAME - FIRST NAME - MIDDLE INITIAL
Doe, John P.

2. SSN
111-11-1111

3. GRADE
E-7

4. BR

5. SPECIALTY/MOSC
42A40

6. COURSE TITLE
BNCOC COURSE 243-96

7. NAME OF SCHOOL
ARRTC, FORT MCCOY, WI 54656

8. COMP
USAR

9. THIS IS A REFERRED REPORT, DO YOU WISH TO MAKE COMMENTS?

YES NO

10. DURATION OF COURSE (YYYYMMDD)

From: 20051201 Thru: 20051230

11. PERFORMANCE SUMMARY

- *a. EXCEEDED COURSE STANDARDS
(Limited to 20% of class enrollment)
- b. ACHIEVED COURSE STANDARDS
- *c. MARGINALLY ACHIEVED COURSE STANDARDS
- *d. FAILED TO ACHIEVE COURSE STANDARDS

**Rating must be supported by comments in ITEM 14.*

12. DEMONSTRATED ABILITIES

- a. WRITTEN COMMUNICATION
 - NOT EVALUATED UNSAT SAT SUPERIOR
 - b. ORAL COMMUNICATION
 - NOT EVALUATED UNSAT SAT SUPERIOR
 - c. LEADERSHIP SKILLS
 - NOT EVALUATED UNSAT SAT SUPERIOR
 - d. CONTRIBUTION TO GROUP WORK
 - NOT EVALUATED UNSAT SAT SUPERIOR
 - e. EVALUATION OF STUDENT'S RESEARCH ABILITY
 - NOT EVALUATED UNSAT SAT SUPERIOR
- (SUPERIOR/UNSAT rating must be supported by comments in ITEM 14)*

13. HAS THE STUDENT DEMONSTRATED THE ACADEMIC POTENTIAL FOR SELECTION TO HIGHER LEVEL SCHOOLING/TRAINING?
 YES NO N/A *(A "NO" response must be supported by comments in ITEM 14)*

14. COMMENTS *(This item is intended to obtain a word picture of each student that will accurately and completely portray academic performance, intellectual qualities, and communication skills and abilities. The narrative should also discuss broader aspects of the student's potential, leadership capabilities, moral and overall professional qualities. In particular, comments should be made if the student failed to respond to recommendations for improving academic or personal affairs.)*

Provide 1059's for highest NCOES completed, also if the WOMOS states must be a BNCOC Graduate in the Feeder MOS, Include all 1059's stating the soldier is a BNCOC Graduate from all phases.

15. AUTHENTICATION

a. TYPED NAME, GRADE, BRANCH, AND TITLE OF RATER

DATE (YYYYMMDD)

SIGNATURE

b. TYPED NAME, GRADE, BRANCH, AND TITLE OF REVIEWING OFFICER

DATE (YYYYMMDD)

SIGNATURE

c. DATE (YYYYMMDD)

SIGNATURE OF RATED SOLDIER

Sample Biographical Summary

BIOGRAPHICAL SUMMARY

SMITH, John A. 123-45-6789

Staff Sergeant, 27D30, USAR

Date and place of Birth: 01 August 1975, Midlothian, VA

ETS Date: 19 June 2018

Present Assignment: Battery Commander, E Battery, 111th Field Artillery, 29th Infantry
Division (L) Army National Guard, Sandston, VA 23150

Years of Active Commissioned Service: 22 months

Total Years of Service: 13 years

Military Schools Attended:

US Army Airborne School, Basic Parachutist Course
US ROTC Leadership Development Assessment Course
USAFAS, Field Artillery Officer Basic Course (FAOBC)

Year Completed

1988
1998
1999

Civilian Education:

Local High School
VCU, Richmond, VA
Duke University, Durham, NC

Degree Received:

Diploma, 1995
BA in History, 1999
Master of Arts, 2002

US Decorations/Badges:

Army Meritorious Service Medal (MSM), 2 awd
Army Commendation Medal (ARCOM)
Army Achievement Medal (AAM), 3 awd
Armed Forces Expeditionary Medal (AFEM)
Armed Forces Service Medal (AFSM)
Army Reserve Component Achievement Medal, with 3 Bronze Oak Leaf Clusters (ARCAM)
National Defense Service Medal, with Bronze Service Star Device (NDSM)
Armed Forces Reserve Medal, with Bronze Hourglass, "M" Device, and "2" Device (AFRAM)
Army Service Ribbon
NATO Medal
Basic Parachutist Badge
Army Superior Unit Award

State Decorations/Badges:

Virginia Commendation Medal
Virginia Service Ribbon with Two Dogwood Blossoms (12 years)
Perfect Attendance Ribbon

Chronological list of Appointments:

Staff Sergeant	USAR	30 October 2005
Sergeant	ARNG	15 May 2003
Specialist	ARNG	30 May 2000
Specialist	US Army	12 Dec 1999

Chronological Record of Duty Assignments:

	<u>From:</u>	<u>To:</u>
• ARNG - Not on Active Duty SMP Cadet E-5	Oct 89	Sep 90
• USAR - Not on Active Duty USAR Control Group William & Mary ROTC USAR Control Group (delayed)	Sep 90 May 91	May 91 Jul 91
• ACTIVE DUTY Student Officer, USAFAS	Jul 91	Jan 92
• ARNG - Not on Active Duty Recon/Survey Officer, HHSB/1-246 FA, 29 ID (L) Fire Direction Officer, A/1-246th FA, 29 ID (L)	Jan 92 Apr 95	Apr 95 Jan 97
• ACTIVE DUTY Company Fire Support Officer, Det. 1, 1-246 th FA, Nord-Pol Bde., Bosnia, Operation JOINT GUARD	Jan 97	Sep 97
• ARNG - Not on Active Duty Fire Direction Officer, A/1-246th FA, 29 ID (L) Battalion S2, 1-246 FA, 29 ID (L) Battalion Fire Direction Officer, 1-246 FA, 29 ID (L) Battery Commander, E/111 FA, 29 ID (L)	Sep 97 Jan 98 Dec 98 Mar 01	Jan 98 Dec 98 Feb 01 Jul 02
• ARNG – Active Guard and Reserve (AGR), Title 32 Officer Strength Manager, Det 4 (R&R), STARC	Oct 03	present