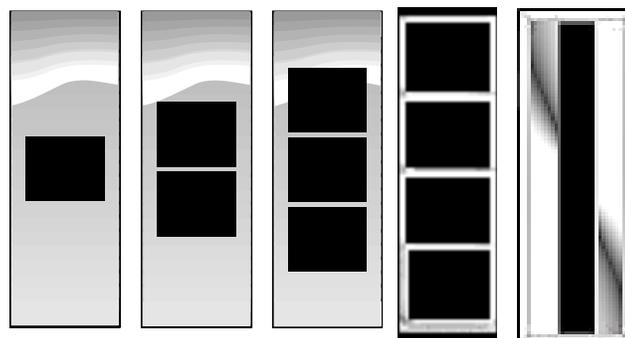


UNITED STATES ARMY RESERVE
WARRANT OFFICER APPLICATION
SAMPLE PACKET



FY 2013
1 OCTOBER 2012

Steps to Process a Warrant Officer (WO) Application

1. References:

- a. Army Regulation 135-100 dated 1 Sep 1994
- b. Army Regulation 135-91 dated 2 Jan 2005
- c. Army Regulation 135-18 dated 11 Jan 2004
- d. Army Regulation 601-1 dated 12 Oct 2007
- e. Army Regulation 40-501 dated 1 Feb 2005
- f. DA Pam 611-21 dated 28 Nov 2007
- g. DA Circular 601-99-1 dated 23 Apr 1999
- h. DA Circular 601-6 dated 14 Jun 2006

2. Applicants must meet the following **NONWAIVERABLE** requirements:

- a. Possess a General Technical (GT) score of 110 or higher
- b. Be a US Citizen
- c. Possess a Secret security clearance (an interim or continued access clearance is also acceptable).
- d. Be a high school graduate or have a GED
- e. Pass a Chapter 2, pre-commissioning physical (technical MOSs).

3. The Officer Accession NCO (OANCO) is responsible for assisting the applicant prepare and process the application. Applicants should go to (http://www.usarec.army.mil/hq/warrant/WOgeninfo_mos.shtml) and review the prerequisites for the Warrant Officer MOS they are applying for. Waivers for unmet prerequisites will be reviewed on a case by case basis. Applicants requiring a moral waiver will be sent to HRC, age waivers to DA G-1, medical waivers to USAREC, APFT waivers to DA G-3, and prerequisite waivers to the WOMOS proponent.

4. 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**.

5. DA Form 61, DA Form 2-1 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.

Steps to Process a Warrant Officer (WO) Application (con't)

6. 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).
7. The BN Special Missions NCO will send the completed application to the Army Reserve Career Division (ARCD) Warrant Officer (WO) Section for final screening/quality control check and processing.
 - a. Technical WO applicants: ARCD will forward applications to the appropriate proponent for a technical evaluation. ARCD will prepare proponent-approved applicants for presentation to the next scheduled DA WO selection board. ARCD will return proponent-disapproved applications to the BN Special Missions NCO with an explanation of disapproval.
 - b. Applications that are incomplete or need corrections will be held at the ARCD WO Team no more than 7 days after receipt, pending receipt of required corrections. ARCD will return applications to the BN Special Missions NCO after 7 days. The Region may resubmit the WO application to ARCD upon completion.
 - c. Selection by the DA Board held at HQ USAREC: Applicants will be notified of the DA Board results through their BN. 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).

Checklist Additional Instructions

1. Prepare the **DA Form 61** using the example provided. Pay particular attention to the following areas:
 - a. **Block 21:** List all colleges attended with degree/credits and the graduation or expected graduation date. (if you list a college be sure to include a copy of the transcripts in the packet. **No internet transcripts will be accepted.** Unofficial transcripts will be accepted that are on College Letterhead).
 - b. **Block 26:** Exclude traffic violations involving a fine of \$250.00 or less. Over \$250.00, moral waiver required, include court documentation with waiver.
 - c. **Block 27 & 28e: E7/AC=** all active components (Army, Navy, Air Force, Marines & Coast Guard). **E7/RC=** all reserve components (Army, Navy Air Force, Marines, Coast Guard, & all National Guard units).
 - d. **Block 41:** Use the format shown with your data entered and signed by your commander. Applicants who do not meet height/weight standards of AR 600-9 must include a Body Fat Content Worksheet.

e. **Block 42:** Ensure you sign and date before forwarding your application. (Applicant signature and date must not be before the date of the APFT).

Checklist Additional Instructions (con't):

2. Company and Battalion Commander Letters of Recommendation: Should be 3 to 5 paragraphs long, with specific, quantifiable comments about your character and tactical and technical competence. Letters with generic, flowery sentences are not effective in communicating your qualifications to either the proponent or the board. Use memorandum format and address to **MEMORANDUM FOR Chief, Army Reserve Careers Division (DAAR-CD), 5015 N 34th Street, Building 900, Fort Gillem, Georgia 30297-5122**. Make every attempt to obtain a letter from a Senior Army Warrant Officer (CW3-CW5) from the MOS for which you are applying. If there is not WO available, you may use the first Field Grade Officer (MAJ, LTC, COL) to verify your technical abilities. Civilian letters of recommendation should be on company letterhead and should be directed toward your experience and supervisory ability. Include the POC and their office phone number in the letter.

3. Resume: Prepare a resume using the format provided. You must use this format; however, you can lengthen or shorten the resume as needed. Make sure you sign and date the resume.

4. Transcripts: Required to verify all education and must show course title, credit hours awarded, and grade received; for example, English 101, 3 hrs, A. **Unofficial copies are acceptable. Internet copies are not acceptable.**

5. DA Photo: Official DA Photo required. Other services photos are acceptable, but the Dress Uniform is mandatory except for mobilized Soldiers. In their care, any clear picture in duty (ACU) uniform will suffice.

6. Physical: Chapter 2 for technicians, Flight for aviators. **MUST BE CERTIFIED TRUE COPY.** Blocks 15c and 74a of the DA Form 2808 and Block 6c of the DA Form 2807-1 must reflect WOC Appointment, Commissioning, DAZ, WOC School or similar working.

7. Security Clearance: A Security Memorandum is required to show proof of Secret or Interim Secret clearance. If the applicant has an Interim Secret clearance and it does not show up on JPAS, include a screenshot of the applicants SMS page showing the Interim clearance.

Army Reserve Warrant Officer 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)
- ___ ___ Recommendation by Applicant's Unit Commander
- ___ ___ Recommendation by Applicant's Battalion Commander
- ___ ___ 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
- ___ ___ Preappointment Physical with HIV and drug/alcohol results within 18 months of DA board
- ___ ___ Statement of Religious Practices
- ___ ___ Unit Vacancy Report
- ___ ___ UIC _____ Para _____ Line _____ Posn _____ WMOS _____ Grade _____
- ___ ___ Is applicant mobilized?
- ___ ___ DA Form 4856 for Bonus Counseling

WOANCO/LRTNCO OF CREDIT: _____ Phone: _____

RRC/MSC: _____

I HAVE REVIEWED THIS APPLICATION:

