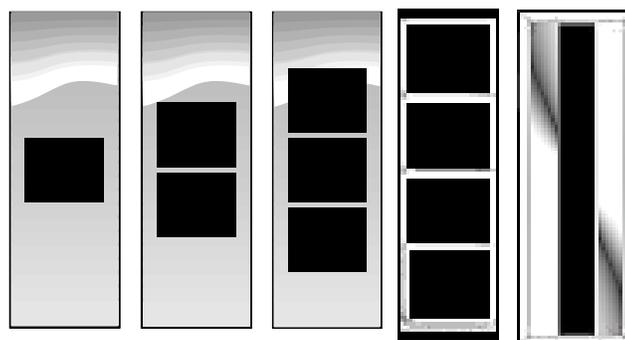


# UNITED STATES ARMY RESERVE

## WARRANT OFFICER FLIGHT APPLICATION

### SAMPLE PACKET



**FY 2013**  
**1 OCTOBER 2012**

# Sample

## Warrant Officer Flight Training Program Procedures

### As of 1 October 2012

1. The following guidance is provided to assist you in preparing Warrant officer MOS 153A Rotary Wing Aviator application packets for the Army Reserve.

#### 2. Non-Waiverable Criteria:

- a. U.S. Citizen
- b. General Technician (GT) score of 110 or higher
- c. High School graduate or have a GED
- d. Secret, Interim Secret, or Continued Access Secret security clearance
- e. Pass the standard 3-event Army Physical Fitness Test (APFT)
- f. Meet height and weight standards
- g. Pass the Class 1A flight physical

3. **Minimum Prerequisites:** ARCD INTRANET web site provides current updates ([https://usarcintra/rtd/accessions/wo\\_default.htm](https://usarcintra/rtd/accessions/wo_default.htm))

- a. Any MOS may apply.
- b. Applicant must be at least 18, but not have reached the 33<sup>rd</sup> birthday at the convening date of the DA selection board.
- c. Applicant must not have reached their 33<sup>rd</sup> Birthday upon beginning flight training.
- d. Applicant must score 90 or higher on the Aviation Flight Test.
- e. Applicant must successfully pass a Class 1A Flying Duty Medical Examination (FDME) IAW AR 40-501 that has been approved by the Commander, US Army Aeromedical Center at Fort Rucker, AL.
- f. It is recommended, but not required, that applicants have a letter of recommendation from an Army Aviator in the rank of CW3 to CW5 or Major or above. If the unit commander or above is a field grade aviator, the aviator interview may be part of the commander's endorsement. In this case, the commander's endorsement must contain the same statement required for the aviator interview. Use a memorandum format and start with the statement: "I have interviewed (name) and find (he/she) has the needed personal characteristics, motivation, physical stamina, and qualifications to be appointed to US Army Reserve Warrant Officer and appears acceptable for selection into the WOFT program as a Warrant Officer Candidate". Applicants from other military services may be interviewed by a field grade aviator from their branch of service if an Army aviator is not readily available. Army aviators will conduct the interviews whenever possible.

# Sample Cont:

## 4. Packet Preparation:

- a. Assemble the application using the sample packet as a guide. **DO NOT** send an incomplete application with plans to send the missing document(s) later. **DO NOT** use document protectors, binders, staples or **two sided copies**.
- b. DA Form 61 and DA Forms 3574/3575 are on PureEdge. Soldiers complete the DA Form 3574 on their first term of service, and soldiers on a subsequent enlistment complete the DA Form 3575.
- c. Applicants should submit the completed application to the Officer Accessions NCO (OANCO). The OANCO will screen the application for completeness, accuracy, and compliance with the minimum prerequisites. The OANCO will then send the complete packet to the BN Special Missions NCO for final quality control check (QC).
- d. All completed packets will be submitted to the Battalion (BN) Special Missions NCOIC at the Army Reserve Careers Division BN (ARCD). The BN Special Missions NCOIC will notify the Officer Accessions NCO of any discrepancies. Once discrepancies have been corrected, the Special Missions NCOIC will forward the packet to the Army Reserve Career Division (ARCD) Officer Accession Team for processing.
- e. The ARCD Officer Accession Team will forward aviation applications that require waiver(s) approval/disapproval to the Aviation Proponent at Fort Rucker. ARCD will return disapproved aviator applications to the BN Special Missions NCOIC with an explanation of disapproval. ARCD will prepare Fort Rucker approved applications and applications that do not require waivers for presentation to the next scheduled DA WO Board.
- f. Applications that are incomplete or need corrections will be held at the ARCD Officer Accession Team no more than 30 days after receipt, pending receipt of required corrections. ARCD will return applications to the BN Special Missions NCO after 7 days. The Battalion may resubmit the Warrant Officer application to ARCD upon completion.
- g. Applicants will be notified of the DA Warrant Officer Selection Board results through their Battalion. Custody of the accepted applicants' records will be turned over to USARC Initial Military Training Management Team, who is also responsible for scheduling the applicant for the Warrant Officer Candidate Course (WOCC).

**5. The WOFT packet is generally the same packet as used in applying for technical Warrant Officer MOSs, except for the following:**

- a. **Aviation Flight Test.** You should first try to schedule the Aviation Flight Test through your education services officer. Next option is to schedule at the Military Entrance Processing Station (MEPS). Review DA Pamphlet 611-256-2 regarding SIFT for further information. If the test is taken at MEPS, the 417 ADP indicating the test score can be used for score verification.
- b. **Class 1A Flight Physical** must be approved and stamped by the Aeromedical Center at Fort Rucker, Alabama.

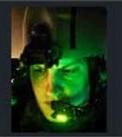
**6. Class 1A Flight Physicals:**

- a. Class 1A flight physicals are required for all flight applications. This physical is not the same as a Chapter 2 pre-commissioning physical. IAW AR 40-501, dated 1 February 2005, chapters 2 and 6 apply to Class 1A flight physicals. For flight training, Type B medical examination is needed to meet Class 1A flying duty medical fitness standards.
- b. Flight physicals are preferably done at a military installation that has a Flight Surgeon on staff. They can also be performed at MEPS or other military treatment facilities. All Class 1A Flight physicals, once completed, will be picked up by the OANCO and mailed to **Commander, USAAMC, ATTN: MCXY-AER, Ft. Rucker, AL 36362-5333**. 10 to 15 days after AEROMED receives the physical, it will be screened and either approved or disapproved and returned to the facility that conducted the physical (**Flight physicals that are performed by Flight Surgeon are electronically sent to AEROMED and will get results within 10 days**).
- c. Flight physicals from other branches such as Air Force or Navy will be accepted and will be mailed to AEROMED at the address in paragraph 2 above.



**UNITED STATES ARMY  
WARRANT OFFICER RECRUITING**







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## Warrant Officer Prerequisites and Duty Description

### 153A - Rotary Wing Aviator

**Duties:**

Accession MOS used to feed into an armed reconnaissance, attack, utility, or cargo helicopter MOS. Operates and commands aircraft under tactical and non-tactical conditions. Operates aircraft during all types of meteorological conditions during the day, night, and under night vision systems. Performs all military aircraft operations (e.g., reconnaissance, security, gunnery, rescue, air assault, mine/flare delivery, internal/external load, and paradrop/rappelling operations). Performs aerial route, zone, and/or area reconnaissance in support of combat maneuver operations. Routinely participates in real time and training operations that include combat, combat support, or combat service support operations. Additionally, performs administrative or liaison missions to transport passengers, mail or cargo for military purposes. Maintains aviator flight requirements in accordance with appropriate aircraft Aircrew Training Manual.

**Minimum prerequisites:**

- Any MOS may apply.
- Be at least 18, but not have reached their 33rd birthday at the convening of the selection board.
  - *"Waivers will be considered for applicants with exceptional qualifications and only on a case by case basis"*
- Score 90 or higher on the Alternate Flight Aptitude Selection Test (AFAST).
- Successfully pass a Class 1 (warrant officer candidate) Flying Duty Medical Examination (FDME) IAW AR 40-501 that has been approved by the Commander, U.S. Army Aeromedical Center.
- It is recommended, but not required, that applicants have a letter of recommendation from an Army Aviator in the rank of CW5 to CW5 or Major and above. If the unit commander or above is a field grade aviator, the aviator interview may be part of the commander's endorsement. In this case, the commander's endorsement must contain the same statement required for the aviator interview. Use a memorandum format and start with the statement I have interviewed (your name) and find (he/she) has the needed personal characteristics, motivation, physical stamina, and qualifications to be appointed a U.S. Army Reserve warrant officer and appears acceptable for selection into the WOFT program as a warrant officer candidate. Applicants from other military services may be interviewed by a field grade aviator from their branch of service if an Army aviator is not readily available. Army aviators will conduct the interviews whenever possible.
- Acceptance to Warrant Officer Flight Training (153A) will require attendance and successful completion of:
  - The U.S. Army Aviation Center Survival Escape Resistance and Evasion (SERE-C) course.
  - Helicopter Ditching and Dunker trainer.

Note: The waiver authority for this requirement is the Commanding General, U.S. Army Aviation Center, Fort Rucker, AL 36362-5000.

Please contact the proponent POCs below for any questions regarding qualifications. Address all other inquiries to the Warrant Officer Recruiting Branch at [wo-team@usarec.army.mil](mailto:wo-team@usarec.army.mil)

**POC:**  
**CW2 Brad R. Cook**  
E-Mail: [brad.r.cook.mil@mail.mil](mailto:brad.r.cook.mil@mail.mil)  
334-255-1420  
DSN 558-1420

**POC:**  
**Mr. John Kissel**  
Aviation Proponent Warrant Officer Analyst  
Email: [john.kissel@conus.army.mil](mailto:john.kissel@conus.army.mil)  
DSN: 558-1430

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**WARRANT OFFICER QUALITY CONTROL CROSS CHECKLIST**

|                         |  |   |                  |                      |                        |                     |
|-------------------------|--|---|------------------|----------------------|------------------------|---------------------|
| <b>FY 2013</b>          | <b>Battalion</b>                       |   |                  |                      |                        |                     |
| <b>As of 1 Oct 2012</b> | <b>Rank/Name:</b>                      |   | SSN:             |                      |                        |                     |
| <b>CATEGORY</b>         | <b>ITEM</b>                            | <b>CHECK FOR:</b>   | <b>YES/NO/NA</b> | <b>ANCO INITIALS</b> | <b>SP MSN INITIALS</b> | <b>RTD INITIALS</b> |
| <b>CHECKLIST</b>        | <b>CHECKLIST</b>                       | Is the USAR Fm 135-R or 136-R properly filled out to include unit vacancy information? <b>AGR - include AGR Checklist. 670A/640A required additional checklist</b>  |                  |                      |                        |                     |
|                         | <b>PREREQUISITE</b>                    | Include current Proponent Prerequisite Sheet  |                  |                      |                        |                     |
|                         | <b>MOS</b>                             | Does Soldier hold feeder MOS? (check prerequisite sheet) If not, include Waiver Request.  |                  |                      |                        |                     |
|                         | <b>APFT</b>                            | Does Soldier take standard 3 event PT Test. If not, include Waiver Request, DA Fm 705 and physical profile Form 3349, Memo from 1st LTC in chain of command   |                  |                      |                        |                     |
|                         | <b>AFS</b>                             | <b>AGR only</b> - needs AFS waiver if on date of DA Board they have 12 years Active Federal Service.  |                  |                      |                        |                     |
|                         | <b>Age</b>                             | Does Soldier exceed maximum age for accession for WMOS? If YES, include Waiver Request.   |                  |                      |                        |                     |
|                         | <b>Grade</b>                           | Does Soldier meet minimum grade for WMOS? (check prerequisite sheet) If not, include Waiver Request.  |                  |                      |                        |                     |
|                         | <b>Experience</b>                      | Does Soldier meet minimum (feeder MOS) experience for WMOS? (check prerequisite sheet). If not, include Waiver Request, if yes include supporting documentation.  |                  |                      |                        |                     |
|                         |  | Does Soldier meet civilian experience for WMOS? (check prerequisite sheet) If YES, must include civilian appraisals and letter(s) of recommendation.  |                  |                      |                        |                     |
|                         |  | Does Soldier have minimum supervisory experience for WMOS? If YES, cross check against NCOERS. If not, include Waiver Request.  |                  |                      |                        |                     |
|                         | <b>Education</b>                       | Does Soldier meet minimum civilian education requirements for WMOS? (check prerequisite sheet) If not, include Waiver Request.  |                  |                      |                        |                     |
| <b>PREREQUISITES</b>    |  | Does Soldier meet English requirements for WMOS? (check prerequisite sheet) <b>Must provide a transcript that shows the course number, "ENG 101", for example, and the grade must be a "C" or higher. Displayed as a transferred course with no course number or grade is not sufficient.</b> |                  |                      |                        |                     |
|                         |  | Does Soldier meet Math requirements for WMOS? (check prerequisite sheet) <b>Must provide a transcript that shows the course number, "ALG 101", for example, and the grade must be a "C" or higher. Displayed as a transferred course with no course number or grade is not sufficient.</b>    |                  |                      |                        |                     |
|                         |  | TABE Test requirement: Must include test results. (check prerequisite sheet)  |                  |                      |                        |                     |
|                         | <b>NCOES</b>                           | Does Soldier meet minimum (feeder) NCOES requirement? (check prerequisite sheet). If NO, must include waiver.   |                  |                      |                        |                     |
|                         | <b>Additional Testing</b>              | Does WMOS require AFAST, TABE, DLAB or any additional tests for WMOS? (check prerequisite sheet) If YES, must include test results.   |                  |                      |                        |                     |
|                         | <b>(LOR) Letter Of Recommendations</b> | Does Soldier have <b>ALL</b> required LORs for WMOS which applying for? <b>DA Board wants a LOR from a SR WO even if the prerequisites do not require one.</b>  |                  |                      |                        |                     |
|                         | <b>Security Clearance</b>              | Does Soldier have minimum required security clearance as required for WMOS? If NOT, soldier must have an Interim Security Clearance or continued access to go before the DA Selection Board. NOTE: Interim Clearance do not expire if issued by USARC G-2.                                    |                  |                      |                        |                     |
|                         | <b>WOFT ONLY</b>                       | Aviation Flight Test (AFAST) SIFT to be used from 01 Jan 13 onward.   |                  |                      |                        |                     |

