

**ARMY RESERVE OFFICER DIRECT COMMISSION  
(Not later than 12 Months Refrad Reappointment Checklist)**

**REGION:** \_\_\_\_\_

**Applicant Last, First Name:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_ **AOC:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

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

**Applicant is:** USAR TPU \_\_\_ CIVIL \_\_\_ OTHERS \_\_\_

**YES NO**

- |     |     |   |
|-----|-----|---|
| ___ | ___ | DA Form 61 (3 Copies, No Commander signature is required).  |
| ___ | ___ | Copy of Discharge Orders.   |
| ___ | ___ | Officer Evaluation Reports – DA 67-8, (Last two ratings).   |
| ___ | ___ | DD Form 214 for prior active or reserve duty.   |
| ___ | ___ | Refrad Physical within five years.  |
| ___ | ___ | Interim Clearances.   |
| ___ | ___ | Moral Waiver (If necessary).  |
| ___ | ___ | Required an OCAR-RCD vacancy processing sheet with unit UIC, paragraph, position and line number. |

**HRC – STL:**

- No DA board is required, however packet will be sent trough AOC branch.
- 2 time pass over, must submit a waiver request fully justified as being in the best interest of the ARMY and also clearly state with supporting documentation that the experience or professional qualifications of the member uniquely suits the position to which he or she is to be appointed.

**ANCO/ ARCC OF CREDIT:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**I HAVE REVIEWED THIS APPLICATION.**

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

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

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

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

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

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

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

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

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

<b>1. TYPE OF APPOINTMENT FOR WHICH APPLICATION IS SUBMITTED</b>			<b>2. GOVERNING REGULATION OR CIRCULAR</b> (Specify appropriate section(s) if applicable) AR 135-100									
<input type="checkbox"/> COMMISSIONED OFFICER - REGULAR ARMY			<b>3. GRADE FOR WHICH APPLYING</b> (Reserve appointments only) ()-3									
<input checked="" type="checkbox"/> COMMISSIONED OFFICER - ARMY RESERVE			<b>4. SOURCE OF APPLICATION</b> (ROTC only)									
<input type="checkbox"/> WARRANT OFFICER - REGULAR ARMY			DMG DATE DESIGNATED:									
<input type="checkbox"/> WARRANT OFFICER - ARMY RESERVE			SCHOLARSHIP - ENTER 1, 2, 3 OR 4 YEARS:									
<input type="checkbox"/> OFFICER CANDIDATE SCHOOL			<b>5. ONLY FOR APPLICANTS FOR APPOINTMENT AS WARRANT OFFICERS</b> (List choice by MOS code and title)									
<b>6. BRANCH AND SPECIALTY PREFERENCES</b>			a. MOS CODE									
Regular Army and Officer Candidate applicants and all ROTC graduates: In numerical sequence, indicate 10 branch preferences other than CA and SS.			b. MOS TITLE									
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.												
			<b>PERSONAL DATA</b>									
<b>PREFER- ENCE</b>	<b>BRANCH</b>	<b>SPECIALTY</b>	<b>7. NAME</b> (Last, first, middle)(Explain variations from birth certificate in Item 41) DOE, JOHN PAUL		<b>8. GRADE</b> 0-3	<b>9a. SOCIAL SECURITY NUMBER</b> 123-45-9654						
			<b>10. BRANCH</b> (MOS if enl or wo) AG	<b>11. TOTAL YRS</b> ACTIVE SERVICE 4	<b>12. MARITAL</b> STATUS M	<b>13. NUMBER OF DEPENDENTS</b> UNDER 18 YEARS OF AGE 2	<b>9b. SELECTIVE SERVICE NUMBER</b> N/A					
1	AG		<b>14. DATE OF BIRTH</b> 20 JUN 70	<b>15. PLACE OF BIRTH</b> (City, county, state) MORROW CLAYTON GA	<b>16. SEX</b> M	<b>17. COMPLETE MILITARY ADDRESS</b> (If presently on active duty) (Include ZIP Code)						
	AR					PHONE AND/OR AUTOVON NUMBER						
	AV					<b>18. PERMANENT ADDRESS</b> (Include ZIP Code)						
	CA					<b>19. CURRENT MAILING ADDRESS</b> (If difference from Item 18) (Include ZIP Code)						
	CM					PHONE (Include area code) 404-930-3030						
	EN		1530 CIRCUIT STREET MORROW, GA 30260		SAME AS BLOCK 18							
	FA				PHONE (Include area code)							
	FI											
	IN		<b>20. US CITIZEN</b>		<b>c. APPLICANT'S CERTIFICATE NO.</b> (If Item b. checked) (Date, place, court)							
	MI		a. NATIVE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	b. <input type="checkbox"/> NATURALIZATION <input type="checkbox"/> DERIVED <input type="checkbox"/> IMMIGRANT	N/A							
	MP											
	OD											
	QM		<b>21. CIVILIAN EDUCATION</b> (See page 3 for additional requirements for professional personnel)									
	SC		a. HIGH SCHOOL GRADUATE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		b. NAME AND LOCATION OF HIGH SCHOOL							
	SS				BLUE LAKE HIGH SCHOOL, MORROW, GA 32570							
	TC		c. NAME AND LOCATION OF EACH COLLEGE OR UNIVERSITY ATTENDED (Include USMA, USNA, USAFA, USCGA, and USMMA)		(1) DEGREE	(2) SEMESTER CREDITS EARNED	(3) YEARS ATTENDED	(4) DATE GRADUATED OR WILL GRADUATE			(5) MAJOR SUBJECT	
	AN							DAY	MONTH	YEAR		
	CH		CLAYTON COLLEGE, MORROW GA		B.A.	132	4	15	6	1998	CRIMINAL JUSTICE	
	DE											
	JA											
	MC											
	MS											
	SP		d. SPECIAL EDUCATIONAL HONORS, SCHOLARSHIPS, ETC.		e. IF YOU HAVE EVER BEEN EXPELLED FROM SCHOOL, OR PLACED ON PROBATION, EITHER FOR ACADEMIC OR DISCIPLINARY REASONS, EXPLAIN (Continue in Item 41(Remarks))							
	VC		NONE		N/A							
<b>22. HIGHEST LEVEL SERVICE SCHOOL ATTENDED</b>												
a. NAME OF SCHOOL			b. COURSE			c. DATES (Mo-Yr)		COMPLETED		d. IF NOT COMPLETED GIVE REASON		
						FROM	TO	YES	NO			
ADJUTANT GENERAL SCH FORT JACKSON, SC			42A OFFICER ADVANCE COURSE			06 04	08 04	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
23a. FOREIGN LANGUAGES AND DEGREE OF PROFICIENCY								b. ALAT SCORE (If applicable)				