SPECIAL MISSION NCO NAME: _____

SIGNATURE: _____

DCRO NAME: _____

SIGNATURE: _____

AGR Warrant Officer Application Checklist

RANK: _____ FULLNAME: _____ SSN: _____

ENLISTED MOS(S): _____ REQUESTED WARRANT MOS(S): _____

1. _____ DA Form 61, completed, dated and signed
2. _____ Memorandum of recommendation from senior warrant officer, less than 1 year old
3. _____ Memorandum of recommendation from your unit commander, less than 1 year old
4. _____ Memorandum of recommendation from your battalion/brigade commander, less than 1 year old
5. _____ Resume formatted as in application sample
6. _____ ERB or equivalent documents (used to verify DOB, GT, AS, ETS)
7. _____ OMPF Hard Copies (NCOER and AERs in order newest to oldest; AER should be placed next to the NCOER that reflects the same time frame)
8. _____ College Transcripts
9. _____ Copies of Professional Certificates (licenses or certificates issued to Engineer, Mechanics, etc)
10. _____ AFAST Results (flight only)
11. _____ DA Photo
12. _____ DA 4187, Requesting verification of pending actions (validate Soldier is not flagged or barred)
13. _____ Security Clearance (DO NOT SEND DA 873, minimum Interim secret clearance required)
14. _____ Complete Class 2 Physical (Class 1 Aviation-max age is 18 months for aviators, for all others 24 months-must contain dated drug and alcohol testing results)
15. _____ Remaining hard copy documents from OMPF not included on you ORB (awards certificates)
16. _____ Reenlistment documents if ERB does not show 12 months remaining
17. _____ Statement of Understanding enclosed (copy of this memo is on the website)
18. _____ Statement of Acknowledgement for Accommodations of Religious Practices
19. _____ English credit document if required
20. _____ TABE test results
21. _____ DA 5500 or 5501 (if required)
22. _____ Moral waiver (required if you marked "yes" in block 26 of DA Form 61) (one waiver request per offense)
23. _____ Age waiver (if required; max age is 32 for aviators, 46 for all others)
24. _____ Prerequisite waiver (review prerequisites for MOS) (one waiver for each prerequisite not met)
25. _____ AFS waiver (12 or more years AS)
26. _____ APFT Waiver (must include physical profile and complete physical with packet)
27. _____ DA 1506 signed and concurred

WARRANT OFFICER QUALITY CONTROL CROSS CHECKLIST

FY 2013	Battalion					
As of 1 Oct 2012	Rank/Name:		SSN:			
CATEGORY	ITEM	CHECK FOR:	YES/NO/NA	ANCO INITIALS	SP MSN INITIALS	RTD INITIALS
CHECKLIST	CHECKLIST	Is the USAR Fm 135-R or 136-R properly filled out to include unit vacancy information? AGR - include AGR Checklist. 670A/640A required additional checklist				
	PREREQUISITE	Include current Proponent Prerequisite Sheet				
	MOS	Does Soldier hold feeder MOS? (check prerequisite sheet) If not, include Waiver Request.				
	APFT	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				
	AFS	AGR only - needs AFS waiver if on date of DA Board they have 12 years Active Federal Service.				
	Age	Does Soldier exceed maximum age for accession for WMOS? If YES, include Waiver Request.				
	Grade	Does Soldier meet minimum grade for WMOS? (check prerequisite sheet) If not, include Waiver Request.				
	Experience	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.				
	Education	Does Soldier meet minimum civilian education requirements for WMOS? (check prerequisite sheet) If not, include Waiver Request.				
PREREQUISITES		Does Soldier meet English requirements for WMOS? (check prerequisite sheet) 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.				
		Does Soldier meet Math requirements for WMOS? (check prerequisite sheet) 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.				
		TABE Test requirement: Must include test results. (check prerequisite sheet)				
	NCOES	Does Soldier meet minimum (feeder) NCOES requirement? (check prerequisite sheet). If NO, must include waiver.				
	Additional Testing	Does WMOS require AFAST, TABE, DLAB or any additional tests for WMOS? (check prerequisite sheet) If YES, must include test results.				
	(LOR) Letter Of Recommendations	Does Soldier have ALL required LORs for WMOS which applying for? DA Board wants a LOR from a SR WO even if the prerequisites do not require one.				
	Security Clearance	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.				
	WOFT ONLY	Aviation Flight Test (AFAST) SIFT to be used from 01 Jan 13 onward.				

DA Form 61 (Page 1) 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 Feeder MOS List. Example: 420A. (Proponents with more than 1 WOMOS add all example 255N, & 255A or 913A, 914A, 915A & 919A.						
Item # 5b	Enter the MOS title that is printed on the MOS Prerequisite sheet. Example: HUMAN RESOURCES TECHNICIAN						
Item # 7	LAST NAME, FIRST NAME MIDDLE NAME SUFFIX (DOE, JOHN RANDALL)						
Item # 8	Enter Grade (E7)						
Item # 9a	Enter SSN (000-00-0000)						
Item # 10	Enter MOS held that feeds into a WO MOS; reference Feeder MOS List.						
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 under age 18;						
Item # 14	Enter date of birth as (14 JUN 67).						
Item # 15	Enter place of birth as: CITY COUNTY STATE (GA)						
Item # 16	Enter SEX; M-MALE, F-FEMALE.						
Item # 17	Enter the units complete military address and UIC (UNIT/UIC & ADDRESS must match DA Form 2A) to include the PHONE NUMBER. AGR add unit e-mail if unit has one.						
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. AGR - add Soldiers AKO e-mail address. John.doe@us.army.mil						
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. Include Naturalization certificate.						
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	Most Current College on top. 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. 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 & Math letter Grade must be printed on transcript.						
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 NCOES put the highest military school (AIT); Enter as (US Army Support Institute, Ft. Sill, OK) Verify this with the DA Form 1059 and Section III block 22 of DA 2A and the DA Form 2-1 block 17. (IF THEY HAVE COMPLETED THE LAST PHASE OF ALC/SLC, DO NOT LIST PHASE #.)					
	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>).					
DA Form 61 (Page 2)	Item # 24	X the appropriate box					
	Item # 25	Enter X					
	Item # 26	Enter no if applicable and applicant has not had fine over \$250. 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.					
	Item # 27	MOST CURRENT ON TOP Active Military Service; Enter all active military service to include AGR and Mobilized time that produced a DD 214. Do not enter Basic and AIT unless over a year. {a. 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.					
	Item # 27f	AC applicants only 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	Only list personal awards(e.g. AAM, MSM, NAM). Type "NONE" if no awards					
	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.					
DA Form 61 (Page 3)	Item # 40a	Enter the complete address of the employer with phone number ; If the phone number will not fit put it in the lower left hand corner of block 41 REMARKS. If the applicant is unemployed or a student enter "UNEMPLOYED or STUDENT" . AGR or Active Component Applicants leave items 40a,b & c blank					
	Item # 40b	Enter the Job title. (Must match DA Form 2-1 item 26). AGR leave blank.					
	Item # 40c	Enter employment/unemployment/student status started MMM YYYY and Present. Example: FEB 1998. AGR leave blank.					
	Item # 41	Enter the required PT/HT/WT statement with the Commander's Signature Block. (See Sample Packet) NO DELEGATION OF SIGNATURE AUTHORITY ON APFT STATEMENT. Must be signed by the commander, per DA Pam 601-6 para 1-4f. <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 & 15.</u> Enlisted Commander add assumption of command order					
	Item # 42	Enter the date and signature of applicant; 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					
DA Form 61 (Page 4)	DA Form 61 Page 4	DO NOT ENCLOSE; THIS PAGE IS NOT USED WITH WARRANT OFFICER APPLICATIONS.					
DA Form 61 Supporting Documentation	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.					
Additional Testing	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					