| DA Form 61 (Page 1)<br>FORM IN ALL CAPS |   |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|
| Item # 1                                | (X) Warrant Officer - Army Reserve  |  |  |  |  |  |  |
| Item # 2                                | Enter AR 135-100  |  |  |  |  |  |  |
| Item # 3                                | Always enter WO1  |  |  |  |  |  |  |
| Item # 5a                               | MOS CODE: Enter the WO MOS applying for; reference this from the <b>Feeder MOS List. Example: 420A. (Proponents with more than 1 WOMOS add all example 255N, &amp; 255A or 913A, 914A, 915A &amp; 919A.</b>   |  |  |  |  |  |  |
| Item # 5b                               | Enter the MOS title that is printed on the <b>MOS Prerequisite sheet. Example: HUMAN RESOURCES TECHNICIAN</b>   |  |  |  |  |  |  |
| Item # 7                                | LAST NAME, FIRST NAME MIDDLE NAME SUFFIX<br>(DOE, JOHN RANDALL)   |  |  |  |  |  |  |
| Item # 8                                | <b>Enter Grade (E7)</b>   |  |  |  |  |  |  |
| Item # 9a                               | Enter SSN <b>(000-00-0000)</b>  |  |  |  |  |  |  |
| Item # 10                               | Enter MOS held that feeds into a WO MOS; <b>reference Feeder MOS List.</b>  |  |  |  |  |  |  |
| 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, round up if over 9 months AFS.) USE DD214   |  |  |  |  |  |  |
| Item # 12                               | Self explanatory EX: M, D, S (USE DA 2A, Sect 1, #6)  |  |  |  |  |  |  |
| Item # 13                               | Enter the number of dependents <b>under age 18;</b>   |  |  |  |  |  |  |
| Item # 14                               | Enter date of birth as <b>(14 JUN 67).</b>  |  |  |  |  |  |  |
| Item # 15                               | Enter place of birth as:<br><b>CITY<br/>COUNTY<br/>STATE (GA)</b>   |  |  |  |  |  |  |
| Item # 16                               | Enter SEX; M-MALE, F-FEMALE.  |  |  |  |  |  |  |
| Item # 17                               | Enter the units complete military address and UIC <b>(UNIT/UIC &amp; ADDRESS must match DA Form 2A) to include the PHONE NUMBER. AGR add unit e-mail if unit has one.</b>   |  |  |  |  |  |  |
| Item # 18                               | Enter complete address of applicant (MUST MATCH APPLICANTS ADDRESS on DA FORM 2A) to include phone number, if no phone put NO PHONE. <b>AGR - add Soldiers AKO e-mail address. John.doe@us.army.mil</b>   |  |  |  |  |  |  |
| Item # 19                               | Not required if current mailing address is the same as permanent address. (N/A)   |  |  |  |  |  |  |
| Item # 20                               | US Citizen should always be marked YES since you must be a US Citizen to apply.   |  |  |  |  |  |  |
| Item # 20a                              | Enter YES or NO; if applicant is a naturalized check the NO block then go to block b.   |  |  |  |  |  |  |
| Item # 20b                              | Self explanatory. (Must match DA Form 2A Sec I item # 12)   |  |  |  |  |  |  |
| Item # 20c                              | Enter the applicants naturalization certificate number showing he/she is a US Citizen, date and address of court must be included. <b>Include Naturalization certificate.</b>   |  |  |  |  |  |  |
| Item # 21a                              | Check YES OR NO.  |  |  |  |  |  |  |
| Item # 21b                              | Enter the Name and Location of High School to include the ZIP CODE; (GREAT HIGH SCHOOL, ANYWHERE, MI 49503) (GED, UNIVERSITY OF GA, ATLANTA, GA 30281)  |  |  |  |  |  |  |
| Item # 21c                              | <b>Most Current College on top.</b> Name of College, City and State of College or University; (UNIV OF MI, SMART, MI) if you need more room go to the next line. <b>Each college listed must have a transcript, no internet/web page transcripts accepted, unofficial transcripts accepted, if on college stationary. Can list only the current college attending, if all colleges are rolled up on one transcript but ENG &amp; Math letter Grade must be printed on transcript.</b> |  |  |  |  |  |  |
| Item # 21c(1)                           | Enter type of Degree; if degree has not been earned leave blank (BS, AS, CERT)  |  |  |  |  |  |  |
| 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 STUDIES). Must match DA Form 2A Sec III # 25.   |  |  |  |  |  |
|  | Item # 21d           | Enter special educational honors, scholarships, etc.   |  |  |  |  |  |
|  | Item # 21e           | Enter any probations or periods for being expelled   |  |  |  |  |  |
|  | Item # 22a           | Enter the highest level of NCOES military school; If no <b>NCOES</b> put the highest military school ( <b>AIT</b> ); Enter as (US Army Support Institute, Ft. Sill, OK) <b>Verify this with the DA Form 1059 and Section III block 22 of DA 2A and the DA Form 2-1 block 17. (IF THEY HAVE COMPLETED THE LAST PHASE OF ALC/SLC, DO NOT LIST PHASE #.)</b>  |  |  |  |  |  |
|  | Item # 22c           | Enter the from month and year to month and year and (X) if completed.( <i>i.e. From 08 03 To 08 03</i> ).  |  |  |  |  |  |
| <b>DA Form 61 (Page 2)</b>                 | Item # 24            | X the appropriate box  |  |  |  |  |  |
|  | Item # 25            | Enter X  |  |  |  |  |  |
|  | Item # 26            | Enter no if applicable and applicant has not had fine over\$250. <b>If yes, include Moral Waiver request, with supporting court documentation. If no court documents exist, you MUST provide a USAREC Form 1037 stating no records found.</b>  |  |  |  |  |  |
|  | Item # 27            | MOST CURRENT ON TOP Active Military Service; <b>Enter all active military service to include AGR and Mobilized time that produced a DD 214.</b> Do not enter Basic and AIT unless over a year.{a. <b>US Army or US Army Reserve. (mobilized) or appropriate branch b.13 Jan 03 c. 15T30 e. E7/AC (AC=Active Component); E7/RC (RC=Reserve Component/National Guard) SUBMIT ALL DD214s, NGB22s, DISCHARGE ORDERS.</b>       |  |  |  |  |  |
|  | Item # 27f           | <b>AC applicants only</b> enter dated current refrad date DD MMM YYYY  |  |  |  |  |  |
|  | Item # 28            | MOST CURRENT ON TOP. Enter all Reserve time; This includes ARNG & other Branches of Reserve time. Same formatting applies as Item #27.   |  |  |  |  |  |
|  | Item # 30            | <b>Only list personal awards(e.g. AAM, MSM, NAM). Type "NONE" if no awards</b>   |  |  |  |  |  |
|  | 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.  |  |  |  |  |  |
| <b>DA Form 61 (Page 3)</b>                 | Item # 40a           | Enter the <b>complete address of the employer with phone number</b> ; If the phone number will not fit put it in the lower left hand corner of block 41 <b>REMARKS. If the applicant is unemployed or a student enter "UNEMPLOYED or STUDENT" . AGR or Active Component Applicants leave items 40a,b &amp; c blank</b>   |  |  |  |  |  |
|  | Item # 40b           | Enter the Job title. <b>(Must match DA Form 2-1 item 26). AGR leave blank.</b>   |  |  |  |  |  |
|  | Item # 40c           | Enter employment/unemployment/student status startedMMM YYYY and Present. <b>Example: FEB 1998. AGR leave blank.</b>   |  |  |  |  |  |
|  | Item # 41            | Enter the required PT/HT/WT statement with the Commander's Signature Block. <b>(See Sample Packet) NO DELEGATION OF SIGNATURE AUTHORITY ON APFT STATEMENT.</b> Must be signed by the commander, per DA Pam 601-6 para 1-4f. <b><u>THE SOURCE DOCUMENT FOR THIS ENTRY IS THE DA FORM 705; MUST BE CURRENT PT TEST. Match DA Fm 2A Sec III items 13, 14 &amp; 15.</u></b> Enlisted Commander add assumption of command order |  |  |  |  |  |
|  | Item # 42            | Enter the date and signature of applicant; <b>Ensure this is on or after the PT Test. Original or Digital Signature. DATE OF DA61 MUST MATCH DATE OF BONUS 4856 AND BONUS ADDENDUM</b>   |  |  |  |  |  |
| <b>DA Form 61 (Page 4)</b>                 | DA Form 61 Page 4    | <b>DO NOT ENCLOSE; THIS PAGE IS NOT USED WITH WARRANT OFFICER APPLICATIONS.</b>  |  |  |  |  |  |
| <b>DA Form 61 Supporting Documentation</b> | DA 61 Con't Sheet    | Include Continuation Sheet of DA Form 61 if applicable   |  |  |  |  |  |
|  | DA Form 5500/5501    | Include DA Form 5500/5501 if applicable  |  |  |  |  |  |
|  | Naturalization       | Include Naturalization Certificate if applicable.  |  |  |  |  |  |
| <b>Additional Testing</b>                  | Aviation Flight Test | Aviation Only - (FAST) SIFT to be used from 01 Jan 13 onward.  |  |  |  |  |  |
|  | TABE Test            | Add only if Proponent Prerequisite sheet requires TABE Test  |  |  |  |  |  |

|                                  |   |   |  |  |  |  |  |
|----------------------------------|---|---|--|--|--|--|--|
| <b>LETTERS OF RECOMMENDATION</b> | Commander's Letter on <b>USAREC Form 1936 REV 1 AUG 2009</b>  | <b>Letter from the applicant's commander.</b> The UA can sign for the commander if the memo of signature authority is enclosed in the packet. Refer to the sample in the Sample Packet. <b>Ensure all letters of recommendation have POC information. If someone else signs for the commander, then ensure that the Commander's Signature Authority Memo is enclosed in the packet. USAREC Form 1936 REV 1 AUG 2009 required.</b>   |  |  |  |  |  |
|                                  | BN Commander Letter on <b>USAREC Form 1936 REV 1 AUG 2009</b> | Letter from the applicant's BN Commander In some units there is no BN CO, in that case get a letter from the first Field Grade officer in Chain of Command. Refer to the sample in the Sample Packet. <b>USAREC Form 1936 REV 1 AUG 2009 required.</b>  |  |  |  |  |  |
|                                  | WO Letter on <b>USAREC Form 1936</b>                          | <b>All applicants should have a letter from a Sr. WO in the MOS applying</b> for to add strength to the packet. Check the MOS Prerequisite, most require this letter. A WO is not available contact your Sp MSN NCO for help in finding a WO who will provide a letter. These letters must have substance to them and must address the technical expertise of the applicant. <b>USAREC Form 1936 REV 1 AUG 2009 required.</b>   |  |  |  |  |  |
|                                  | Other Letters on Letterhead or <b>USAREC Form 1936</b>        | Other letters of recommendation are good but be sure they relate to the applicant's leadership or expertise in the field applying for. Packets based on civilian acquired skills need LOR's from civilian job.  |  |  |  |  |  |
| <b>WAIVERS</b>                   | 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. <b>(Include court documentation, or USAREC Form 1037 stating no records found).</b>  |  |  |  |  |  |
|                                  | Active Federal Service (AFS)                                  | <b>AGR ONLY - needs active federal service waiver if they will complete 12 years prior to the DA Board.</b>   |  |  |  |  |  |
|                                  | Age   | Age waivers are sent to DA G1 for approval/disapproval; When asking for this type of waiver applicant should not be asking for any other type of waiver. Anything over 49 usually is not approved; Any packet requiring a waiver needs to be at ARCD 60 days prior to the DA Board <b>.MUST PROVIDE ALL DISCHARGE DOCUMENTS WITH THE WAIVER (214, 215, NGB22, REFRAD ORDERS, TRANSFER TO IRR, etc.)</b>   |  |  |  |  |  |
|                                  | Medical   | Medical waivers are sent to HQ USAREC, Any packet requiring a waiver; needs to be at ARCD 30 days prior to the DA Board <b>. (Include supporting documentation from civilian or military doctor on medical condition. Include diagnosis, prognosis and a summary)</b>   |  |  |  |  |  |
|                                  | APFT  | APFT waivers are sent to DA G3 for approval/disapproval; <b>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, LAST 4 OR 5 APFT RESULTS ON DA Form 705 &amp; USAREC Form 1936 from 1st LTC in chain of command. Profile should match Chap 2 physical.</b>   |  |  |  |  |  |
|                                  | Prerequisite  | Prerequisite waivers are approved/disapproved by the proponent in the WO MOS applying for these are done at the same time proponent is approving/disapproving the applicant. When requesting a prerequisite waiver be sure the request justifies why it should be approved;   |  |  |  |  |  |
| <b>DA PHOTO</b>                  | DA Photo  | DA Photos are required. They should be done at a military facility. If the Soldier is deployed outside conus - photo in ACUs will be accepted. Soldiers in conus can submit a photo in ACUs , must have memo from Cdr or Supply stating reason for no Dress Uniform. <b>Check photo-does it look acceptable and do ribbons match block 9 of DA Form 2-1. (ACU photos - No headgear). AGR must submit photo in ASU or Class A uniform. (<a href="http://www.armywriter.com/rackbuilder.htm">http://www.armywriter.com/rackbuilder.htm</a>)</b> |  |  |  |  |  |

|  |   |  |  |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|--|
| RESUME / USAREC Form 1935  | USAREC Form 1935 must be used FY11.   | <p><b>USAREC Form 1935 REV 1 AUG 2009 must be used. See the Sample Packet for format. USE 4-DIGIT YEAR for all periods of mil employment, CIV employment and mil ed. Example: 2006/05.</b> Resume must be signed and dated by the applicant (digitally or in ink). Ensure the Objective is for the right MOS and the prerequisite title is the same. Check that the education level matches with Section III block 24 of the DA Form 2A. Assignment history should match DA Form 2-1 and NCOER's. Military Education should include all NCOES Courses and all courses that pertain to WOMOS. <b>Remove Blank Pages. Deployments must be separated out - even for AGR Soldiers.</b></p> |  |  |  |  |  |  |  |
| DA FORM 2A   | DA Form 2A  | Section I; blocks 1-8, 12, 14 & 16 make sure they are correct.   |  |  |  |  |  |  |  |
|  | pen changes are acceptable  | Section II: Check blocks 1,2,4,5,18,20 are correct.  |  |  |  |  |  |  |  |
|  |   | Section III: Check blocks 1, 2 (should match DA Fm 2-1 item 6) blocks 7,8,9,10 (match Chap 2 physical). Block 13,14,15 match DA Form 61 Page 3 # 41). Block 19 should match JPAS. Block 22 should match DA Form 1059. Check blocks 23 - 25 should match resume.  |  |  |  |  |  |  |  |
|  |   | 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.   |  |  |  |  |  |  |  |
| DA FORM 2-1 or ERB<br>Item numbers will vary depending upon form date, Current Form May 2008.<br>Use REG AR 600-8-104, CHAPTER 5 | DA Form 2-1   | Block 1: Is name correct (crosscheck with DA 61).  |  |  |  |  |  |  |  |
|  | pen changes are acceptable  | Block 2: Is SSN correct (crosscheck with DA 61).   |  |  |  |  |  |  |  |
|  |   | Block 5: List deployments Example: YY MM DD - YY MM DD Iraq; 8   |  |  |  |  |  |  |  |
|  |   | Block 6: Is MOS correct. (Should match DA Fm 2A, Sec III, item 1)  |  |  |  |  |  |  |  |
|  |   | Block 8: Is GT score 110 or higher. (Must have date and place and scores must match REDD report)   |  |  |  |  |  |  |  |
|  |   | Block 9: Do Ribbons match DA Photo, ensure Weapons Qualification shows the qualification and date.   |  |  |  |  |  |  |  |
|  |   | Block 17: Is NCOES and other civilian education and military schools correct; must match resume.   |  |  |  |  |  |  |  |
|  |   | Block 18: Is Rank correct (match DA Fm 2A Sec II item 3 & 4)   |  |  |  |  |  |  |  |
|  |   | Block 20: Should not be blank  |  |  |  |  |  |  |  |
|  |   | Block 22: Must match Chapter 2 physical. Enter HT/WT Date of Exam & check Yes/No for glasses   |  |  |  |  |  |  |  |
|  |   | Block 23: Place of Birth & Citizenship of Soldier and Spouse   |  |  |  |  |  |  |  |
|  |   | Block 24: Dependents must be entered. (Match DA Fm 2A Sec I item 8)  |  |  |  |  |  |  |  |
|  |   | 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) must match DA Fm 2A Section II item 10 and 31c or (32c depending on date of form) must match DA Fm 2A Section II item 9.  |  |  |  |  |  |  |  |
|  | Blocks 32 and 33 (33 & 34 depending on date of form): Must be dated and signed by the applicant. Reviewed date must be within 1 year. |  |  |  |  |  |  |  |  |
|  | Block 34 (or 35 depending on date of form): Assignment history cross check against resume and NCOERs. Last entry needs to be current. |  |  |  |  |  |  |  |  |
| ERB  | Update DT last EVAL; Awards & Decorations; Military & Civilian Education; and everything under Personal Family Data.                  |  |  |  |  |  |  |  |  |

|  |                                      |   |  |  |  |  |            |
|--|--------------------------------------|---|--|--|--|--|------------|
|  | NCOER Memo                           | <b>MUST have if Soldier does not have 5 consecutive NCOER's; E-5's with less than 5 NCOER's must submit this memo.</b>  |  |  |  |  |            |
|  | NCOERs                               | <b>Its best to get all required NCOERs from 2X Citizen.</b> By doing this they are stamped as certified copy indicating that they are official records in the Soldier's file. <b>(Do not stamp certified true copy). Needs improvement, several not signed - will need a memo from the command explaining the situation.</b>  |  |  |  |  |            |
| <b>TRAINING</b>                              | DA Form 1059                         | DA Form 1059s from <b>ALL COURSES</b> . <b>Marginal 1059 - needs a memo from the command explaining the situation.</b>  |  |  |  |  |            |
|  | Certificates                         | Provide any additional training certificates that support the applicant's qualifications for the WMOS (i.e. ASE Certification, NOVELL Certification, Journeyman's License, etc...)  |  |  |  |  |            |
|  | 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. <b>No internet/web page transcripts accepted. Unofficial student transcripts are accepted on school stationary.</b>  |  |  |  |  |            |
| <b>SECURITY</b>                              | Security Clearance Verification      | <b>Memorandum from Security Manager (NO MORE JPAS)</b> Soldier who has interim also insert printout from SMS transactions page if interim is not reflected elsewhere.   |  |  |  |  |            |
|  | DA Form 3574 or 3575 (as applicable) | Enter <b>AR 135-100</b> in first paragraph; Make sure bottom of form is filled out and signed. <b>USE THE CORRECT FORM BASED UPON THE APPLICANT'S TIME IN SERVICE. USE 3575 if they have passed their 8 year MSO. Original or Digital Signature.</b>  |  |  |  |  |            |
|  | Stmnt of Understanding               | Copy to letterhead and type the applicants name and SSN on bottom and have signed.  |  |  |  |  |            |
| <b>CHAP 2 PHYSICAL</b>                       | Chapter 2 Physical                   | <b>Must be certified true copy (Name, Signature &amp; Date of who is certifying true copy).</b> Ensure it is a Chapter 2 commission physical. <b>Must be within 18 months of DA Board Selection. Flight physicals must be stamped by Ft. Rucker Flight Surgeon.</b> 2807-1: Check blocks 1,2,3,5 are filled in, and blocks 6a,b,c. 2808: <b>BLOCK 15a,b,c are checked. Make sure it is marked commission, DAZ, or something that shows it is a Chap 2 Physical.</b> 2808 - Block 74a - Must be checked "is qualified" and show WO, Commission or IAW AR 40-501. Block 74b must be filled out completely. Block 81a must be signed by the Physician. <b>Ensure that you provide lab reports showing the results of HIV, Drugs, Alcohol (Ethanol) and HEMOGLOBIN.</b> |  |  |  |  |            |
|  | Stmnt of Religious Practices         | Have applicant sign and date.   |  |  |  |  |            |
| <b>VACANCY</b>                               | Unit Vacancy Report                  | Include unit vacancy report from <b>REQUEST</b> or, if the position needs to be loaded, include the <b>Vacancy Load Sheet</b> . <b>INCLUDE VAC CRTL NUMBER! Not needed for AGR Soldiers</b>   |  |  |  |  |            |
| <b>BONUS</b>                                 | DA 4856 and Bonus Paperwork          | <b>ENSURE DATE MATCHES DATE OF DA61!</b> Check current SRIP list to confirm eligibility. <b>AGR not eligible for Bonus-but need DA 4856 in pkt</b>  |  |  |  |  |            |
| <b>AGR</b>                                   | DA Form 4856 AGR Counseling          | AGR's must sign and date (If applicable). NOT needed if applying for AGR position.  |  |  |  |  |            |
|  | DA Fm 1506 Statement of Service      | AGR's should request DA Fm 1506 from HRC.   |  |  |  |  |            |
|  | DA Fm 4187 Records Review            | AGR records review signed by the Soldier, UA/Personnel SGT & verified by the Commander  |  |  |  |  |            |
| <b>670A/640A</b>                             | MILPER MESSAGE                       | All additional documents required by current MILPER Message   |  |  |  |  |            |
| <b>SOLDIERS FROM OTHER BRANCHES</b>          | DD Form 368                          | Request for Conditional Release (if applicable).  |  |  |  |  |            |
| <b>Print ANCO Name &amp; Signature</b>       |                                      |   |  |  |  |  | Date _____ |
| <b>Print SP MSN NCO Name &amp; Signature</b> |                                      |   |  |  |  |  | Date _____ |

# Army Reserve Warrant Officer Flight Checklist

(For use of this form see USAR Reg 140-6; the proponent agency is AR-RTD)

RRC: \_\_\_\_\_ Rank: \_\_\_\_\_ WMOS: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Unit Assigned: \_\_\_\_\_ UIC: \_\_\_\_\_ Unit Phone: \_\_\_\_\_

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

Applicant is: USAR TPU \_\_\_\_\_ OTHER \_\_\_\_\_

## YES NO

- \_\_\_ \_\_\_ DA Form 61 (w/Commander's statement signed in Block 41)
- \_\_\_ \_\_\_ DA Form 6256 or DOD 1304 (FAST or AFAST Scoring Worksheet)
- \_\_\_ \_\_\_ Recommendation by Applicant's Unit Commander
- \_\_\_ \_\_\_ Recommendation by Applicant's Battalion Commander
- \_\_\_ \_\_\_ Interview Statement from a Field Grade Army Aviator
- \_\_\_ \_\_\_ Statement of Aviation training and/or experience (*attach copies of pilot ratings, logbook*)
- \_\_\_ \_\_\_ Other Letters of Recommendation
- \_\_\_ \_\_\_ Waivers: Moral \_\_\_\_\_ Prerequisite \_\_\_\_\_ Age \_\_\_\_\_ Medical \_\_\_\_\_ BNCOC \_\_\_\_\_ APFT \_\_\_\_\_
- \_\_\_ \_\_\_ DA Photo
- \_\_\_ \_\_\_ Resume
- \_\_\_ \_\_\_ DA Forms 2A and 2-1
- \_\_\_ \_\_\_ DA Form 2166-8 (NCOERs for last five years)
- \_\_\_ \_\_\_ NCOER Letter (for missing evaluations)
- \_\_\_ \_\_\_ Training Certificates - MOS - Leadership
- \_\_\_ \_\_\_ Transcripts
- \_\_\_ \_\_\_ Security Clearance Letter (Clearance level, investigation, date initiated)
- \_\_\_ \_\_\_ DA Form 3574 or 3575
- \_\_\_ \_\_\_ Statement of Understanding
- \_\_\_ \_\_\_ Initial Class 1 flight physical with aeromedical approval stamp by Ft. Rucker
- \_\_\_ \_\_\_ Statement of Religious Practices
- \_\_\_ \_\_\_ Is applicant mobilized?  
UIC \_\_\_\_\_ Para \_\_\_\_\_ Line \_\_\_\_\_ Posn \_\_\_\_\_ WMOS \_\_\_\_\_ Grade \_\_\_\_\_
- \_\_\_ \_\_\_ DA Form 4856 for Bonus Counseling
- \_\_\_ \_\_\_ Warrant Officer Accession Bonus Documents

WOANCO/LRTNCO OF CREDIT: \_\_\_\_\_ Phone: \_\_\_\_\_

RRC/MSC: \_\_\_\_\_

## I HAVE REVIEWED THIS APPLICATION:

SPECIAL MISSION NCO NAME: \_\_\_\_\_

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

DCRO NAME: \_\_\_\_\_

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

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**SAMPLE**  
**ALL CAPS**

**AUTHORITY:** Title 10 United States Code, Section 512 (Title 32 United States Code, Section 555(a))

**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)<br>AR 135-100 |   |
| <input type="checkbox"/>                                  | COMMISSIONED OFFICER - REGULAR ARMY | 3. GRADE FOR WHICH APPLYING (Reserve appointments only) WO1                                      |   |
| <input 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 checked="" 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:<br>In numerical sequence, indicate 10 branch preferences other than CA and SS.               |  | 153A        | ROTARY WING AVIATOR |
| 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) |  | 8. GRADE  |  | 9a. SOCIAL SECURITY NUMBER   |                             | DOE, JOHN RANDALL II   |                                     |  |      |                   |  |
| 10. BRANCH (MOS if enl or wo)   |  | 11. TOTAL YRS ACTIVE SERVICE  |  | 12. MARITAL STATUS   |                             | 13. NUMBER OF DEPENDENTS UNDER 18 YEARS OF AGE                                 |                                     | 9b. SELECTIVE SERVICE NUMBER   |      |                   |  |
| AD  |  | 42A40   |  | 11   |                             | M  |                                     | 1  |      | N/A               |  |
| 14. DATE OF BIRTH   |  | 15. PLACE OF BIRTH (City, county, state)  |  | 16. SEX  |                             | 17. COMPLETE MILITARY ADDRESS (If presently on active duty) (Include ZIP Code) |                                     |  |      |                   |  |
| AG  |  | 12 JAN 70   |  | KATHMANDU NEPAL  |                             | M  |                                     | 0415 REGT 1 BN DET 1 (CO B&C) (W71102)<br>1750 E 29TH ST., TUCSON, KY 85713-1989           |      |                   |  |
| AR  |  |   |  |  |                             |  |                                     | PHONE AND/OR AUTOVON NUMBER 555-555-1212   |      |                   |  |
| AV  |  |   |  |  |                             |  |                                     |  |      |                   |  |
| CA  |  |   |  |  |                             |  |                                     |  |      |                   |  |
| CM  |  |   |  |  |                             |  |                                     |  |      |                   |  |
| EN  |  |   |  |  |                             |  |                                     | 18. PERMANENT ADDRESS (Include ZIP Code)   |      |                   |  |
| FA  |  |   |  |  |                             |  |                                     | 123 FOREST STREET john.r.doe@us.army.mil<br>HUBERVILLE, KY 12395                           |      |                   |  |
| FI  |  |   |  |  |                             |  |                                     | 19. CURRENT MAILING ADDRESS (If difference from Item 18) (Include ZIP Code)                |      |                   |  |
| IN  |  |   |  |  |                             |  |                                     | N/A  |      |                   |  |
| MI  |  |   |  |  |                             |  |                                     | PHONE (Include area code) 272-497-3215   |      |                   |  |
| MP  |  |   |  |  |                             |  |                                     |  |      |                   |  |
| OD  |  |   |  |  |                             |  |                                     |  |      |                   |  |
| QM  |  |   |  |  |                             |  |                                     | 20. US CITIZEN   |      |                   |  |
| SC  |  | a. NATIVE   |  | b. <input checked="" type="checkbox"/> NATURALIZATION  |                             | c. APPLICANT'S CERTIFICATE NO. (If Item b. checked) (Date, place, court)       |                                     |  |      |                   |  |
| SS  |  | <input checked="" type="checkbox"/> YES   |  | <input type="checkbox"/> YES   |                             | <input type="checkbox"/> DERIVED   |                                     | 14 SEP 1985, NO. 12347800  |      |                   |  |
| TC  |  | <input type="checkbox"/> NO   |  | <input checked="" type="checkbox"/> NO   |                             | <input type="checkbox"/> IMMIGRANT   |                                     | U.S. DISTRICT COURT OF HAWAII  |      |                   |  |
| AN  |  |   |  |  |                             |  |                                     | HONOLULU, HAWAII   |      |                   |  |
| CH  |  |   |  |  |                             |  |                                     |  |      |                   |  |
| DE  |  |   |  |  |                             |  |                                     | 21. CIVILIAN EDUCATION (See page 3 for additional requirements for professional personnel) |      |                   |  |
| JA  |  | a. HIGH SCHOOL GRADUATE   |  | b. NAME AND LOCATION OF HIGH SCHOOL  |                             |  |                                     |  |      |                   |  |
| MC  |  | <input checked="" type="checkbox"/> YES   |  | <input type="checkbox"/> NO  |                             | APPLETOWN HIGH SCHOOL, APPLETON, KY 47612                                      |                                     |  |      |                   |  |
| MS  |  | 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 |  |
| SP  |  | UNIV LOUISVILLE, LOUISVILLE KY  |  |  | 3                           | 1  | 3                                   | 6  | 2012 | BUS ADMIN         |  |
| VC  |  | LA TECH, RUSTON, LA   |  | B.S.   | 63                          | 2  | 15                                  | 12   | 2007 | CRIMINAL JUST     |  |
|   |  | JOHNSON CC, JOHNSON, TN   |  | A.A.   | 69                          | 2  | 10                                  | 6  | 2000 | COMP NETWORKING   |  |
|   |  |   |  |  |                             |  |                                     |  |      |                   |  |
|   |  | 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)) |                             |  |                                     |  |      |                   |  |
|   |  | DEANS LIST  |  | YES  |                             |  |                                     |  |      |                   |  |

|   |  |           |  |                  |       |                                     |                          |                                 |  |
|---|--|-----------|--|------------------|-------|-------------------------------------|--------------------------|---------------------------------|--|
| 22. HIGHEST LEVEL SERVICE SCHOOL ATTENDED   |  |           |  |                  |       |                                     |                          |                                 |  |
| a. NAME OF SCHOOL                           |  | b. COURSE |  | c. DATES (Mo-Yr) |       | COMPLETED                           |                          | d. IF NOT COMPLETED GIVE REASON |  |
| US ARMY TRAINING CENTER<br>FORT JACKSON, SC |  | AIT 42A   |  | FROM             | TO    | YES                                 | NO                       |                                 |  |
|   |  |           |  | 11 10            | 11 10 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                 |  |

|  |  |                               |  |
|--|--|-------------------------------|--|
| 23a. FOREIGN LANGUAGES AND DEGREE OF PROFICIENCY |  | b. ALAT SCORE (If applicable) |  |
| KOREAN DLPT V: 2+L/2R                            |  |                               |  |