LETTERS OF RECOMMENDATION	Commander's Letter on USAREC Form 1936 REV 1 AUG 2009	Letter from the applicant's commander. 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. 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.					
	BN Commander Letter on USAREC Form 1936 REV 1 AUG 2009	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. USAREC Form 1936 REV 1 AUG 2009 required.					
	WO Letter on USAREC Form 1936	All applicants should have a letter from a Sr. WO in the MOS applying 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. USAREC Form 1936 REV 1 AUG 2009 required.					
	Other Letters on Letterhead or USAREC Form 1936	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.					
WAIVERS	Moral	Moral waivers are approved at HRC St. Louis. Any packet requiring a waiver needs to be at ARCD 60 days prior to the DA Board. See Sample Packet for moral waiver format. (Include court documentation, or USAREC Form 1037 stating no records found).					
	Active Federal Service (AFS)	AGR ONLY - needs active federal service waiver if they will complete 12 years prior to the DA Board.					
	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 .MUST PROVIDE ALL DISCHARGE DOCUMENTS WITH THE WAIVER (214, 215, NGB22, REFRAD ORDERS, TRANSFER TO IRR, etc.)					
	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 . (Include supporting documentation from civilian or military doctor on medical condition. Include diagnosis, prognosis and a summary)					
	APFT	APFT waivers are sent to DA G3 for approval/disapproval; 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 & USAREC Form 1936 from 1st LTC in chain of command. Profile should match Chap 2 physical.					
	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;					
DA PHOTO	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. 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. (http://www.armywriter.com/rackbuilder.htm)					

RESUME / USAREC Form 1935	USAREC Form 1935 must be used FY11.	<p>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. 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. Remove Blank Pages. Deployments must be separated out - even for AGR Soldiers.</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 Item numbers will vary depending upon form date, Current Form May 2008. 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	MUST have if Soldier does not have 5 consecutive NCOER's; E-5's with less than 5 NCOER's must submit this memo.					
	NCOERs	Its best to get all required NCOERs from 2X Citizen. By doing this they are stamped as certified copy indicating that they are official records in the Soldier's file. (Do not stamp certified true copy). Needs improvement, several not signed - will need a memo from the command explaining the situation.					
TRAINING	DA Form 1059	DA Form 1059s from ALL COURSES. Marginal 1059 - needs a memo from the command explaining the situation.					
	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. No internet/web page transcripts accepted. Unofficial student transcripts are accepted on school stationary.					
SECURITY	Security Clearance Verification	Memorandum from Security Manager (NO MORE JPAS) 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 AR 135-100 in first paragraph; Make sure bottom of form is filled out and signed. USE THE CORRECT FORM BASED UPON THE APPLICANT'S TIME IN SERVICE. USE 3575 if they have passed their 8 year MSO. Original or Digital Signature.					
	Stmt of Understanding	Copy to letterhead and type the applicants name and SSN on bottom and have signed.					
CHAP 2 PHYSICAL	Chapter 2 Physical	Must be certified true copy (Name, Signature & Date of who is certifying true copy). Ensure it is a Chapter 2 commission physical. Must be within 18 months of DA Board Selection. Flight physicals must be stamped by Ft. Rucker Flight Surgeon. 2807-1: Check blocks 1,2,3,5 are filled in, and blocks 6a,b,c. 2808: BLOCK 15a,b,c are checked. Make sure it is marked commission, DAZ, or something that shows it is a Chap 2 Physical. 2808 - Block 74a - Must be checked "is qualified" and show WO, Commission or IAW AR 40-501. Block 74b must be filled out completely. Block 81a must be signed by the Physician. Ensure that you provide lab reports showing the results of HIV, Drugs, Alcohol (Ethanol) and HEMOGLOBIN.					
	Stmt of Religious Practices	Have applicant sign and date.					
VACANCY	Unit Vacancy Report	Include unit vacancy report from REQUEST or, if the position needs to be loaded, include the Vacancy Load Sheet. INCLUDE VAC CRTL NUMBER! Not needed for AGR Soldiers					
BONUS	DA 4856 and Bonus Paperwork	ENSURE DATE MATCHES DATE OF DA61! Check current SRIP list to confirm eligibility. AGR not eligible for Bonus-but need DA 4856 in pkt					
AGR	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					
670A/640A	MILPER MESSAGE	All additional documents required by current MILPER Message					
SOLDIERS FROM OTHER BRANCHES	DD Form 368	Request for Conditional Release (if applicable).					
Print ANCO Name & Signature							Date
Print SP MSN NCO Name & Signature							Date

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Warrant Officer MOS

[Warrant Officer MOS List](#)[Enlisted MOS Conversion List \(Army\)](#)[Enlisted MOS Conversion List \(Air Force\)](#)[Enlisted MOS Conversion List \(Marine\)](#)[Enlisted MOS Conversion List \(Navy\)](#)

Warrant Officer Prerequisites and Duty Description

420A - Human Resources Technician

Duties:

Manages functions which support the Army's Human Resource (HR)/Personnel Management systems. Performs duties as Chief of a Section in Technical Field Operations Section or in a HR Platoon of a HR Company. Serves as the HR Technician of a BCT (UA) or at any BDE/Group level in the Army structure. Monitors input to the eMILPO, SIDPERS (NG) DIMHRS, OMF, EMF, and other automated/manual data systems used in human resources/personnel management by use of established forms and coding procedures. Makes decisions based on a variety of information sources, personnel, and command requirements. Initiates and prepares correspondence or messages to other organizations, both military and civilian, and individuals in response to requests for information, policy or guidance. Oversees office automation (e.g. word, excel, PowerPoint) processing activities supporting the personnel activity. Oversees and monitors strength management, postal operations, replacements operations, PASR, casualty operations, data accuracy, and levy and award actions for the Combatant Commanders. Interprets regulations, MILPER messages and ALARACT messages for individuals, subordinates, and commanders. Counsels individuals on personal and family member affairs, financial matters, and career considerations. Supervises large numbers of military and civilian personnel engaged in specialized personnel and administrative related duties. Manages the integration of automated personnel systems into the information management work center. Oversees issuance of all types of orders and processing. Oversees the overall dispensing of customer services to include management of the personnel services center appointment systems, management of the soldier suspense program, and management of the identification card system to include update of the DEERS/RAPIDS data base.

Minimum prerequisites:

(42A/F) Active Component

- Be a SSG (E-6) or above.
- Have a minimum of 8 years, but less than 12 years AFS on the date DA Form 61 signed.
- Have a PMOS of 42A/F.
- Be a 42A MOS ALC/BNCOC graduate.
- Battalion or Brigade S1 experience.

Note: If a graduate of BNCOC before 1 Oct 04, and PMOS 42L, must complete the 42A certification course. If a graduate of BNCOC after 1 Oct 04, 42A certification is not required.

- 30 semester hours of college with a minimum of six (6) semester hours of college level English included from an accredited academic institution. Speech and public speaking courses are not considered as meeting this requirement even if administered by the English department of an institution. Successful completion of the CLEP general examination in English or an undergraduate degree is the only acceptable alternatives. Transcripts comprised of only military training credit are not acceptable. Applicants must obtained credit from an accredited college. The Department of Education maintains a database of accredited postsecondary education institutions and programs at <http://ope.ed.gov/accreditation/>.
- Have a minimum of four years operational experience in 42A/F series MOS. Practical experience may be documented through NCO evaluation reports and award citations.
- Posses 36 months HR leadership experience supervising Soldiers documented on NCOER.
- Have on file a minimum of five (5) NCOER's that reflect outstanding duty performance ratings in human resource operations and/or personnel management. Outstanding duty performance ratings in HR operations. Outstanding duty performance is considered as exceeding the standard (Excellence) and is rated by the rater (Part V.a) as 'Among the Best' with exceptionally strong remarks by the Senior Rater - not merely fully capable performance.

Preferred prerequisites:

- Have 6 hours of documented computer training as evidenced on official transcripts or training certificate.

NOTE: A letter from a senior Human Resource Technician is not required. If a letter from a HR Warrant Officer (CW3-CW5) is included, it will add weight to the overall strength of the packet. A letter from a Field Grade Human Resource officer is also acceptable.