SAMPLE  
ALL CAPS

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

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

26. HAVE YOU EVER UNDER EITHER MILITARY OR CIVILIAN LAW BEEN INDICTED OR SUMMONED IN TO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING (Including any proceedings involving juvenile offenses, article 15, UCMJ, and any court-martial) REGARDLESS OF THE RESULT OF TRIAL, OR CONVICTED, FINED, IMPRISONED, PLACED ON PROBATION, PAROLED OR PARDONED, OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE? (Exclude traffic violations involving a fine or forfeiture of \$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<br>(US Armed Forces, USCG, NOAA,<br>US Public Health Service, Peace Corps) | b. DATES (Day, Month, Year) |    | c. BRANCH/MOS<br>(As appropriate) | d. PRIOR SERVICE NO.<br>(If applicable) | e. HIGHEST GRADE AND COMPONENT |
|-----------------|--|-----------------------------|----|-----------------------------------|---|--------------------------------|
|                 |  | FROM                        | TO |                                   |   |                                |
| ENLISTED        |  |                             |    |                                   |   |                                |
| WARRANT OFFICER |  |                             |    |                                   |   |                                |
| COMMISSIONED    |  |                             |    |                                   |   |                                |

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

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

|                 | a. ORGANIZATION<br>(US Armed Forces, USCG, NOAA,<br>US Public Health Service, Peace Corps) | b. DATES (Day, Month, Year) |         | c. BRANCH/MOS<br>(As appropriate) | d. PRIOR SERVICE NO.<br>(If applicable) | e. HIGHEST GRADE AND COMPONENT |
|-----------------|--|-----------------------------|---------|-----------------------------------|---|--------------------------------|
|                 |  | FROM                        | TO      |                                   |   |                                |
| ENLISTED        | US ARMY RESERVE  | 07 OCT 10                   | PRESENT | 42A10                             |   | E4/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; ARCM; NAM (Navy Achievement Medal, use approved abbreviation)

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

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

**SAMPLE**

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 |      |                                  |  |    |

**ALL CAPS**

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) |   |  |                                       |  |
| <input type="checkbox"/> YES <input type="checkbox"/> 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 |         |
| COMPUTER WEARHOUSE, 13 FAIRVIEW AVENUE, LOUISVILLE, KY 40255               |  |              | FROM              | TO      |
|  |  | BOOKKEEPER   | FEB 1998          | PRESENT |
| b. PRINCIPAL DUTIES (Describe briefly)                                     |  |              |                   |         |
| PART TIME JOB, RESPONSIBLE FOR KEEPING BOOKS FOR GROWING COMPUTER COMPANY. |  |              |                   |         |

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 SPC JOHN R. DOE II SUCCESSFULLY PASSED THE APFT CONSISTING OF PUSH-UPS, SIT-UPS, AND TWO MILE RUN WITH A SCORE OF 277, ON 15 SEP 2012; THE VERIFIED HEIGHT IS 72 INCHES AND WEIGHT 210 LBS.

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

JOHN B. JONES  
CPT, MI, USAR  
COMMANDING

#40A: PHONE NUMBER 555-555-5512

|  |          |                        |
|--|----------|------------------------|
| 42. THE INFORMATION CONTAINED HEREIN IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. | DATE     | SIGNATURE OF APPLICANT |
|  | 20120923 | Signed                 |

DA Form 61 Cont:

Item #27

| Organization<br>(US Armed Forces, USCG,<br>NOAA, US Public Health<br>Service, Peace Corps) | Dates (Day, Month, Year |    | Branch/MOS<br>(As appropriate) | Prior Service No<br>(If Applicable) | Highest Grade and<br>Component |
|--|-------------------------|----|--------------------------------|-------------------------------------|--------------------------------|
|  | FROM                    | TO |                                |                                     |                                |
|  |                         |    |                                |                                     |                                |

Item #28

| Organization<br>(US Armed Forces, USCG,<br>NOAA, US Public Health<br>Service, Peace Corps) | Dates (Day, Month, Year |    | Branch/MOS<br>(As appropriate) | Prior Service No<br>(If Applicable) | Highest Grade and<br>Component |
|--|-------------------------|----|--------------------------------|-------------------------------------|--------------------------------|
|  | FROM                    | TO |                                |                                     |                                |
|  |                         |    |                                |                                     |                                |

**BODY FAT CONTENT WORKSHEET (Male)**  
 For use of this form, see AR 600-9; the proponent agency is DCS, G-1.

|   |  |                           |        |       |  |
|---|--|---------------------------|--------|-------|--|
| NAME (Last, First, Middle Initial)  |  | RANK                      |        |       | NOTE:<br>¼" =.25<br>½" =.50<br>¾" =.75 |
| DOE, JOHN R. II   |  | SPC                       |        |       |  |
| HEIGHT (to nearest 0.50 inch)   |  | WEIGHT (to nearest pound) |        | AGE   |  |
| 72  |  | 210                       |        | 41    |  |
| STEP  |  | FIRST                     | SECOND | THIRD | AVERAGE<br>(to nearest 0.50 in.)       |
| 1. Measure abdomen at the level of the navel (belly button.) <b>Round down</b> to the nearest 0.50 inch. (Repeat 3 times.)  |  | 38.00                     | 38.00  | 38.00 | 38.00                                  |
| 2. Measure neck just below level of larynx (Adam's apple.) <b>Round up</b> to the nearest 0.50 inch. (Repeat 3 times.)  |  | 17.00                     | 17.50  | 17.50 | 17.50                                  |
| 3. Enter the average abdominal circumference.   |  |                           |        |       | 38.00                                  |
| 4. Enter the average neck circumference.  |  |                           |        |       | 17.50                                  |
| 5. Enter circumference value (step 3 - step 4).   |  |                           |        |       | 20.50                                  |
| 6. Find the height in Table 3-1 (Height Factor). Enter height in inches.  |  |                           |        |       | 70.00                                  |
| 7. Find the Soldier's circumference value (step 5) and height (step 6) in figure B-5 (Percent Fat Estimation for Men) . Enter the percent body fat value that intercepts with the circumference value and height. This is Soldier's Percent Body Fat. |  |                           |        |       | 20.00                                  |

REMARKS

MAX WT: 203  
 ACTUAL WT: 210  
 MAX B/F: 26%  
 ACTUAL B/F 20%  
 UNDER: 6%

CHECK ONE

- Individual is in compliance with Army Standards;  is not in compliance with the standards.  
 Recommended monthly weight loss is 3-8 lbs.

|                         |      |                 |   |      |                 |
|-------------------------|------|-----------------|---|------|-----------------|
| PREPARED BY (Signature) | RANK | DATE (YYYYMMDD) | APPROVED BY SUPERVISOR (Printed Name and Signature) | RANK | DATE (YYYYMMDD) |
| Rupert, Rose            | SSG  | 20120915        | James, James D.                                     | SFC  | 20120915        |

**NATURALIZATION  
CERTIFICATE**

# TABE TEST

Test of Adult Basic Education (TABE), complete battery, level A 9/10. **Complete test (not survey) with all categories and sub-categories** (reading, math computation, applied math, language, language mechanics, vocabulary, and spelling) @ 12th grade level (12.9+). Applicants with a BA/S or Masters degree meet this requirement.

**LETTER OF RECOMMENDATION**  
(Warrant Officer Procurement Program)

**PRIVACY ACT STATEMENT**

**AUTHORITY:** Collection of this information is authorized by Title 10, USC, Sections 503, 505, 508, 3013, and 12102 and Executive Order 9397.  
**PRINCIPAL PURPOSE:** Information collected will be used by selection board members to determine qualifications of warrant officer candidates.  
**ROUTINE USES:** Blanket routine use disclosures as described in AR 340-21, The Army Privacy Program, paragraph 3-2.  
**DISCLOSURE:** Voluntary; however, failure to provide the information may delay or terminate the warrant officer candidate's application process.

**SECTION I - ADMINISTRATIVE DATA**

|  |  |  |                                     |
|--|--|--|-------------------------------------|
| 1. NAME ( <i>Last, first, middle initial</i> ) :<br>DOE, JOHN R. II  |  | 2. RANK:<br>SPC/E4   | 3. DATE OF RANK:<br>6 DECEMBER 2011 |
| 4. UNIT, ORGANIZATION, STATION, ZIP CODE OR APO, MAJOR COMMAND:<br>415 REGT 1 BN DET 1 (CO B&C)<br>1750 E 29TH STREET<br>TUCSON, KY 85713-1989 |  | 5. I am completing this form as the applicant's:<br><input type="checkbox"/> Senior Warrant Officer<br><input checked="" type="checkbox"/> Company Grade Officer<br><input type="checkbox"/> Field Grade Officer<br><input type="checkbox"/> Other _____<br><i>(Specify)</i> |                                     |
| 6. I have known this applicant from <u>2011/12</u> to <u>PRESENT</u> .<br><i>(Year/Month)</i> <i>(Year/Month)</i>                              |  | 7. RELATIONSHIP TO APPLICANT ( <i>i.e., supervisor, interviewer</i> ) :<br>COMMANDER   |                                     |

**SECTION II - NARRATIVE**

*(Write a narrative explaining the applicant's leadership qualities, character, experience, and special expertise that uniquely qualify him or her to serve as a future warrant officer.)*

**NARRATIVE:**

1. This letter is to provide Specialist John R. Doe II my strongest endorsement for the Warrant Officer Candidate Program. SPC Does' proven technical skills coupled with his strong leadership make him an ideal candidate.
2. SPC Doe has more than 12 years of experience in the Human Resources community. During his recent 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. SPC Doe is organized and detail oriented in every facet of his duty performance. SPC 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 geospatialintelligence. Based on his experience, not often captured in a young Soldier, and communication skills, SPC Doe has been selected to deliver platform instruction at the National Geospatial-Intelligence College.
3. I judge SPC Doe a prime candidate based on the over twenty-four years of working with, evaluating, and mentoring intelligence warrants. In summary, SPC Does' impressive credentials coupled with his poise, confidence, and dependability make him an outstanding candidate for the Warrant Officer Program. I submit this letter to the board with my highest recommendation and the utmost confidence that, if selected, SPC Doe will contribute immeasurably to the Warrant 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.

**SECTION III - DISCLAIMER**

**Notice: I understand by submitting this recommendation I am endorsing this applicant to be boarded for warrant officer selection.**

**SECTION IV - SIGNATURE**

|  |                 |                  |               |                                 |
|--|-----------------|------------------|---------------|---------------------------------|
| 1. NAME ( <i>Last, first, middle initial</i> ) :<br>JONES, JOHN B. | 2. RANK:<br>CPT | 3. BRANCH:<br>MI | 4. SIGNATURE: | 5. DATE (YYYYMMDD):<br>20120923 |
|--|-----------------|------------------|---------------|---------------------------------|

**LETTER OF RECOMMENDATION**  
(Warrant Officer Procurement Program)

**PRIVACY ACT STATEMENT**

**AUTHORITY:** Collection of this information is authorized by Title 10, USC, Sections 503, 505, 508, 3013, and 12102 and Executive Order 9397.  
**PRINCIPAL PURPOSE:** Information collected will be used by selection board members to determine qualifications of warrant officer candidates.  
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**DISCLOSURE:** Voluntary; however, failure to provide the information may delay or terminate the warrant officer candidate's application process.

**SECTION I - ADMINISTRATIVE DATA**

|  |  |   |                                     |
|--|--|---|-------------------------------------|
| 1. NAME (Last, first, middle initial) :<br>DOE, JOHN R. II   |  | 2. RANK:<br>SPC   | 3. DATE OF RANK:<br>6 DECEMBER 2011 |
| 4. UNIT, ORGANIZATION, STATION, ZIP CODE OR APO, MAJOR COMMAND:<br>415 REGT 1 BN DET 1 (CO B&C)<br>1750 E 29TH STREET<br>TUCSON, KY 85713-1989 |  | 5. I am completing this form as the applicant's:<br><input type="checkbox"/> Senior Warrant Officer<br><input type="checkbox"/> Company Grade Officer<br><input checked="" type="checkbox"/> Field Grade Officer<br><input type="checkbox"/> Other _____<br>(Specify) |                                     |
| 6. I have known this applicant from <u>2009/05</u> to <u>PRESENT</u> .<br>(Year/Month) (Year/Month)  |  | 7. RELATIONSHIP TO APPLICANT (i.e., supervisor, interviewer) :<br>BATTALION COMMANDER   |                                     |

**SECTION II - NARRATIVE**

(Write a narrative explaining the applicant's leadership qualities, character, experience, and special expertise that uniquely qualify him or her to serve as a future warrant officer.)

**NARRATIVE:**

1. Letters should be should be 3 to 5 paragraphs with specific, quantifiable comments about the service members character and tactical and technical competence, to include the number of years experience the Soldier has in the career field applying for.
2. You may use information from the service member's entire record, including comments about schools completed, assignments, deployments, impact awards, achievements and accomplishments.
3. Generic flowery comments are not effective in communicating the service member's attributes to board members. If you can change the name of the person being recommended to someone else and the comments are not false, then the letter is probably too generic to communicate effectively to board members.

**EXAMPLE:**

1. This letter is to provide SPC John R. Doe II my strongest endorsement for the Warrant Officer Candidate Program. His mature judgment, proven technical proficiency coupled with his strong leadership make him an ideal candidate.
2. SPC Doe's request to be a Rotary Wing Aviator is greatly supported by his eight years of military background and experience. Due to his prior experience and mobilization SPC Doe gained firsthand knowledge on various facets within the administrative arena during war time as well as peace time. This Soldier is a professional in the truest meaning of the word. He sets his goals high and reaches them. Every action he works is done with perfection and executed with no supervision. SPC Does budgets his time to get maximum productivity from himself and co-workers.
3. SPC Doe's technical proficiency as a Human Resources NCO in a deployed theater is unsurpassed as shown on his evaluation report. I was humbled when this stellar NCO asked me to endorse his request to become a Rotary Wing Aviator in our AV Corps. SPC Doe is continually striving to improve his technical competence within the Human Resources field. He has completed all phases of his 42A AIT and is currently pursuing a Masters Degree in Human Resources.
4. Point of contact for this memorandum is the undersigned at 222-789-0000 or email donald.m.quincy@us.army.mil

**SECTION III - DISCLAIMER**

**Notice: I understand by submitting this recommendation I am endorsing this applicant to be boarded for warrant officer selection.**

**SECTION IV - SIGNATURE**

|  |                 |                  |               |                                 |
|--|-----------------|------------------|---------------|---------------------------------|
| 1. NAME (Last, first, middle initial) :<br>QUINCY, DONALD M. | 2. RANK:<br>LTC | 3. BRANCH:<br>EN | 4. SIGNATURE: | 5. DATE (YYYYMMDD):<br>20120923 |
|--|-----------------|------------------|---------------|---------------------------------|

**LETTER OF RECOMMENDATION**

(Warrant Officer Procurement Program)

**PRIVACY ACT STATEMENT****AUTHORITY:** Collection of this information is authorized by Title 10, USC, Sections 503, 505, 508, 3013, and 12102 and Executive Order 9397.**PRINCIPAL PURPOSE:** Information collected will be used by selection board members to determine qualifications of warrant officer candidates.**ROUTINE USES:** Blanket routine use disclosures as described in AR 340-21, The Army Privacy Program, paragraph 3-2.**DISCLOSURE:** Voluntary; however, failure to provide the information may delay or terminate the warrant officer candidate's application process.**SECTION I - ADMINISTRATIVE DATA**1. NAME (*Last, first, middle initial*) :

DOE, JOHN R. II

2. RANK:

SPC

3. DATE OF RANK:

6 DECEMBER 2011

4. UNIT, ORGANIZATION, STATION, ZIP CODE OR APO, MAJOR COMMAND:

415 REGT 1 BN DET 1 (CO B&C)  
1750 E 29TH STREET  
TUCSON, KY 85713-1989

5. I am completing this form as the applicant's:

- Senior Warrant Officer  
 Company Grade Officer  
 Field Grade Officer  
 Other \_\_\_\_\_

*(Specify)*

6. I have known this applicant from

2001/12

to

PRESENT*(Year/Month)**(Year/Month)*7. RELATIONSHIP TO APPLICANT (*i.e., supervisor, interviewer*) :

SUPERVISOR

**SECTION II - NARRATIVE**

(Write a narrative explaining the applicant's leadership qualities, character, experience, and special expertise that uniquely qualify him or her to serve as a future warrant officer.)

## NARRATIVE:

1. Letters should be should be 3 to 5 paragraphs with specific, quantifiable comments about the service members character and tactical and technical competence.

2. You may use information from the service member's entire record, including comments about schools completed, assignments, deployments, impact awards, achievements and accomplishments.

3. Generic flowery comments are not effective in communicating the service member's attributes to board members. If you can change the name of the person being recommended to someone else and the comments are not false, then the letter is probably too generic to communicate effectively to board members.

## EXAMPLE WRITE-UP:

1. It is my absolute privilege to recommend SPC Doe for entry into the Warrant Officer Procurement Program as a Rotary Wing Aviator. I have reviewed SPC Doe's credentials from his eight year military Human Resource career, and found his records very worthy for warrant officer candidacy. As such, SPC Doe has earned my vote of confidence to compete for warrant officer selection.

2. SPC Doe served with me during a year-long deployment to Balad, Iraq 2004. During this time, I personally observed and worked with SPC Doe on several personnel support issues. My observation of him is that of an industrious Senior Personnel Sergeant fully capable of performing his administrative duties. SPC Doe worked tirelessly processing personnel actions for 849th Transportation Battalion, Ft Bragg NC. Those actions included; Joint Personnel Status Reporting (JPERSTAT), Casualty Operations, ID Tags, Fighter Management Pass Program (FMPP), legal processing and administrative advisor to both the Battalion and Company Commander. Without question, SPC Doe superbly performed AV Wartime Functions in accordance with FM 12-6.

3.SPC Doe possesses the qualities of a self-starter and a leader. His mastery of warrior tasks and drills led to his selection as NCO of the Quarter. Further, he mentored a subordinate to compete and win 1st TSC's Solider of the Year competition. SPC Doe completed AIT with a 97.4 GPA. He has received numerous valor and service awards for technical merit including the prestigious Bronzes Star. SPC Doe is active within the community and is not afraid to dialog regarding the issues of the day. He is a well-rounded, respected member of both the military and civilian community.

4. In conclusion, SPC Doe has a rare blend of technical and tactical proficiency as evident by his outstanding military career. For this reason, I gladly recommend him for acceptance into the Warrant Officer Corps as a Rotary Wing Aviator.

5. POC is the undersigned at (555) 555-1212, or email: john.q.doe@us.army.mil.

**SECTION III - DISCLAIMER****Notice: I understand by submitting this recommendation I am endorsing this applicant to be boarded for warrant officer selection.****SECTION IV - SIGNATURE**1. NAME (*Last, first, middle initial*) :

DOE, JOHN Q.

2. RANK:

CW4

3. BRANCH:

AG

4. SIGNATURE:

5. DATE (YYYYMMDD):

20120923

# CIVILIAN LETTERS OF RECOMMENDATION

MUST BE ON COMPANY LETTERHEAD

STATE LENGTH OF EMPLOYMENT (DATES)

SPECIFIC DUTIES SHOULD BE DESCRIBED  
(JOB DESCRIPTION)

POC INFORMATION



REPLY TO  
ATTENTION OF

DEPARTMENT OF THE ARMY  
415 REGT 1 BN DET 1 (CO B&C)  
1750 E 29TH STREET  
TUCSON, KY 85713-1989

Office Symbol

1 October 2012

MEMORANDUM FOR Commander, Army Reserve Careers Division (DAAR-CD), 5015 N  
34th Street, Building, 900, Fort Gillem, Georgia 30297-5122

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: Morrow, Georgia **(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 II  
SPC, USAR

**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.)**

**COURT  
DOCUMENTS FOR  
MORAL WAIVER**

**APPLICANT MUST  
STATE IF NO COURT  
DOCUMENTS ARE  
AVAILABLE IN MEMO**



REPLY TO  
ATTENTION OF

**DEPARTMENT OF THE ARMY**  
415 REGT 1 BN DET 1 (CO B&C)  
1750 E 29TH STREET  
TUCSON, KY 85713-1989

Office Symbol

1 October 2012

MEMORANDUM FOR: Commander, Army Reserve Careers Division ( DAAR-CD), 5015 N  
34<sup>th</sup> Street, Building, 900, Fort Gillem, Georgia 30297-5122

SUBJECT: Request for Prerequisite Waiver  
Request for Age Waiver  
Request for Active Federal Service Waiver  
Medical Waiver

1. I am requesting a waiver for the prerequisite of having one year of documented human resources 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 waiver). Medical Waivers need additional supporting documentation for the issue.

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. 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
- civilian acquired skills or experience
- relevant civilian education
- relevant military education or experience from another branch of the military
- ALC – performing/having experienced the tasks that would be taught at the pertinent ALC (especially while deployed)
- Age/APFT – physical activities in the military as well as physically challenging hobbies or clubs.

Asking for these waivers just because they are a part of the application will not result in approval.

3. Please continue to consider my application for Warrant Officer Candidacy.

JOHN R. DOE  
SPC, USAR



REPLY TO  
ATTENTION OF

DEPARTMENT OF THE ARMY  
415 REGT 1 BN DET 1 (CO B&C)  
1750 E 29TH STREET  
TUCSON, KY 85713-1989

Office Symbol

1 October 2012

MEMORANDUM FOR Chief, Army Reserve Careers Division ( DAAR-CD), 5015 N 34<sup>th</sup> Street, Building, 900, Fort Gillem, Georgia 30297-5122

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 81<sup>st</sup> 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 81<sup>st</sup> 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 II  
SPC, USAR



REPLY TO  
ATTENTION OF

DEPARTMENT OF THE ARMY  
415 REGT 1 BN DET 1 (CO B&C)  
1750 E 29TH STREET  
TUCSON, KY 85713-1989

Office Symbol

1 October 2012

MEMORANDUM FOR Chief, Army Reserve Careers Division ( DAAR-CD), 5015 N 34<sup>th</sup> Street, Building, 900, Fort Gillem, Georgia 30297-5122

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

1. I endorse SPC Doe's request for requiring the standard three-event Army physical fitness test (APFT).
2. SPC 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.** SPC Doe meets height/weight standards IAW AR 600-9. SPC Doe is able to fully complete all aspects of training, to include all road marches in the prescribed gear and uniform.
3. SPC Doe has demonstrated the overall skills, knowledge and leadership capabilities necessary for becoming an outstanding Technical Warrant Officer or Direct Commission Officer. SPC Doe has held numerous positions with the 84<sup>th</sup> and is highly respected from his peers, officers and enlisted soldiers within the unit. SPC 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. **SPC Doe currently has a PULHES 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. SPC 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 1<sup>st</sup> O5 in Chain

**DA 705 FOR APFT  
WAIVER ONLY!**

**INCLUDE DA 705(s)  
WITH AT LEAST  
LAST FOUR APFTs  
FOR WAIVER  
AUTHORITY  
REVIEW**

# Army Physical Fitness Test Scorecard

For use of this form, see TC 3-22.20; the proponent agency is TRADOC.

NAME (Last, First, MI)

DOE, JOHN R. II

GENDER

MALE

UNIT

415TH REGT 1 BN DET 1 CO (B&C)

| TEST ONE   |                                     |                                     | TEST TWO   |                          |                          | TEST THREE   |                          |                          | TEST FOUR  |                          |                          |
|--|-------------------------------------|-------------------------------------|--|--------------------------|--------------------------|--|--------------------------|--------------------------|--|--------------------------|--------------------------|
| DATE   | GRADE                               | AGE                                 | DATE   | GRADE                    | AGE                      | DATE   | GRADE                    | AGE                      | DATE   | GRADE                    | AGE                      |
| 20120915   | E4                                  | 25                                  |  |                          |                          |  |                          |                          |  |                          |                          |
| HEIGHT (IN INCHES)   | BODY COMPOSITION                    |                                     | HEIGHT (IN INCHES)   | BODY COMPOSITION         |                          | HEIGHT (IN INCHES)   | BODY COMPOSITION         |                          | HEIGHT (IN INCHES)   | BODY COMPOSITION         |                          |
|  | WEIGHT:                             | BODY FAT:                           |  | WEIGHT:                  | BODY FAT:                |  | WEIGHT:                  | BODY FAT:                |  | WEIGHT:                  | BODY FAT:                |
| 72   | 210 lbs                             | 20.0 %                              |  |                          |                          |  |                          |                          |  |                          |                          |
|  | GO / NO-GO                          | GO / NO-GO                          |  | GO / NO-GO               | GO / NO-GO               |  | GO / NO-GO               | GO / NO-GO               |  | GO / NO-GO               | GO / NO-GO               |
| <input type="checkbox"/>                                   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| PU RAW SCORE   | INITIALS                            | POINTS                              | PU RAW SCORE   | INITIALS                 | POINTS                   | PU RAW SCORE   | INITIALS                 | POINTS                   | PU RAW SCORE   | INITIALS                 | POINTS                   |
| 60   | DS                                  | 93                                  |  |                          |                          |  |                          |                          |  |                          |                          |
| SU RAW SCORE   | INITIALS                            | POINTS                              | SU RAW SCORE   | INITIALS                 | POINTS                   | SU RAW SCORE   | INITIALS                 | POINTS                   | SU RAW SCORE   | INITIALS                 | POINTS                   |
| 65   | DS                                  | 88                                  |  |                          |                          |  |                          |                          |  |                          |                          |
| 2MR RAW SCORE  | INITIALS                            | POINTS                              | 2MR RAW SCORE  | INITIALS                 | POINTS                   | 2MR RAW SCORE  | INITIALS                 | POINTS                   | 2MR RAW SCORE  | INITIALS                 | POINTS                   |
| 14:03  | DS                                  | 96                                  |  |                          |                          |  |                          |                          |  |                          |                          |
| ALTERNATE AEROBIC EVENT                                    |                                     | TOTAL POINTS                        | ALTERNATE AEROBIC EVENT                                    |                          | TOTAL POINTS             | ALTERNATE AEROBIC EVENT                                    |                          | TOTAL POINTS             | ALTERNATE AEROBIC EVENT                                    |                          | TOTAL POINTS             |
| EVENT _____  |                                     | 277                                 | EVENT _____  |                          |                          | EVENT _____  |                          |                          | EVENT _____  |                          |                          |
| TIME _____   |                                     |                                     | TIME _____   |                          |                          | TIME _____   |                          |                          | TIME _____   |                          |                          |
| GO <input type="checkbox"/> NO-GO <input type="checkbox"/> |                                     |                                     | GO <input type="checkbox"/> NO-GO <input type="checkbox"/> |                          |                          | GO <input type="checkbox"/> NO-GO <input type="checkbox"/> |                          |                          | GO <input type="checkbox"/> NO-GO <input type="checkbox"/> |                          |                          |
| NCOIC/OIC SIGNATURE  |                                     |                                     | NCOIC/OIC SIGNATURE  |                          |                          | NCOIC/OIC SIGNATURE  |                          |                          | NCOIC/OIC SIGNATURE  |                          |                          |
| <b>STIGLER, DERRICK. 1094755820</b>                        |                                     |                                     |  |                          |                          |  |                          |                          |  |                          |                          |
| COMMENTS   |                                     |                                     | COMMENTS   |                          |                          | COMMENTS   |                          |                          | COMMENTS   |                          |                          |
| RECORD APFT  |                                     |                                     |  |                          |                          |  |                          |                          |  |                          |                          |
| PASS   |                                     |                                     |  |                          |                          |  |                          |                          |  |                          |                          |

SPECIAL INSTRUCTION: USE INK

LEGEND: PU - PUSH UPS      2MR - 2 MILE RUN  
 SU - SIT UPS              APFT - ARMY PHYSICAL FITNESS TEST

**BODY FAT CONTENT WORKSHEET (Male)**  
 For use of this form, see AR 600-9; the proponent agency is DCS, G-1.

|   |  |                           |        |       |  |
|---|--|---------------------------|--------|-------|--|
| NAME (Last, First, Middle Initial)  |  | RANK                      |        |       | NOTE:<br>¼" =.25<br>½" =.50<br>¾" =.75 |
| DOE, JOHN R. II   |  | SPC                       |        |       |  |
| HEIGHT (to nearest 0.50 inch)   |  | WEIGHT (to nearest pound) |        | AGE   |  |
| 72  |  | 210                       |        | 41    |  |
| STEP  |  | FIRST                     | SECOND | THIRD | AVERAGE<br>(to nearest 0.50 in.)       |
| 1. Measure abdomen at the level of the navel (belly button.) <b>Round down</b> to the nearest 0.50 inch. (Repeat 3 times.)  |  | 38.00                     | 38.00  | 38.00 | 38.00                                  |
| 2. Measure neck just below level of larynx (Adam's apple.) <b>Round up</b> to the nearest 0.50 inch. (Repeat 3 times.)  |  | 17.00                     | 17.50  | 17.50 | 17.50                                  |
| 3. Enter the average abdominal circumference.   |  |                           |        |       | 38.00                                  |
| 4. Enter the average neck circumference.  |  |                           |        |       | 17.50                                  |
| 5. Enter circumference value (step 3 - step 4).   |  |                           |        |       | 20.50                                  |
| 6. Find the height in Table 3-1 (Height Factor). Enter height in inches.  |  |                           |        |       | 70.00                                  |
| 7. Find the Soldier's circumference value (step 5) and height (step 6) in figure B-5 (Percent Fat Estimation for Men) . Enter the percent body fat value that intercepts with the circumference value and height. This is Soldier's Percent Body Fat. |  |                           |        |       | 20.00                                  |