Minimum prerequisites:

(42A/FL) National Guard/US Army Reserve

- Grade: SGT or above – E-5 applicant's packets must meet the prerequisites shown below. ALC/BNCOC, evaluation and

- experience requirements will not automatically be waived due to an E-5's recent DOR.
- MOS: Applicants must have a Primary MOS (PMOS) of 42A/F/L.
 - All applicants for NG Recruiter (79T/V) positions must have secondary or additional MOS and NCOER experience in the 42 series MOS.
 - Note: Applicants must have one of the above feeder MOSs. Applicants that can show Army HR experience without award of the required feeder MOS must submit strong unit justification as to why applicant has not or cannot be awarded feeder MOS.
 - Full-time Unit Technicians (GS/AGR) – Consideration will be given to applicants with at least 5 years of outstanding documented and evaluated Human Resource (HR) experience. Copies of evaluations documenting HR experience must be submitted.
 - Military Education: Military Education: Applicants, at a minimum, must be a 42A ALC/BNCOC Graduate.
 - Civilian Education: 30 semester hours of college with a minimum of six (6) semester hours of college level English included from an accredited academic institution. Speech and public speaking courses are not considered as meeting this requirement even if administered by the English department of an institution. Successful completion of the CLEP general examination in English or an undergraduate degree is the only acceptable alternatives. Transcripts comprised of only military training credit are not acceptable. Applicants must obtain credit from an accredited college. The Department of Education maintains a database of accredited postsecondary education institutions and programs at <http://ope.ed.gov/accreditation/>.
 - Experience: Possess a minimum of three (3) years HR operational experience, of which 18 months specifies leadership experience supervising Soldiers, in Human Resource operations that is documented on NCOERs.
 - Evaluations: Submit no less than three (3) NCOERs that reflect outstanding duty performance ratings in HR operations. Outstanding duty performance is considered as exceeding the standard (Excellence) and is rated by the rater (Part V.a) as 'Among the Best' with exceptionally strong remarks by the Senior Rater - not merely fully capable performance.
 - Substitution of Experience: Practical experience acquired from military/civilian positions may be substituted provided the experience is documented by employee evaluations and determined to be equivalent to military experience. A portion of practical experience requirement may be waived for applicants who have a degree in Human Resource Management or Business Administration from an accredited academic institution. Credit can be granted as follows:
 - A Bachelor degree may offset up to 1 years of practical experience
 - A Master degree may offset up to 2 years of practical experience
 - Applicant's grade point average (GPA) must be at least 2.0 on a 4.0 scale to qualify for experience substitution and must be indicated on school transcript.
 - APFT: A request for APFT (three-event) waiver must be submitted when applicant performs less than all three (3) PT events. Copy of a current DA Form 5500 must also be submitted when applicants does not meet weight requirements.
 - **NOTE:** In addition to above prerequisites, the following experience will add overall strength to applicant's packet:
 - Letter(s) of recommendation from a Senior Human Resource Technician, or AG Field Grade officer.

Preferred prerequisites:

- Have 6 hours of documented computer training as evidenced on official transcripts or training certificate.

NOTE: A letter from a senior Human Resource Technician is not required. If a letter from a HR Warrant Officer (CW3-CW5) is included, it will add weight to the overall strength of the packet.

Please contact the proponent POC below for any questions regarding qualifications. Address all other inquiries to the Warrant Officer Recruiting Branch at wo-team@usarec.army.mil

POC:

CW5 Coral Jones

E-Mail: coral.jones@us.army.mil

DSN: 734-8358

COMM: 803-751-8358

CW4 Bryan Westfield

E-Mail: bryan.westfield@us.army.mil

DSN: 734-8446

COMM: 803-751-8446

Last Updated 14 Apr 2011

The appearance of hyperlinks does not constitute endorsement by the United States Army Recruiting Command (USAREC) of this Web site or the information, products or services contained therein. For other than authorized activities such as military exchanges and Morale, Welfare and Recreation sites, the United States Army Recruiting Command (USAREC) does not exercise any editorial control over the information you may find at these locations. Such links are provided consistent with the stated purpose of this DoD Web site.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10 United States Code, Section 3012 (Title 10 United States Code, Section 1553a)

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 A Form 61 is voluntary. Failure to provide the requested information will result in non-acceptability of the application.

SAMPLE
ALL CAPS

1. TYPE OF APPOINTMENT FOR WHICH APPLICATION IS SUBMITTED		2. GOVERNING REGULATION OR CIRCULAR <i>(Specify appropriate section(s) if applicable)</i> AR 135-100	
<input type="checkbox"/>	COMMISSIONED OFFICER - REGULAR ARMY	3. GRADE FOR WHICH APPLYING <i>(Reserve appointments only)</i> WO1	
<input type="checkbox"/>	COMMISSIONED OFFICER - ARMY RESERVE	4. SOURCE OF APPLICATION <i>(ROTC only)</i>	
<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 <i>(List choice by MOS code and title)</i>	
6. BRANCH AND SPECIALTY PREFERENCES Regular Army and Officer Candidate applicants and all ROTC graduates: In numerical sequence, indicate 10 branch preferences other than CA and SS. USAR applicants: If applying for a specific Reserve vacancy, indicate ONLY the branch of the vacant position; all other applicants may enter more than one branch.		a. MOS CODE	b. MOS TITLE
		420A	HUMAN RESOURCES TECHNICIAN

PREFER-ENCE		BRANCH		SPECIALTY		PERSONAL DATA						
				7. NAME <i>(Last, first, middle)(Explain variations from birth certificate in Item 41)</i> DOE, JOHN RANDALL II		8. GRADE E7		9a. SOCIAL SECURITY NUMBER 123-45-6789				
		10. BRANCH <i>(MOS if enl or wo)</i> 42A40		11. TOTAL YRS ACTIVE SERVICE 11		12. MARITAL STATUS M		13. NUMBER OF DEPENDENTS UNDER 18 YEARS OF AGE 1		9b. SELECTIVE SERVICE NUMBER N/A		
		14. DATE OF BIRTH 12 JAN 70		15. PLACE OF BIRTH <i>(City, county, state)</i> KATHMANDU NEPAL		16. SEX M		17. COMPLETE MILITARY ADDRESS <i>(If presently on active duty) (Include ZIP Code)</i> 0415 REGT 1 BN DET 1 (CO B&C) (W71102) 1750 E 29TH ST., TUCSON, KY 85713-1989 PHONE AND/OR AUTOVON NUMBER 555-555-1212				
		18. PERMANENT ADDRESS <i>(Include ZIP Code)</i> 123 FOREST STREET john.r.doe@us.army.mil HUBERVILLE, KY 12395		19. CURRENT MAILING ADDRESS <i>(If difference from Item 18) (Include ZIP Code)</i> N/A								
		PHONE <i>(Include area code)</i> 272-497-3215		PHONE <i>(Include area code)</i>								
		20. US CITIZEN		a. NATIVE		b. <input checked="" type="checkbox"/> NATURALIZATION		c. APPLICANT'S CERTIFICATE NO. <i>(If Item b. checked) (Date, place, court)</i>				
		<input checked="" type="checkbox"/> YES		<input type="checkbox"/> YES		<input type="checkbox"/> DERIVED		14 SEP 1985, NO. 12347800				
		<input type="checkbox"/> NO		<input checked="" type="checkbox"/> NO		<input type="checkbox"/> IMMIGRANT		U.S. DISTRICT COURT OF HAWAII HONOLULU, HAWAII				
		21. CIVILIAN EDUCATION <i>(See page 3 for additional requirements for professional personnel)</i>										
		a. HIGH SCHOOL GRADUATE				b. NAME AND LOCATION OF HIGH SCHOOL						
		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				APPLETOWN HIGH SCHOOL, APPLETON, KY 47612						
		c. NAME AND LOCATION OF EACH COLLEGE OR UNIVERSITY ATTENDED <i>(Include USMA, USNA, USAFA, USCGA, and USMMA)</i>		(1) DEGREE		(2) SEMESTER CREDITS EARNED		(3) YEARS ATTENDED		(4) DATE GRADUATED OR WILL GRADUATE		(5) MAJOR SUBJECT
		UNIV LOUISVILLE, LOUISVILLE KY				3		1		3 6 2012		BUS ADMIN
		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 <i>(Continue in Item 41(Remarks))</i>								
		DEANS LIST		YES								