REMARKS

MAX WT: 203  
 ACTUAL WT: 210  
 MAX B/F: 26%  
 ACTUAL B/F 20%  
 UNDER: 6%

CHECK ONE

- Individual is in compliance with Army Standards;  is not in compliance with the standards.  
 Recommended monthly weight loss is 3-8 lbs.

|                         |      |                 |   |      |                 |
|-------------------------|------|-----------------|---|------|-----------------|
| PREPARED BY (Signature) | RANK | DATE (YYYYMMDD) | APPROVED BY SUPERVISOR (Printed Name and Signature) | RANK | DATE (YYYYMMDD) |
| Rupert, Rose            | SSG  | 20120915        | James, James D.                                     | SFC  | 20120915        |

**DA 3349 FOR APFT  
WAIVER ONLY!  
MUST BE UPDATED  
ANNUALLY**

**2.5 MILE WALK IS THE  
ONLY AUTHORIZED  
ALTERNATE EVENT.**

### PHYSICAL PROFILE

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

|   |                                       |                           |                          |                          |                          |                          |                          |                          |
|---|---------------------------------------|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. MEDICAL CONDITION: <i>(Description in lay terminology)</i> <input type="checkbox"/> INJURY? Or <input type="checkbox"/> ILLNESS/DISEASE? | 2. CODES <i>(Table 7-2 AR 40-501)</i> | 3. Temporary<br>Permanent | P                        | U                        | L                        | H                        | E                        | S                        |
|   |                                       |                           | <input type="checkbox"/> |

|  |                          |                          |
|--|--------------------------|--------------------------|
| 4. PROFILE TYPE  | YES                      | NO                       |
| a. TEMPORARY PROFILE <i>(Expiration date YYYYMMDD)</i> <span style="float: right;"><i>(Limited to 3 months duration)</i></span>    | <input type="checkbox"/> | <input type="checkbox"/> |
| b. PERMANENT PROFILE <i>(Reviewed and validated with every periodic health assessment or after 5 years from the date of issue)</i> | <input type="checkbox"/> | <input type="checkbox"/> |

5. FUNCTIONAL ACTIVITIES THAT EVERY SOLDIER REGARDLESS OF MOS MUST BE ABLE TO PERFORM. IF SOLDIER CANNOT PERFORM ANY ONE OF THESE TASKS, THEN THE PULHES MUST CONTAIN AT LEAST ONE "3" AND SOLDIER MUST BE REFERRED TO A MEB. CAN THE SOLDIER:

| FUNCTIONAL ACTIVITY:   | YES                      | NO                       |
|--|--------------------------|--------------------------|
| a. Carry and fire individual assigned weapon?  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Evade direct and indirect fire?   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Ride in a military vehicle for at least 12 hours per day?   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Wear a helmet for at least 12 hours per day?  | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Wear body armor for at least 12 hours per day?  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Wear load bearing equipment (LBE) for at least 12 hours per day?  | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Wear military boots and uniform for at least 12 hours per day?  | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Wear protective mask and MOPP 4 for at least 2 continuous hours per day?  | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Move 40lbs (for example, duffle bag) while wearing usual protective gear (helmet, weapon, body armor and LBE) at least 100 yards? | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Live in an austere environment without worsening the medical condition?   | <input type="checkbox"/> | <input type="checkbox"/> |

| 6. APFT       | YES                      | NO                       | ALTERNATE APFT <i>(Fill out if unable to do APFT run otherwise N/A)</i> | N/A                      | YES                      | NO                       |
|---------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|
| 2 MILE RUN    | <input type="checkbox"/> | <input type="checkbox"/> | APFT WALK   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| APFT SIT-UPS  | <input type="checkbox"/> | <input type="checkbox"/> | APFT SWIM   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| APFT PUSH UPS | <input type="checkbox"/> | <input type="checkbox"/> | APFT BIKE   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. DOES THE SOLDIER MEET RETENTION STANDARDS IAW CHAPTER 3 AR 40-501?

YES  NEEDS MMRB NO  NEEDS MEB

8. FUNCTIONAL LIMITATIONS AND CAPABILITIES AND OTHER COMMENTS:

This temporary profile is an extension of a temporary profile first issued on \_\_\_\_\_

|   |               |                     |
|---|---------------|---------------------|
| 9. NAME, GRADE & TITLE OF PROFILING OFFICER | 10. SIGNATURE | 11. DATE (YYYYMMDD) |
|---|---------------|---------------------|

|   |               |                     |
|---|---------------|---------------------|
| 12. NAME & GRADE OF APPROVING AUTHORITY | 13. SIGNATURE | 14. DATE (YYYYMMDD) |
|---|---------------|---------------------|

15. Commanders can access the electronic profiles of Soldiers in their unit(s) by going to <http://www.mods.army.mil/> and clicking on eProfile in the list of applications. Commanders will be required to register and be approved in eProfile before they can gain access to profiles.

|  |  |
|--|--|
| 16. PATIENT'S IDENTIFICATION<br>a. NAME: <i>(Last, First)</i> _____<br>b. GRADE/RANK: _____<br>c. SSN: _____<br>d. UNIT: _____ | 17. HOSPITAL OR MEDICAL FACILITY<br><br><br>18. PROFILING OFFICER E-MAIL |
|--|--|

PHYSICAL PROFILE - PAGE 2 (OPTIONAL)

PATIENT'S NAME

DATE (YYYYMMDD)

CONTINUATION (From page 1, Item 8)

# **OFFICIAL DA PHOTO**

**ASUs OR CLASS As**

Only exception is for deployed Soldiers,  
ACUs are acceptable.

**WARRANT OFFICER RESUME**  
(This form will be used in place of the resume.)

**PRIVACY ACT STATEMENT**

**AUTHORITY:** Collection of this information is authorized by Title 10, USC, Sections 503, 505, 508, 3013, and 12102 and Executive Order 9397.  
**PRINCIPAL PURPOSE:** Information collected will be used by selection board members to determine qualifications of warrant officer candidates.  
**ROUTINE USES:** Blanket routine use disclosures as described in AR 340-21, The Army Privacy Program, paragraph 3-2.  
**DISCLOSURE:** Voluntary; however, failure to provide the information may delay or terminate the warrant officer candidate's application process.

**SECTION I - ADMINISTRATIVE DATA**

|   |  |                   |
|---|--|-------------------|
| 1. NAME ( <i>Last, first, middle initial</i> ) :<br>DOE, JOHN R. II   | 2. RANK/GRADE:<br>SPC/E4                     | 3. PMOS:<br>42A10 |
| 4. UNIT, ORGANIZATION, STATION, ZIP CODE OR APO, MAJOR COMMAND:<br>415 REGT 1 BN DET 1 (CO B&C) 1750E 29TH ST TUCSON KY 85713 | 5. E-MAIL ADDRESS:<br>john.r.doe@us.army.mil |                   |

**SECTION II - CIVILIAN EDUCATION**

(Include the highest degree level obtained. Include your GPA, Dean's List, and any other special recognition.)

(This section should match Block 21 of the DA Form 61 - include city & state of colleges & high school)  
BA Degree - Liberty University, Liberty, MO (intended graduation May 2012), 108 credits completed, 3.2 GPA  
AA Degree - University of Phoenix, Phoenix, AZ1999 GPA 3.5, Dean's List  
Diploma, Baker High School, Baker, CA

**SECTION III - OBJECTIVE**

(List all of the warrant officer MOSs to include 4-digit code and official title you are applying for in order of preference.)

1. 153A ROTARY WING AVIATOR

2.

3.

**SECTION IV - MILITARY EXPERIENCE**

(List in order from most recent to earliest duty assignment or position. Be sure to mention any accomplishments, special recognition, or achievements that will illustrate to the board your potential for leadership as a warrant officer.)

|  |   |  |
|--|---|--|
| 1.   | DATES (YY/MM): <u>2007/07</u> to <u>Present</u> | ORGANIZATION: 415 REGT 1 BN DET 1 (CO B&C) 1750E 29TH ST TUCSON KY |
| POSITION TITLE: TITLE should match ERB or evaluation reports   |   |  |
| DUTIES ( <i>list below to include significant contributions</i> ):   |   |  |
| Accomplishment should appear in chronological order, by date, starting with the most current assignment.<br>List ALL military assignments; especially those in an NCO position. Focus on quantifiable measurements of success that set you apart by the unique characteristics of each assigned position. Write in clear, concise, yet complete sentences - not in fragments or bullets. |   |  |
| DEPLOYMENTS SHOULD BE BROKEN OUT AS SEPARATE ENTRIES.  |   |  |
| 2.   | DATES (YY/MM): <u>2005/06</u> to <u>2007/06</u> | ORGANIZATION: HHC, III ACA, Ft Hood, TX                            |
| POSITION TITLE: PROMOTION SECTION NCOIC  |   |  |
| DUTIES ( <i>list below to include significant contributions</i> ):   |   |  |
| List outstanding achievements and additional duties while in serving in that position. Spell out terms that apply to your assignment especially buzzwords in your MOS, e.g. Prescribed Load List (PLL). Avoid the use of jargon, slang, and other types of informal terms.   |   |  |

**SECTION IV - MILITARY EXPERIENCE** *(continued)*

(List in order from most recent to earliest duty assignment or position. Be sure to mention any accomplishments, special recognition, or achievements that will illustrate to the board your potential for leadership as a warrant officer.)

3. DATES (YY/MM): 2003/09 to 2005/05 ORGANIZATION: A Det, 82d PSB, Ft Bragg NC

POSITION TITLE: ENLISTED RECORDS NCO

DUTIES *(list below to include significant contributions)*:  
Focus on measurements of success, NOT just a job description, but how well you performed the job. Use NCOER/evaluation bullets as a "reference only", not as the actual written entry for the resume. Mention if you exceeded standards on a significant inspection/evaluation or leadership school. List deployments or make a separate assignment entry if deployed for several months.

SEPARATE AND CAPITALIZE ACCOMPLISHMENTS OR AWARDS EARNED AT DUTY POSITION. MAKE THEM STAND OUT FROM THE STANDARD DUTIES.

4. DATES (YY/MM): 2002/09 to 2003/08 ORGANIZATION: C Det 516th PSC, Korea

POSITION TITLE: REASSIGNMENTS CLERK

DUTIES *(list below to include significant contributions)*:  
List service, impact or achievement awards received during each assignment tenure. Significant contributions in major field training exercises e.g. ULCHI FOCUS LENS, JROTC, NTC may be listed. List career enhancement events such as Soldier/NCO of the month/quarter boards as well as Audie Murphy and similar enlisted club inductions.

Selected as Acting NCOIC while supervisor was at SLC for 6 weeks.

5. DATES (YY/MM): 2001/09 to 2002/08 ORGANIZATION: 412th ENCOM

POSITION TITLE: Personnel Clerk

DUTIES *(list below to include significant contributions)*:  
DEPLOYED IN SUPPORT OF (NAME OF CAMPAIGN OR OPERATION)

Even for AGR Soldiers you need to break out the deployments.

Award Bronze Star for Valor.

**SECTION IV - MILITARY EXPERIENCE** *(continued)*

(List in order from most recent to earliest duty assignment or position. Be sure to mention any accomplishments, special recognition, or achievements that will illustrate to the board your potential for leadership as a warrant officer.)

|    |   |               |
|----|---|---------------|
| 6. | DATES (YY/MM): _____ to _____   | ORGANIZATION: |
|    | POSITION TITLE:<br>DUTIES <i>(list below to include significant contributions)</i> :<br>Use this side as a continuation from the previous page. Be sure to summarize assignments as not to exceed the last 11 duty positions on record. Again, focus on measurements of success NOT just a job description. |               |
| 7. | DATES (YY/MM): _____ to _____   | ORGANIZATION: |
|    | POSITION TITLE:<br>DUTIES <i>(list below to include significant contributions)</i> :  |               |
| 8. | DATES (YY/MM): _____ to _____   | ORGANIZATION: |
|    | POSITION TITLE:<br>DUTIES <i>(list below to include significant contributions)</i> :  |               |

**SECTION IV - MILITARY EXPERIENCE** *(continued)*

(List in order from most recent to earliest duty assignment or position. Be sure to mention any accomplishments, special recognition, or achievements that will illustrate to the board your potential for leadership as a warrant officer.)

|     |                               |   |
|-----|-------------------------------|---|
| 9.  | DATES (YY/MM): _____ to _____ | ORGANIZATION:<br><br>POSITION TITLE:<br>DUTIES <i>(list below to include significant contributions):</i><br>Use this side as a continuation from the previous page. Be sure to summarize assignments as not to exceed the last 11 duty positions on record. Again, focus on measurements of success NOT just a job description.<br><br>If not used - then remove blank pages. |
| 10. | DATES (YY/MM): _____ to _____ | ORGANIZATION:<br><br>POSITION TITLE:<br>DUTIES <i>(list below to include significant contributions):</i>  |
| 11. | DATES (YY/MM): _____ to _____ | ORGANIZATION:<br><br>POSITION TITLE:<br>DUTIES <i>(list below to include significant contributions):</i>  |

**SECTION V - CIVILIAN EXPERIENCE**

(List in order any civilian experience that specifically relates to the warrant officer position for which you are applying. Be sure to mention any accomplishments, special recognition, or achievements that will illustrate to the board your potential for leadership as a warrant officer.)

|    |   |   |
|----|---|---|
| 1. | DATES (YY/MM): <u>1998/01</u> to <u>2000/05</u> | ORGANIZATION: Kelly Temporary Services, Grand Rapids MI<br><br>POSITION TITLE: Administrative Assistant<br>DUTIES (list below to include significant contributions):<br>List civilian employment experience that uniquely qualifies you for the warrant officer specialty which you are applying.<br>Do not list civilian employment/experience if it is not germane to the warrant officer specialty you are applying for. |
| 2. | DATES (YY/MM): _____ to _____                   | ORGANIZATION:<br><br>POSITION TITLE:<br>DUTIES (list below to include significant contributions):   |
| 3. | DATES (YY/MM): _____ to _____                   | ORGANIZATION:<br><br>POSITION TITLE:<br>DUTIES (list below to include significant contributions):   |

**SECTION VI - MILITARY EDUCATION**

(List up to 21 military courses and give a brief description focusing on the main learning objective.)

|    |   |   |
|----|---|---|
| 1. | DATES (YY/MM): <u>2000/08</u> to <u>2000/07</u> | COURSE: Unit Movement Officer Course (UMO), Ft Sill, OK<br><br>DESCRIPTION:<br>Special skill courses such as airborne, air assault, pathfinder and the like are NOT necessary to list; they should appear on your ERB or DA Form 2-1. Correspondence course completion that PERTAINS to the warrant officer specialty you are applying for may be listed.<br><br>SEPARATE AND CAPITALIZE ANY ACHIEVEMENTS EARNED WHILE ATTENDING THE COURSE. USE THE 1059 TO SEE IF THE SOLDIER EXCEEDED COURSE STANDARDS, RECEIVED SUPERIOR RATINGS, HONOR GRADUATE, HIGH APFT, ETC. |
| 2. | DATES (YY/MM): <u>1998/01</u> to <u>1998/03</u> | COURSE: Advance Individual Training (AIT) Ft Atterbury, IN<br><br>DESCRIPTION:<br>Make all entries reader-friendly and avoid overuse of acronyms. There will be board members unfamiliar with your MOS so use easily understood terms. Keep all descriptions short, concise, and to the point while focusing on the main learning objective of the course.  |
| 3. | DATES (YY/MM): _____ to _____                   | COURSE: _____<br><br>DESCRIPTION:   |

**SECTION VII - SUMMARY**

Write a paragraph or two explaining why you are fully qualified to perform the duties of a warrant officer in your skill. This is a very important part of the resume. Make this a call to action, but do so without turning off the reader. Include all of your significant accomplishments/achievements (below-the-zone promotions, impact awards, noteworthy distinctions, deployments, challenging assignments, unique skills in MOS, standards exceeded on a significant inspection/evaluation, etc). Explain how you are exceptionally qualified and have the leadership, management and technical skills, educational requirements, etc. needed to become a warrant officer. Answer this question:

What have you done or accomplished that sets you apart from your peers? (Additionally, aviator applicants should include why they want to be an Aviator.)