22. HIGHEST LEVEL SERVICE SCHOOL ATTENDED

a. NAME OF SCHOOL	b. COURSE	c. DATES <i>(Mo-Yr)</i>		COMPLETED		d. IF NOT COMPLETED GIVE REASON
		FROM	TO	YES	NO	
NCO ACADEMY FORT JACKSON, SC	42A SLC	11 10	11 10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

23a. FOREIGN LANGUAGES AND DEGREE OF PROFICIENCY
KOREAN DLPT V: 2+L/2R

b. ALAT SCORE *(If applicable)*

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

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

26. HAVE YOU EVER UNDER EITHER MILITARY OR CIVILIAN LAW BEEN INDICTED OR SUMMONED 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.

SAMPLE
ALL CAPS

27. **ACTIVE MILITARY SERVICE** (Indicate tour with each organization separately; show ROTC Comps in Item 39)

	a. ORGANIZATION (US Armed Forces, USCG, NOAA, US Public Health Service, Peace Corps)	b. DATES (Day, Month, Year)		c. BRANCH/MOS (As appropriate)	d. PRIOR SERVICE NO. (If applicable)	e. HIGHEST GRADE AND COMPONENT
		FROM	TO			
ENLISTED	US ARMY RESERVE (AGR)	13 MAR 06	PRESENT	42A40		E7/RC
	US ARMY RESERVE (AGR) (MOB)	05 MAR 04	06 FEB 05	42A30		E6/RC
	US ARMY RESERVE (MOB)	05 MAR 97	01 OCT 98	42A20		E5/RC
	US NAVY	02 AUG 89	25 JUL 91	IT3		E3/AC
WARRANT OFFICER						
COMMISSIONED						

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

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

	a. ORGANIZATION (US Armed Forces, USCG, NOAA, US Public Health Service, Peace Corps)	b. DATES (Day, Month, Year)		c. BRANCH/MOS (As appropriate)	d. PRIOR SERVICE NO. (If applicable)	e. HIGHEST GRADE AND COMPONENT
		FROM	TO			
ENLISTED	US ARMY RESERVE	07 FEB 05	12 MAR 06	42A30		E6/RC
	US ARMY RESERVE	02 OCT 98	04 MAR 04	42A30		E6/RC
	US ARMY RESERVE	02 AUG 95	04 MAR 97	42A10		E4/RC
	ARMY NATIONAL GUARD (LA)	26 JUL 91	01 AUG 95	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		b. OCS	
YES	NO	YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

c. APPOINTMENT IN RESERVE COMPONENT (USAR/ARNG)	d. APPOINTMENT IN REGULAR ARMY	
	YES	NO
AS A WARRANT OFFICER	<input type="checkbox"/>	<input checked="" type="checkbox"/>
AS A COMMISSIONED OFFICER	<input type="checkbox"/>	<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		d. SPECIALTY BOARDS		
RESIDENCY TNG				
SPECIALTY TNG				
			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 SFC 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 SEPTEMBER 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 (US Armed Forces, USCG, NOAA, US Public Health Service, Peace Corps)	Dates (Day, Month, Year		Branch/MOS (As appropriate)	Prior Service No (If Applicable)	Highest Grade and Component
	FROM	TO			

Item #28

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

**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>) : DOE, JOHN R. II		2. RANK: SFC/E7	3. DATE OF RANK: 6 DECEMBER 2001
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: <input type="checkbox"/> Senior Warrant Officer <input checked="" type="checkbox"/> Company Grade Officer <input type="checkbox"/> Field Grade Officer <input type="checkbox"/> Other _____ (Specify)	
6. I have known this applicant from <u>2007/12</u> to <u>PRESENT</u> . (Year/Month) (Year/Month)		7. RELATIONSHIP TO APPLICANT (<i>i.e., supervisor, interviewer</i>) : 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 Sergeant First Class John R. Doe my strongest endorsement for the Warrant Officer Candidate Program. SFC Does' proven technical skills coupled with his strong leadership make him an ideal candidate.
2. SFC 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. SFC Doe is organized and detail oriented in every facet of his duty performance. SFC Doe volunteered for a tour with the National Geospatial-Intelligence Agency, applying his tactical knowledge and leveraging operational experience to broaden his professional competence in advanced geospatialintelligence. Based on his experience, not often captured in a young Soldier, and communication skills, SFC Doe has been selected to deliver platform instruction at the National Geospatial-Intelligence College.
3. I judge SFC Doe a prime candidate based on the over twenty-four years of working with, evaluating, and mentoring intelligence warrants. In summary, SFC 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, SFC 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>) : JONES, JOHN B.	2. RANK: CPT	3. BRANCH: MI	4. SIGNATURE:	5. DATE (YYYYMMDD): 20120923
--	-----------------	------------------	---------------	---------------------------------

LETTER OF RECOMMENDATION
(Warrant Officer Procurement Program)

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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) : DOE, JOHN R. II		2. RANK: SFC	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: <input type="checkbox"/> Senior Warrant Officer <input type="checkbox"/> Company Grade Officer <input checked="" type="checkbox"/> Field Grade Officer <input type="checkbox"/> Other _____ (Specify)	
6. I have known this applicant from <u>2009/05</u> to <u>PRESENT</u> . (Year/Month) (Year/Month)		7. RELATIONSHIP TO APPLICANT (i.e., supervisor, interviewer) : 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 SGT Joe E. Sample 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. SGT Sample's request to be a Human Resources Technician is greatly supported by his eight years of military background and experience. Due to his prior experience and mobilization SGT Sample 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. SGT Samples budgets his time to get maximum productivity from himself and co-workers.
3. SGT Sample'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 Human Resources Technician in our AG Corps. SGT Sample is continually striving to improve his technical competence within the Human Resources field. He has completed all phases of his 42A Senior Leaders Course (SLC) 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) : QUINCY, DONALD M.	2. RANK: LTC	3. BRANCH: EN	4. SIGNATURE:	5. DATE (YYYYMMDD): 20120923
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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:

SFC

3. DATE OF RANK:

6 DECEMBER 2001

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

2007/12

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 SFC Doe for entry into the Warrant Officer Procurement Program as a Human Resources Technician (420A). I have reviewed SFC Doe's credentials from his eight year military Human Resource career, and found his records very worthy for warrant officer candidacy. As such, SGT Sample has earned my vote of confidence to compete for warrant officer selection.

2. SFC Doe served with me during a year-long deployment to Balad, Iraq 2004. During this time, I personally observed and worked with SFC 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. SFC 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, SFC Doe superbly performed AG Wartime Functions in accordance with FM 12-6.

3. SFC 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. SFC Doe completed BNCOC with a 97.4 GPA. He has received numerous valor and service awards for technical merit including the prestigious Bronzes Star. SFC 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, SFC 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 Human Resources Technician (420A)

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
SFC, USAR
000-00-0000

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

**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
34th 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.

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

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



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 34th 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 81st RRC and they both agreed that I tore my miscues joint and my ACL. Both doctors agreed that continuing running the 2 mile requirement for the APFT would cause more damage to my knee that what is already taken place and suggested the possibility of an alternate event. I was given a P2 profile from the 81st for the case at hand. I hand surgery on my left knee in November 04 and everything seems to be fine now and does not cause me any problems performing my duties as a Solider and in my civilian career. I am in excellent health and Fully Mission Capable what ever the job requirement is. I don't see any reason why I would not a strong asset the WARRANT OFFICER CORPS. I am a highly motivated and is very dedicated to the ARMY and to my fellow SOLIDERS.

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

Enclosure
DA Form 3349

JOHN R DOE
SSG, USAR



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 34th Street, Building, 900, Fort Gillem, Georgia 30297-5122

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

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

Signature Block of 1st 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 I BN DET I CO (B&C)

TEST ONE			TEST TWO			TEST THREE			TEST FOUR		
DATE	GRADE	AGE	DATE	GRADE	AGE	DATE	GRADE	AGE	DATE	GRADE	AGE
20120915	E7	41									
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									
<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		
STIGLER, DERRICK. 1094755820											
COMMENTS			COMMENTS			COMMENTS			COMMENTS		
FOR RECORD APFT PASS											

SPECIAL INSTRUCTION: USE INK

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

**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 Permanent	P U L H E S												
			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; height: 15px;"></td> </tr> <tr> <td style="width: 12.5%; height: 15px;"></td> </tr> </table>												

4. PROFILE TYPE	YES	NO
a. TEMPORARY PROFILE <i>(Expiration date YYYYMMDD)</i> <i>(Limited to 3 months duration)</i>	<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 a. NAME: <i>(Last, First)</i> _____ b. GRADE/RANK: _____ c. SSN: _____ d. UNIT: _____	17. HOSPITAL OR MEDICAL FACILITY 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 Dress Uniform

Only exception is for deployed Soldiers,
ACUs are acceptable. No Headgear.

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>) : DOE, JOHN R. II	2. RANK/GRADE: SFC/E7	3. PMOS: 42A40
4. UNIT, ORGANIZATION, STATION, ZIP CODE OR APO, MAJOR COMMAND: 415 REGT 1 BN DET 1 (CO B&C) 1750E 29TH ST TUCSON KY 85713	5. E-MAIL ADDRESS: 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.)

- 420A Human Resources Technician
-
-

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. 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: DUTIES <i>(list below to include significant contributions):</i> 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: DUTIES <i>(list below to include significant contributions):</i>	
8.	DATES (YY/MM): _____ to _____	ORGANIZATION:
	POSITION TITLE: 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: POSITION TITLE: DUTIES <i>(list below to include significant contributions):</i> 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. If not used - then remove blank pages.
10.	DATES (YY/MM): _____ to _____	ORGANIZATION: POSITION TITLE: DUTIES <i>(list below to include significant contributions):</i>
11.	DATES (YY/MM): _____ to _____	ORGANIZATION: POSITION TITLE: 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 POSITION TITLE: Administrative Assistant DUTIES (list below to include significant contributions): List civilian employment experience that uniquely qualifies you for the warrant officer specialty which you are applying. 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: POSITION TITLE: DUTIES (list below to include significant contributions):
3.	DATES (YY/MM): _____ to _____	ORGANIZATION: POSITION TITLE: 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 DESCRIPTION: 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. 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 DESCRIPTION: 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: _____ DESCRIPTION:

SECTION VI - MILITARY EDUCATION *(continued)*

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

13.	DATES (YY/MM): _____ to _____	COURSE:
	DESCRIPTION:	
14.	DATES (YY/MM): _____ to _____	COURSE:
	DESCRIPTION:	
15.	DATES (YY/MM): _____ to _____	COURSE:
	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	SFC/E7		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 NCOERs missing from my application:

- 98912 thru 199009 - I have been unsuccessful in obtaining a copy of my NCOER from the 880th 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 34TH 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: NACLIC, 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 20120923	SOCIAL SECURITY NUMBER 123-45-6789
NAME <i>(Typed) (Last, First, MI)</i> 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 September 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
SFC, USAR
123-45-6789

REPORT OF MEDICAL HISTORY

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

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

The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services Directorate (0704-0413). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

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

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397 (SSAN).

PRINCIPAL PURPOSE(S): To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.

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

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

X ALL APPLICABLE BOXES:

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

8. CURRENT MEDICATIONS (Prescription and Over-the-counter) NONE	9. ALLERGIES (including insect bites/stings, foods, medicine or other substance) 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
10.a. Tuberculosis	<input type="radio"/>	<input type="radio"/>	f. Foot trouble (e.g. pain, corns, bunions, etc.)	<input type="radio"/>	<input type="radio"/>
b. Lived with someone who had tuberculosis	<input type="radio"/>	<input type="radio"/>	g. Impaired use of arms, legs, hands, or feet	<input type="radio"/>	<input type="radio"/>
c. Coughed up blood	<input type="radio"/>	<input type="radio"/>	h. Swollen or painful joint(s)	<input type="radio"/>	<input type="radio"/>
d. Asthma or any breathing problems related to exercise, weather, pollens, etc.	<input type="radio"/>	<input type="radio"/>	i. Knee trouble (e.g., locking, giving out, pain or ligament injury, etc.)	<input type="radio"/>	<input type="radio"/>
e. Shortness of breath	<input type="radio"/>	<input type="radio"/>	j. Any knee or foot surgery including arthroscopy or the use of a scope on any bone or joint	<input type="radio"/>	<input type="radio"/>
f. Bronchitis	<input type="radio"/>	<input type="radio"/>	k. Any need to use corrective devices such as prosthetic devices, knee brace(s), back support(s), lifts or orthotics, etc.	<input type="radio"/>	<input type="radio"/>
g. Wheezing or problems with wheezing	<input type="radio"/>	<input type="radio"/>	l. Bone, joint, or other deformity	<input type="radio"/>	<input type="radio"/>
h. Been prescribed or used an inhaler	<input type="radio"/>	<input type="radio"/>	m. Plate(s), screw(s), rod(s) or pin(s) in any bone	<input type="radio"/>	<input type="radio"/>
i. A chronic cough or cough at night	<input type="radio"/>	<input type="radio"/>	n. Broken bone(s) (cracked or fractured)	<input type="radio"/>	<input type="radio"/>
j. Sinusitis	<input type="radio"/>	<input type="radio"/>	13.a. Frequent indigestion or heartburn	<input type="radio"/>	<input type="radio"/>
k. Hay fever	<input type="radio"/>	<input type="radio"/>	b. Stomach, liver, intestinal trouble, or ulcer	<input type="radio"/>	<input type="radio"/>
l. Chronic or frequent colds	<input type="radio"/>	<input type="radio"/>	c. Gall bladder trouble or gallstones	<input type="radio"/>	<input type="radio"/>
11.a. Severe tooth or gum trouble	<input type="radio"/>	<input type="radio"/>	d. Jaundice or hepatitis (liver disease)	<input type="radio"/>	<input type="radio"/>
b. Thyroid trouble or goiter	<input type="radio"/>	<input type="radio"/>	e. Rupture/hernia	<input type="radio"/>	<input type="radio"/>
c. Eye disorder or trouble	<input type="radio"/>	<input type="radio"/>	f. Rectal disease, hemorrhoids or blood from the rectum	<input type="radio"/>	<input type="radio"/>
d. Ear, nose, or throat trouble	<input type="radio"/>	<input type="radio"/>	g. Skin diseases (e.g. acne, eczema, psoriasis, etc.)	<input type="radio"/>	<input type="radio"/>
e. Loss of vision in either eye	<input type="radio"/>	<input type="radio"/>	h. Frequent or painful urination	<input type="radio"/>	<input type="radio"/>
f. Worn contact lenses or glasses	<input type="radio"/>	<input type="radio"/>	i. High or low blood sugar	<input type="radio"/>	<input type="radio"/>
g. A hearing loss or wear a hearing aid	<input type="radio"/>	<input type="radio"/>	j. Kidney stone or blood in urine	<input type="radio"/>	<input type="radio"/>
h. Surgery to correct vision (RK, PRK, LASIK, etc.)	<input type="radio"/>	<input type="radio"/>	k. Sugar or protein in urine	<input type="radio"/>	<input type="radio"/>
12.a. Painful shoulder, elbow or wrist (e.g. pain, dislocation, etc.)	<input type="radio"/>	<input type="radio"/>	l. Sexually transmitted disease (syphilis, gonorrhea, chlamydia, genital warts, herpes, etc.)	<input type="radio"/>	<input type="radio"/>
b. Arthritis, rheumatism, or bursitis	<input type="radio"/>	<input type="radio"/>	14.a. Adverse reaction to serum, food, insect stings or medicine	<input type="radio"/>	<input type="radio"/>
c. Recurrent back pain or any back problem	<input type="radio"/>	<input type="radio"/>	b. Recent unexplained gain or loss of weight	<input type="radio"/>	<input type="radio"/>
d. Numbness or tingling	<input type="radio"/>	<input type="radio"/>	c. Currently in good health (If no, explain in Item 29 on Page 2.)	<input type="radio"/>	<input type="radio"/>
e. Loss of finger or toe	<input type="radio"/>	<input type="radio"/>	d. Tumor, growth, cyst, or cancer	<input type="radio"/>	<input type="radio"/>