**RESUMES WILL NOT BE PROCESSED WITHOUT THE APPLICANT'S SIGNATURE & DATE.**

Other notes:

No other resume formats are acceptable beyond USAREC FORM 1935. Therefore, do not go through a big expense by having external parties professionally prepare your resume. Simply follow the aforementioned guidelines and prepare the form yourself. If you are non-Army, the resume takes on increased importance in conveying your qualifications to become an Army Warrant Officer. PureEdge Form package may be utilized by visiting any Army Recruiting Station; USAREC forms may be obtain at <http://www.usarec.army.mil/im/formpub/Forms.htm>. Good luck!

AGR Packets will use this form for resumes.

**SECTION VIII - SIGNATURE**

|  |          |               |                     |
|--|----------|---------------|---------------------|
| 1. NAME ( <i>Last, first, middle initial</i> ) : | 2. RANK: | 3. SIGNATURE: | 4. DATE (YYYYMMDD): |
| DOE, JOHN R. II                                  | SPC/E4   |               | 20120924            |



DEPARTMENT OF THE ARMY  
415 REGT 1 BN DET 1 (CO B&C)  
1750 E 29TH STREET  
TUCSON, KY 85713

REPLY TO  
ATTENTION OF

Office Symbol

24 September 2012

MEMORANDUM FOR: Chief, Army Reserve, Careers Division ( DAAR-CD), 1590 Adamson Parkway, Morrow, GA 30260

SUBJECT: Missing NCOERs

1. Please accept the following explanation for the NOCERs missing from my application:

- 98912 thru 199009 - I have been unsuccessful in obtaining a copy of my NCOER from the 880<sup>th</sup> Training Brigade for the rating period. I have exhausted all available resources to obtain this missing NCOER.
- 199010 thru 199104 - I was mobilized to Fort Carson, CO and the NCOER was not completed at the end of my mobilization. I have exhausted all available resources to obtain this missing NCOER.
- 200401 thru 200409 - I was assigned to the Control Group (IRR) which is non-rated time.

2. Please continue to consider my packet for warrant officer candidacy.

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

DA FORM 2A  
AND  
DA FORM 2-1 OR  
ERB (AGR & AC)

UPDATED, SIGNED AND DATED  
RELEVANT INFORMATION  
SHOULD MATCH EACH OTHER  
AND NCOERS

COMPLETE FORMS ACCORDING TO  
AR 600-8-104, CHAPTER 5.



**CERTIFICATES AND OTHER  
PERTINANT INFORMATION:**

**CERTIFICATES**

**PROFESSIONAL  
CERTIFICATIONS**

**TRAINING NOT LISTED ON 1059**

**ETC.**

**AGR PACKETS REQUIRES ALL  
AWARD CITATIONS**

**DD214s ARE REQUIRED  
FOR WO APPLICATION  
TO VALIDATE AFS ON  
DA 61, ITEM 27-28.**



DEPARTMENT OF THE ARMY  
ARMY RESERVE CAREERS DIVISION  
5015 N 34<sup>TH</sup> STREET, BUILDING, 900  
FORT GILLEM, GEORGIA 30297-5122

DAAR-CD

24 September 2012

MEMORANDUM FOR RECORD

SUBJECT: Security Clearance/Access Determination

1. Reference Army Regulation 380-67, 9 September 1988, Department of the Army Personnel Security Program.
2. This memorandum provides security clearance/access confirmation of the following individual.
  - a. DOE, JOHN R. II, SFC, 123-45-6789.
  - b. TYPE/DATE OF INVESTIGATION: NACLC, 20090504.
  - c. AUTHORIZED ACCESS UP AR 380-67 \*\*\*\*\*SECRET\*\*\*\*\*
3. Point of contact for this information is the undersigned at (770) 960-3763.

DONE GOOD  
MSG, USA  
Security Manager

**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 \*, 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 R. II  | 123-45-6789            |
| SIGNATURE  | DATE                   |
|  | 20120923               |

**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<br>20120923   | SOCIAL SECURITY NUMBER<br>123-45-6789 |
| NAME <i>(Typed) (Last, First, MI)</i><br>DOE, JOHN R. II | SIGNATURE                             |

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



DEPARTMENT OF THE ARMY  
0415 REGT 1 BN DET 1 (CO B&C)  
1750 E. 29TH STREET  
TUCSON, KY 85713

REPLY TO  
ATTENTION OF

Office Symbol

24 December 2012

MEMORANDUM FOR: Commander, Army Reserve Careers Division ( DAAR-CD), 5015 N  
34th Street, Building, 900, Fort Gillem, Georgia 30297-5122

SUBJECT: Statement of Understanding for Appointment as a Warrant Officer

1. I understand that if I am appointed as a Warrant Officer in the Reserve of the Army with concurrent call to Active duty, that this appointment is contingent upon technical and tactical certification by successful completion of the Warrant Officer Basic Course (WOBC) unless I have been pre-certified by the Warrant Officer MOS Proponent.
2. I further understand that if I am appointed as a Warrant Officer in the Reserve of the Army without concurrent call to Active Duty, that this appointment is contingent upon technical and tactical certification by successful completion of the appropriate Warrant Officer Basic Course (WOBC) within two years of appointment unless I have been pre-certified by the Warrant Officer MOS Proponent or unless extended by HQDA.
3. I also understand that if I am eliminated from or fail to successfully complete the technical and tactical certification as specified above I may be subject to discharge under regulations in effect at that time from the Reserve of the Army.

JOHN R. DOE II  
SPC, USAR

**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.

|   |  |   |
|---|--|---|
| <b>1. LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)</b><br>DOE, JOHN RANDALL  | <b>2. SOCIAL SECURITY NUMBER</b><br>000-00-0000  | <b>3. TODAY'S DATE (YYYYMMDD)</b><br>20101001 |
| <b>4.a. HOME ADDRESS (Street, Apartment No., City, State, and ZIP Code)</b><br>123 ANYWHERE DRIVE<br>WEST LAKE, CA 00000-0000 | <b>5. EXAMINING LOCATION AND ADDRESS (Include ZIP Code)</b><br>GREAT LAKES NAVAL STATION<br>4589 MICHIGAN AVENUE<br>CHICAGO, IL 00000-0000 |   |
| <b>b. HOME TELEPHONE (Include Area Code)</b><br>(000) 000-0000  |  |   |

**X ALL APPLICABLE BOXES:**

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

|   |   |
|---|---|
| <b>8. CURRENT MEDICATIONS (Prescription and Over-the-counter)</b><br>NONE | <b>9. ALLERGIES (including insect bites/stings, foods, medicine or other substance)</b><br>NONE |
|---|---|

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

|   |  |
|---|--|
| LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)<br><b>DOE, JOHN RANDALL</b> | SOCIAL SECURITY NUMBER<br><b>000-00-0000</b> |
|---|--|

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                    |
|--|-----------------------|-----------------------|---|-----------------------|-----------------------|
| <b>15.a.</b> Dizziness or fainting spells                            | <input type="radio"/> | <input type="radio"/> | <b>19.</b> 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 type="radio"/> | a. Sensitivity to chemicals, dust, sunlight, etc.   | <input type="radio"/> | <input type="radio"/> |
| c. A head injury, memory loss or amnesia                             | <input type="radio"/> | <input type="radio"/> | b. Inability to perform certain motions   | <input type="radio"/> | <input type="radio"/> |
| d. Paralysis   | <input type="radio"/> | <input type="radio"/> | c. Inability to stand, sit, kneel, lie down, etc.   | <input type="radio"/> | <input type="radio"/> |
| e. Seizures, convulsions, epilepsy or fits                           | <input type="radio"/> | <input type="radio"/> | d. Other medical reasons (If yes, give reasons.)  | <input type="radio"/> | <input type="radio"/> |
| f. Car, train, sea, or air sickness                                  | <input type="radio"/> | <input type="radio"/> | <b>20.</b> Have you ever been treated in an Emergency Room? (If yes, for what?)   | <input type="radio"/> | <input type="radio"/> |
| g. A period of unconsciousness or concussion                         | <input type="radio"/> | <input type="radio"/> | <b>21.</b> 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 type="radio"/> |
| h. Meningitis, encephalitis, or other neurological problems          | <input type="radio"/> | <input type="radio"/> | <b>22.</b> 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 type="radio"/> |
| <b>16.a.</b> Rheumatic fever   | <input type="radio"/> | <input type="radio"/> | <b>23.</b> 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 type="radio"/> |
| b. Prolonged bleeding (as after an injury or tooth extraction, etc.) | <input type="radio"/> | <input type="radio"/> | <b>24.</b> 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 type="radio"/> |
| c. Pain or pressure in the chest                                     | <input type="radio"/> | <input type="radio"/> | <b>25.</b> Have you ever been rejected for military service for any reason? (If yes, give date and reason for rejection.)   | <input type="radio"/> | <input type="radio"/> |
| d. Palpitation, pounding heart or abnormal heartbeat                 | <input type="radio"/> | <input type="radio"/> | <b>26.</b> 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 type="radio"/> |
| e. Heart trouble or murmur   | <input type="radio"/> | <input type="radio"/> | <b>27.</b> 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 type="radio"/> |
| f. High or low blood pressure  | <input type="radio"/> | <input type="radio"/> | <b>28.</b> Have you ever been denied life insurance?  | <input type="radio"/> | <input type="radio"/> |
| <b>17.a.</b> Nervous trouble of any sort (anxiety or panic attacks)  | <input type="radio"/> | <input type="radio"/> | <b>29. EXPLANATION OF "YES" ANSWER(S)</b> (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 type="radio"/> |   |                       |                       |
| c. Loss of memory or amnesia, or neurological symptoms               | <input type="radio"/> | <input type="radio"/> |   |                       |                       |
| d. Frequent trouble sleeping   | <input type="radio"/> | <input type="radio"/> |   |                       |                       |
| e. Received counseling of any type                                   | <input type="radio"/> | <input type="radio"/> |   |                       |                       |
| f. Depression or excessive worry                                     | <input type="radio"/> | <input type="radio"/> |   |                       |                       |
| <b>18. FEMALES ONLY.</b> 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)                     | <input type="radio"/> | <input type="radio"/> |   |                       |                       |
| e. Date of last PAP smear (YYYYMMDD)                                 | <input type="radio"/> | <input type="radio"/> |   |                       |                       |

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)

DOE, JOHN RANDALL

SOCIAL SECURITY NUMBER

000-00-0000

**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)*

|                                      |  |  |
|--------------------------------------|--|--|
| <b>REPORT OF MEDICAL EXAMINATION</b> | 1. DATE OF EXAMINATION<br>(YYYYMMDD)<br>20101001 | 2. SOCIAL SECURITY NUMBER<br>000-00-0000 |
|--------------------------------------|--|--|

**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<br>(SUFFIX)<br><br>DOE, JOHN RANDALL | 4. HOME ADDRESS (Street, Apartment Number, City, State and ZIP Code)<br>123 ANYWHERE DRIVE<br>WEST LAKE, CA 00000-0000 | 5. HOME TELEPHONE NUMBER<br>(Include Area Code)<br><br>(000) 000-0000 |
|--|--|---|

|                 |  |              |   |  |   |
|-----------------|--|--------------|---|--|---|
| 6. GRADE<br>E-7 | 7. DATE OF BIRTH<br>(YYYYMMDD)<br>19760404 | 8. AGE<br>34 | 9. SEX<br><input type="checkbox"/> Female<br><input checked="" type="checkbox"/> Male | 10. a. RACIAL CATEGORY (X one or more)<br><input type="checkbox"/> American Indian or Alaska Native<br><input checked="" type="checkbox"/> Asian<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> White<br><input type="checkbox"/> Native Hawaiian or Other Pacific Islander | b. ETHNIC CATEGORY<br><input type="checkbox"/> Hispanic/Latino<br><input checked="" type="checkbox"/> Not Hispanic/Latino |
|-----------------|--|--------------|---|--|---|

|  |                                       |   |
|--|---------------------------------------|---|
| 11. TOTAL YEARS GOVERNMENT SERVICE<br>a. MILITARY<br>11<br>b. CIVILIAN | 12. AGENCY (Non-Service Members Only) | 13. ORGANIZATION UNIT AND UIC/CODE<br>B CO, 17TH ENG BN,<br>FT SHERIDAN IL 00000-0000 |
|--|---------------------------------------|---|