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

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

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

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)

REPORT OF MEDICAL EXAMINATION	1. DATE OF EXAMINATION (YYYYMMDD) 20101001	2. SOCIAL SECURITY NUMBER 000-00-0000
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PRIVACY ACT STATEMENT

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

3. LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX) DOE, JOHN RANDALL	4. HOME ADDRESS (Street, Apartment Number, City, State and ZIP Code) 123 ANYWHERE DRIVE WEST LAKE, CA 00000-0000	5. HOME TELEPHONE NUMBER (Include Area Code) (000) 000-0000
--	--	---

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

11. TOTAL YEARS GOVERNMENT SERVICE a. MILITARY 11 b. CIVILIAN	12. AGENCY (Non-Service Members Only)	13. ORGANIZATION UNIT AND UIC/CODE B CO, 17TH ENG BN, FT SHERIDAN IL 00000-0000
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14. a. RATING OR SPECIALTY (Aviators Only)	b. TOTAL FLYING TIME	c. LAST SIX MONTHS
--	----------------------	--------------------

15. a. SERVICE <input checked="" type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force	b. COMPONENT <input type="checkbox"/> Active Duty <input checked="" type="checkbox"/> Reserve <input type="checkbox"/> National Guard	c. PURPOSE OF EXAMINATION <input type="checkbox"/> Enlistment <input checked="" type="checkbox"/> Commission <input type="checkbox"/> Retention <input type="checkbox"/> Separation <input type="checkbox"/> Medical Board <input type="checkbox"/> Retirement <input type="checkbox"/> U.S. Service Academy <input type="checkbox"/> ROTC Scholarship Program <input type="checkbox"/> Other	16. NAME OF EXAMINING LOCATION (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- mal	Ab- 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) <input checked="" type="checkbox"/> Normal Arch Mild Asymptomatic <input type="checkbox"/> Pes Cavus Moderate <input type="checkbox"/> Pes Planus Severe Symptomatic
<input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable Class					

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: **SFC**

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: **420A**

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

DEVELOPMENTAL COUNSELING FORM

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

DATA REQUIRED BY THE PRIVACY ACT OF 1974

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

PART I - ADMINISTRATIVE DATA

Name <i>(Last, First, MI)</i> DOE, JOHN R. II	Rank/Grade SFC/E7	Social Security No. 123-45-6789	Date of Counseling 01 October 2012
Organization ARCD, FT GILLEM, GA		Name and Title of Counselor SFC BROWN, LEROY L.	

PART II - BACKGROUND INFORMATION

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

WARRANT OFFICER ACCESSION BONUS

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:

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

_____ I elect to receive the Warrant Officer Accession Bonus in the WOMOS of _____.

_____ I understand that if I am in possession of a current enlistment or reenlistment bonus, the Warrant Officer Accession Bonus is not authorized unless the current bonus is TERMINATED, and any unearned portion RECOUPED based on prorated formula.

_____ I decline the Warrant Officer Accession bonus.

_____ I understand the WOMOS for which I am applying does not offer a bonus.

_____ I understand Military Technician's do not qualify for the Warrant Officer Accession Bonus.

_____ I understand AGR Soldier's do not qualify for the Warrant Officer Accession Bonus.

OTHER INSTRUCTIONS

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

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

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

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

Signature of Individual Counseled: _____ SFC JOHN R. DOE II _____ Date: _____ 1 October 2012 _____

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

Signature of Counselor: _____ SFC LEROY A. BROWN _____ Date: _____ 1 October 2012 _____

PART IV - ASSESSMENT OF THE PLAN OF ACTION

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

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

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

DEVELOPMENTAL COUNSELING FORM

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

DATA REQUIRED BY THE PRIVACY ACT OF 1974

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

PART I - ADMINISTRATIVE DATA

Name <i>(Last, First, MI)</i> DOE, JOHN R. II	Rank/Grade SFC/E7	Social Security No. 123-45-6789	Date of Counseling 23 September 2012
Organization 0415th REGT 1 BN Det 1(CO B&C), Tucson, AZ 85713		Name and Title of Counselor SFC Brown, Leroy L., Special Missions NCO	

PART II - BACKGROUND INFORMATION

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

AGR TO TPU WARRANT OFFICER SELECTION

PART III - SUMMARY OF COUNSELING**Complete this section during or immediately subsequent to counseling.****Key Points of Discussion:**

I am currently assigned, as an Enlisted Soldier, in the AGR program. I am applying for a TPU Warrant Officer position and have been advised that the Warrant Officer position in which I am applying is not a full time position.

If selected by the HQDA WO Selection Board I will submit a DA Form 4187 requesting REFRAD from my current AGR position prior to attending WOCS.

I understand that I am not authorized to attend any Warrant Officer training or accept my appointment until I have been discharged from my AGR Status.

I understand that acceptance to this position will terminate my full time employment and I will need to seek other full time employment while serving as a Warrant Officer in the assigned TPU.

I understand that I am not eligible to reapply for another AGR position as a Warrant Officer until I have completed WOBC and become MOSQ.

I understand that if I decide to reapply for the AGR program as a Warrant Officer there must be a valid position in the WOMOS in which I am applying and that no guarantees have been made to me regarding my acceptance into the AGR program.