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

|   |  |   |  |
|---|--|---|--|
| 15. a. SERVICE<br><input checked="" type="checkbox"/> Army <input type="checkbox"/> Coast Guard<br><input type="checkbox"/> Navy<br><input type="checkbox"/> Marine Corps<br><input type="checkbox"/> Air Force | b. COMPONENT<br><input type="checkbox"/> Active Duty<br><input checked="" type="checkbox"/> Reserve<br><input type="checkbox"/> National Guard | c. PURPOSE OF EXAMINATION<br><input type="checkbox"/> Enlistment <input type="checkbox"/> Medical Board <input type="checkbox"/> Other<br><input checked="" type="checkbox"/> Commission <input type="checkbox"/> Retirement<br><input type="checkbox"/> Retention <input type="checkbox"/> U.S. Service Academy<br><input type="checkbox"/> Separation <input type="checkbox"/> ROTC Scholarship Program | 16. NAME OF EXAMINING LOCATION<br>(Include ZIP Code) |
|---|--|---|--|

| CLINICAL EVALUATION (Check each item in appropriate column. Enter "NE" if not evaluated.)   |             |             |    | 44. NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.) |   |
|---|-------------|-------------|----|---|---|
|   | Nor-<br>mal | Ab-<br>norm | NE |   |   |
| 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.) |             |             |    |   | 35. FEET (Continued) (Circle category)<br><input checked="" type="checkbox"/> Normal Arch                      Mild                      Asymptomatic<br><input type="checkbox"/> Pes Cavus                              Moderate<br><input type="checkbox"/> Pes Planus                              Severe                      Symptomatic |
| <input checked="" type="checkbox"/> Acceptable<br><input type="checkbox"/> Not Acceptable Class   |             |             |    |   |   |

|  |                                       |
|--|---------------------------------------|
| LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX)<br>DOE, JOHN RANDALL | SOCIAL SECURITY NUMBER<br>000-00-0000 |
|--|---------------------------------------|

| LABORATORY FINDINGS |            |               |                             |
|---------------------|------------|---------------|-----------------------------|
| 45. URINALYSIS      | a. Albumin | 46. URINE HCG | 47. H/H                     |
|                     | b. Sugar   |               | 48. BLOOD TYPE              |
| TESTS               |            | RESULTS       | HIV SPECIMEN ID LABEL       |
| 9. HIV              |            | NEG           |                             |
| 0. DRUGS            |            | NEG           |                             |
| 1. ALCOHOL          |            | NEG           |                             |
| 2. OTHER            |            |               |                             |
| a. PAP SMEAR        |            |               | DRUG TEST SPECIMEN ID LABEL |
| b.                  |            |               |                             |
| c.                  |            |               |                             |

| MEASUREMENTS AND OTHER FINDINGS   |            |                       |  |            |                       |           |              |    |
|-----------------------------------|------------|-----------------------|--|------------|-----------------------|-----------|--------------|----|
| 53. HEIGHT                        | 54. WEIGHT | 55. MIN WGT - MAX WGT |  | MAX BF %   | 56. TEMPERATURE       |           |              |    |
| 71                                | 160 lbs.   |                       |  |            | 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/                         | 20         | Corr. to 20/          | 20   | by S.      | CX                    | Right 20/ | Corr. to 20/ | by |
| Left 20/                          | 20         | Corr. to 20/          | 20   | by S.      | CX                    | Left 20/  | Corr. to 20/ | by |
| 64. METROPOLIA (Specify distance) |            |                       |  |            |                       |           |              |    |
| ES°                               | EX°        | R.H.                  | L.H.   | Prism div. | Prism Conv CT         | NPR       | PD           |    |

| 65. ACCOMMODATION   |      | 66. COLOR VISION (Test used and result) |  | 67. DEPTH PERCEPTION (Test used and score) AFVT |                         |                         |   |
|---|------|---|--|---|-------------------------|-------------------------|---|
| Right   | Left | PIP                                     | PASS                                   | /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                      |  | 71b. Unit Serial Number                         |                         | 72a. READING ALOUD TEST |   |
| Date Calibrated (YYYYMMDD)                                  |      |   |  | Date Calibrated (YYYYMMDD)                      |                         |                         |   |
| HZ  | 500  | 1000                                    | 2000                                   | 3000  | 4000                    | 6000                    |   |
| Right   |      |   |  |   |                         |                         | SAT <input type="checkbox"/> UNSAT <input type="checkbox"/> |
| Left  |      |   |  |   |                         |                         | SAT <input type="checkbox"/> UNSAT <input type="checkbox"/> |
| 72b. VALSALVA   |      |   |  |   |                         |                         |   |
| SAT <input type="checkbox"/> UNSAT <input type="checkbox"/> |      |   |  |   |                         |                         |   |

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

Ensure all testing is completed. HIV, Drugs, Alcohol, Color Vision, Vision & Audimeter



**LAB WORK**  
**HEARING TEST**  
**EKG**  
**FROM PHYSICAL**

## **Statement of acknowledgment for accommodation of religious practices**

Department of Defense policy is to accommodate religious practices when accommodations will not have an adverse impact on military readiness, unit cohesion, standards, health, safety or discipline.

The Army places a high value on the rights of its members to observe the tenets of their respective religion.

Unit commanders are authorized to initially approve or deny request for accommodations 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.

(Signature)  
JOHN R. DOE II  
24 September 2012

# 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: **01 Oct 2012**

Date Completed: **01 Oct 2012**

REGION: **01**

ARCC SSN: **000-00-0000**

ARRC RSID: **U03F**

RRTO Representative: **SFC Robert James**

RRTO Representative Telephone: **000-000-0000**

### Applicant Data

Rank/Grade: **SPC**

Name (last): **DOE**

(first): **JOHN**

SSN: **123-45-6789**

Sex (M/F): **M**

PMOS/AOC: **42A**

ASI/SI: **O/00**

Language ID Code:

SMOS/AOC:

ASI/SI: **O/00**

Language ID Code:

AMOS/AOC:

ASI/SI: **O/00**

Language ID Code:

City (residence): **HUMBERVILLE**

(state): **KY**

ZIP Code: **12395**

### Unit Data

UIC: **WQZ9AA**

Unit Name: **414th Eng Det (FF)**

Priority :

Facility ID:

Unit POC: **Mr. Blaize Reha**

Unit POC Telephone: **641-782-9328**

POC e-mail address: **blaize.reha@usar.army.mil**

Choice ZIP: **50801-4040**

### Position Data

Vacancy Control Number: **0123123**

Authorized Sex (M/I/F): **I**

Override (typing, line score, etc.):

Authorized Grade: **CW2**

MOS/AOC: **153A**

ASI/SI:

Language ID Code:

Para: **101**

Line: **04**

Posn: **0035**

Type (P/A/O): **A**

Will-Train (P/N): **P**

### Purpose

IRR to TPU: **Y**

IRR to IMA:

IMA to TPU:

### RRC Notes

### AR-RTD Notes

**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><br>Doe, John R. II | b. PAY GRADE<br>E-4             | c. SSN<br>123-45-6789 | d. SERVICE COMPONENT<br>Navy Reserve |                       |
| e. CURRENT UNIT/<br>COMMAND<br>145TH                            | f. ADDRESS                      |                       |                                      |                       |
|   | (1) STREET<br>1405 Green Street | (2) CITY<br>Atlanta   | (3) STATE<br>GA                      | (4) ZIP CODE<br>31222 |

**2. RECRUITING OFFICE ADDRESS**

|  |                      |                |                           |
|--|----------------------|----------------|---------------------------|
| a. STREET<br>5015 N 34TH STREET BUILDING 900 | b. CITY<br>FT GILLEM | c. STATE<br>GA | d. ZIP CODE<br>30297-5122 |
|--|----------------------|----------------|---------------------------|

**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<br>111211 |
|---------------------|--------------------------|

**4. RECRUITER REQUEST FOR CONDITIONAL RELEASE**

a. Request conditional release to enlist/appoint member into the \_\_\_\_\_ *Army Reserve* *(Service/Component)*.

|  |              |                          |
|--|--------------|--------------------------|
| b. NAME OF RECRUITER <i>(Last, First, Middle Initial)</i><br>BROWN, LEROY L. | c. SIGNATURE | d. DATE SIGNED<br>111211 |
| e. TITLE<br>Army Reserve Career Counselor                                    |              |                          |

**SECTION II - APPROVAL/DISAPPROVAL**

5. *(X as applicable)*

|  |
|--|
| a. APPROVED. Individual is recommended and conditional release is granted. The release is valid until _____. |
| 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<br><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<br><i>(Include area code)</i> | e. ADDRESS     |                 |           |              |
|   | (1) STREET     | (2) CITY        | (3) STATE | (4) ZIP CODE |
| f. SIGNATURE                                      | g. DATE SIGNED |                 |           |              |

**SECTION IV - REMARKS**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** Title 10 USC Sec 261, 269, 271, 512, 516, 595, 651, 716, 1005, 3013, 8013, 12105, 12106, 12107, and 12213; Title 32 USC Sec 323 and Title 50 USC App 454.

**PRINCIPAL PURPOSE(S):** To obtain clearance from component and discharge upon entry into another component of the Military Services.

**ROUTINE USE(S):** None.

**DISCLOSURE:** Voluntary; however, failure to furnish information will result in delay or denial of release from component.

**INSTRUCTIONS**

**GENERAL INSTRUCTIONS.**

When this form is not computer generated, use typewriter or dark ink for all entries. Enter all dates in YYMMDD format. Use full street address, city, state and ZIP code for addresses. Use last name, first name, and middle initial format. Use short title Service/Component names: USA, ARNGUS, USAR, USN, USNR, USMC, USMCR, USAF, ANGUS, USAFR, USCG, USCGR.

**SECTION I.** Completed by recruiter and applicant.

Item 1. Enter applicant's name, pay grade, Social Security Number, current Service/Component, and current unit/command address.

Item 2. Enter recruiter's office address, if applicable.

Item 3. For item 3.b., complete the name of the gaining and losing components. Member signs and dates appropriate blocks.

Item 4. Recruiter, if applicable, completes 4.a. through 4.e. and sends this document to the address in Item 1.e.

**SECTION II.** Completed by applicant's unit commander or designated representative within 30 days of receipt.

Item 5. If block 5.a. is marked, enter the ending date of this conditional release. If block 5.b. is marked, indicate in Section IV, "Remarks," the reason for disapproval and return to the originator not later than the expiration date in Item 5.a.

Item 6. Enter name, title, signature and date for authorizing official. Indicate in Items 6.c. and d. the address and telephone number for returning completed Section III. Send completed Section II to the address in Item 2.

**SECTION III.** Completed by enlisting/appointing official within 10 days of enlistment or appointment.

Item 7. Indicate service to which applicant was enlisted/appointed.

Item 8. Completed by individual certifying enlistment/appointment action. Certifying official ensures a copy of the completed DD Form 368 and a copy of the oath are mailed to the address in Item 6.d.

**SECTION IV - REMARKS.**

Use as necessary. Reference each item on the form to which the remark pertains. (For example: "Item 5.b. Disapproved for the following reason: .....")

## **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 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. I am not currently receiving financial assistance under chapters 1608, 1609, 1611, sections 2107, or 2107a of title 10, United 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 fall 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 non-availability.

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

---

**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><br>Doe, John R. II | b. PAY GRADE<br>E-4             | c. SSN<br>123-45-6789 | d. SERVICE COMPONENT<br>Navy Reserve |                       |
| e. CURRENT UNIT/<br>COMMAND<br>145TH                            | f. ADDRESS                      |                       |                                      |                       |
|   | (1) STREET<br>1405 Green Street | (2) CITY<br>Atlanta   | (3) STATE<br>GA                      | (4) ZIP CODE<br>31222 |

**2. RECRUITING OFFICE ADDRESS**

|  |                      |                |                           |
|--|----------------------|----------------|---------------------------|
| a. STREET<br>5015 N 34TH STREET BUILDING 900 | b. CITY<br>FT GILLEM | c. STATE<br>GA | d. ZIP CODE<br>30297-5122 |
|--|----------------------|----------------|---------------------------|

**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<br>111211 |
|---------------------|--------------------------|

**4. RECRUITER REQUEST FOR CONDITIONAL RELEASE**

a. Request conditional release to enlist/appoint member into the \_\_\_\_\_ *Army Reserve* *(Service/Component)*.

|  |              |                          |
|--|--------------|--------------------------|
| b. NAME OF RECRUITER <i>(Last, First, Middle Initial)</i><br>BROWN, LEROY L. | c. SIGNATURE | d. DATE SIGNED<br>111211 |
| e. TITLE<br>Army Reserve Career Counselor                                    |              |                          |

**SECTION II - APPROVAL/DISAPPROVAL**

5. *(X as applicable)*

|  |
|--|
| a. APPROVED. Individual is recommended and conditional release is granted. The release is valid until _____. |
| 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<br><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<br><i>(Include area code)</i> | e. ADDRESS     |                 |           |              |
|   | (1) STREET     | (2) CITY        | (3) STATE | (4) ZIP CODE |
| f. SIGNATURE                                      | g. DATE SIGNED |                 |           |              |

**SECTION IV - REMARKS**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** Title 10 USC Sec 261, 269, 271, 512, 516, 595, 651, 716, 1005, 3013, 8013, 12105, 12106, 12107, and 12213; Title 32 USC Sec 323 and Title 50 USC App 454.

**PRINCIPAL PURPOSE(S):** To obtain clearance from component and discharge upon entry into another component of the Military Services.

**ROUTINE USE(S):** None.

**DISCLOSURE:** Voluntary; however, failure to furnish information will result in delay or denial of release from component.

**INSTRUCTIONS**

**GENERAL INSTRUCTIONS.**

When this form is not computer generated, use typewriter or dark ink for all entries. Enter all dates in YYMMDD format. Use full street address, city, state and ZIP code for addresses. Use last name, first name, and middle initial format. Use short title Service/Component names: USA, ARNGUS, USAR, USN, USNR, USMC, USMCR, USAF, ANGUS, USAFR, USCG, USCGR.

**SECTION I.** Completed by recruiter and applicant.

- Item 1. Enter applicant's name, pay grade, Social Security Number, current Service/Component, and current unit/command address.
- Item 2. Enter recruiter's office address, if applicable.
- Item 3. For item 3.b., complete the name of the gaining and losing components. Member signs and dates appropriate blocks.
- Item 4. Recruiter, if applicable, completes 4.a. through 4.e. and sends this document to the address in Item 1.e.

**SECTION II.** Completed by applicant's unit commander or designated representative within 30 days of receipt.

- Item 5. If block 5.a. is marked, enter the ending date of this conditional release. If block 5.b. is marked, indicate in Section IV, "Remarks," the reason for disapproval and return to the originator not later than the expiration date in Item 5.a.
- Item 6. Enter name, title, signature and date for authorizing official. Indicate in Items 6.c. and d. the address and telephone number for returning completed Section III. Send completed Section II to the address in Item 2.

**SECTION III.** Completed by enlisting/appointing official within 10 days of enlistment or appointment.

- Item 7. Indicate service to which applicant was enlisted/appointed.
- Item 8. Completed by individual certifying enlistment/appointment action. Certifying official ensures a copy of the completed DD Form 368 and a copy of the oath are mailed to the address in Item 6.d.

**SECTION IV - REMARKS.**

Use as necessary. Reference each item on the form to which the remark pertains. (For example: "Item 5.b. Disapproved for the following reason: .....")