OTHER INSTRUCTIONS

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

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

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

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

Signature of Individual Counseled: _____ **JOHN K. DOE** _____ Date: 23 September 2012

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

Signature of Counselor: _____ **JOSIE WHITE** _____ Date: 23 September 2012

PART IV - ASSESSMENT OF THE PLAN OF ACTION

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

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

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

CORRECTION

WRITTEN AGREEMENT **OFFICER ACCESSION BONUS** **ACKNOWLEDGEMENT**

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

1. I meet the eligibility criteria, as follows:

a. I agree to accept an appointment as an officer in the armed forces to serve in the Selected Reserve in a critical officer skill that is designated for bonus entitlement by the Secretary of the Army.

b. I am not accepting an appointment as 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

STATEMENT OF SERVICE - FOR COMPUTATION OF LENGTH OF SERVICE FOR PAY PURPOSES

For use of this form, see AR 37-104-3; the proponent agency is ASA(FM)

PRIVACY ACT STATEMENT

Authority: 37 USC, Section 1006; Executive Order 9397.
Purpose: This form is used to document a member's request for verification of military service. It is also used to adjust a soldier's Other Entry Pay Effective Date (OPED) and Basic Pay Entry Effective Date (BPED) which will affect the rate and period of basic pay entitlement.
Routine Uses: Information collected on this form becomes part of the Joint Uniform Military Pay System (JUMPS) and is subject to all of the routine disclosures made by that system. Routine recipients of JUMPS disclosures include, but are not limited to the Red Cross and State and local governments for tax and welfare purposes.
Disclosure: Voluntary; however, nondisclosure may result in nonverification of service. Disclosure of your social security number (SSN) is voluntary; however, this form will not be processed without your SSN because it is used to identify you for pay purposes.

1. LAST NAME, FIRST NAME, MIDDLE INITIAL DOE, JOHN R. II	3. COMPLETE MAILING ADDRESS (Unit Personnel Officer, if member on AD) (Unit Commander, if member of ACDUTRA) HUMAN RESOURCE COMMAND ATTN: KHRC EPC X 1600 SPEARHEAD DIVISION AVENUE, FT. KNOX, KY 40122
2. SSN 123-45-6789	

I have held a commission; appointment as commissioned warrant officer, warrant officer, flight officer, or Army field clerk; or have been enlisted as a member of the respective service(s) shown below for the inclusive period indicated. All National Guard service claimed hereon was federally recognized; it was not in the inactive National Guard; all officers' training camp service was in the capacity of an enlisted person and all initial appointments are shown from the date of acceptance.

4. SERVICE <small>(Army, Air Force, Navy, etc.)</small>	5. CHECK			6. FROM			7. TO			8. TIME LOST <small>(Days)</small>	9. COMPUTATION		
	ENL	WO	COM	YR.	MO.	DAYS	YR.	MO.	DAYS		YR.	MO.	DAYS
USAR NOT ON AD (TPU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1996	08	02	1997	03	04	0	0	7	02
USAR ON AD (TPU)(MOB)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1998	06	30	1998	11	05	0	1	06	27
USAR NOT ON AD (TPU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1998	11	06	2001	11	24	0	3	00	18
USAR ON AD (AGR)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2001	11	25	2011	09	01	0	9	09	07
PEBD: 1997/09/08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							AD/ADT	3	7	20
BASD: 2001/11/25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							TOTAL YRS AFS	11	4	4

10. Total creditable service (years) ➔ **13**

11a. SIGNATURE OF MEMBER	11b. DATE 20120924
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FOR USE BY THE ADJUTANT GENERAL (When statement above is incorrect, correct service will be entered.)

12. SERVICE <small>(Army, Air Force, Navy, etc.)</small>	13. CHECK			14. FROM			15. TO			16. TIME LOST <small>(Days)</small>	17. COMPUTATION		
	ENL	WO	COM	YR.	MO.	DAYS	YR.	MO.	DAYS		YR.	MO.	DAYS
	<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"/>										
	<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"/>										
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										

18. Total service creditable for basic pay (years) ➔

19a. AUTHENTICATION	19b. DATE 20120924
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PERSONNEL ACTION

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, Section 3012; Title 10, USC, E.O. 9397.
PRINCIPAL PURPOSE: Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).
ROUTINE USES: To initiate the processing of a personnel action being requested by the soldier.
DISCLOSURE: Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU (Include ZIP Code) ARCD, ATTN: Special Missions, 5015 N 34th Street, Building, 900 Fort Gillem, Georgia 30297-5122	2. TO (Include ZIP Code) AHRC ATTN: ARPC-AR-MRE 1600 Spearhead Division Avenue Fort Knox, KY 40122-5204	3. FROM (Include ZIP Code) SFC John R. Doe II 123 Forest Street Humberville, KY 12395
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SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI) DOE, JOHN R. II	5. GRADE OR RANK/PMOS/AOC SFC/E7/42A	6. SOCIAL SECURITY NUMBER 123-45-6789
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SECTION II - DUTY STATUS CHANGE (AR 600-8-6)

7. The above soldier's duty status is changed from _____ to _____
 _____ effective _____ hours, _____

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: (Check as appropriate)

<input type="checkbox"/>	Service School (Enl only)	<input type="checkbox"/>	Special Forces Training/Assignment	<input type="checkbox"/>	Identification Card
<input type="checkbox"/>	ROTC or Reserve Component Duty	<input type="checkbox"/>	On-the-Job Training (Enl only)	<input type="checkbox"/>	Identification Tags
<input type="checkbox"/>	Volunteering For Oversea Service	<input type="checkbox"/>	Retesting in Army Personnel Tests	<input type="checkbox"/>	Separate Rations
<input type="checkbox"/>	Ranger Training	<input type="checkbox"/>	Reassignment Married Army Couples	<input type="checkbox"/>	Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/>	Reassignment Extreme Family Problems	<input type="checkbox"/>	Reclassification	<input type="checkbox"/>	Change of Name/SSN/DOB
<input type="checkbox"/>	Exchange Reassignment (Enl only)	<input type="checkbox"/>	Officer Candidate School	<input checked="" type="checkbox"/>	Other (Specify)
<input type="checkbox"/>	Airborne Training	<input type="checkbox"/>	Asgmt of Pers with Exceptional Family Members	<input type="checkbox"/>	Record Review

9. SIGNATURE OF SOLDIER (When required)	10. DATE (YYYYMMDD)
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SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

This is to certify that SFC, DOE, JOHN R. II, 123-45-6789

- Is/is not pending under suspension of favorable action.
- Is/is not barred from reenlisting.
- Is/is not pending UCMJ action.
- Has a GT score of _____, date of test _____.
- Soldier is/is not mobilized, is/is not under stop loss, date mobilized/stop loss _____.

(leave off is not if they are not pending anything - do not leave this statement on the 4187 when forwarding)

ARADMD Records NCO signature (have the UA or Personnel SGT sign here)

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -

 HAS BEEN VERIFIED
 RECOMMEND APPROVAL
 RECOMMEND DISAPPROVAL
 IS APPROVED
 IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE	13. SIGNATURE	14. DATE (YYYYMMDD)
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Commanders name, signature & 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> Doe, John R. II	b. PAY GRADE E-7	c. SSN 123-45-6789	d. SERVICE COMPONENT Navy Reserve	
e. CURRENT UNIT/ COMMAND 145TH	f. ADDRESS			
	(1) STREET 1405 Green Street	(2) CITY Atlanta	(3) STATE GA	(4) ZIP CODE 31222

2. RECRUITING OFFICE ADDRESS

a. STREET 5015 N 34TH STREET, BUILDING 900	b. CITY FT GILLEM	c. STATE GA	d. ZIP CODE 30297
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3. ACKNOWLEDGEMENT OF SERVICE MEMBER

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

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

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

d. MEMBER SIGNATURE	e. DATE SIGNED 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> BROWN, LEROY L.	c. SIGNATURE	d. DATE SIGNED 111211
e. TITLE Army Reserve Career Counselor		

SECTION II - APPROVAL/DISAPPROVAL

5. *(X as applicable)*

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

6. AUTHORIZING OFFICIAL

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

SECTION III - NOTIFICATION OF ENLISTMENT/APPOINTMENT ACTION

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

8. CERTIFYING OFFICIAL

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

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:")