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

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

26. HAVE YOU EVER UNDER EITHER MILITARY OR CIVILIAN LAW BEEN INDICTED OR SUMMONED IN TO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING (Including any proceedings involving juvenile offenses, article 15, UCMJ, and any court-martial) REGARDLESS OF THE RESULT OF TRIAL, OR CONVICTED, FINED, IMPRISONED, PLACED ON PROBATION, PAROLED OR PARDONED, OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE? (Exclude traffic violations involving a fine or forfeiture of \$100 or less).

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

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

	a. ORGANIZATION (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						
WARRANT OFFICER						
COMMISSIONED	U.S. ARMY	20 AUG 98	19 MAY 08	42B		0-3/AC

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						
WARRANT OFFICER						
COMMISSIONED						

29. SOURCE OF CURRENT COMMISSION (If applicable)

ARNGUS:  OCS  DIRECT APPOINTMENT  OTHER

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

DIRECT APPOINTMENT

30. AWARDS (Do not list theater or service medals)  
MSM, ARCOM, AAM

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

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

<b>34. APPLICANTS FOR JUDGE ADVOCATE GENERAL'S CORPS ONLY</b>				<b>35. APPLICANTS FOR CHAPLAINS BRANCH ONLY</b>	
BARS OF WHICH YOU ARE A MEMBER <i>(Specify dates)</i>				RELIGIOUS DENOMINATION BY WHICH YOU WILL BE ENDORSED	
<b>36. APPLICANTS FOR MEDICAL AND DENTAL CORPS ONLY</b>					
a. TRAINING		b. NAME AND LOCATION OF HOSPITAL		c. DATES <i>(Month and Year)</i>	
LEVEL	TYPE			FROM	TO
INTERNSHIP					
RESIDENCY TNG					
SPECIALTY TNG					
d. SPECIALTY BOARDS				e. DATES OF CERTIFICATION <i>(Day, Month, Yr)</i>	
f. PLACE IN WHICH CURRENTLY LICENSED					
<b>37. APPLICANTS FOR ARMY NURSE CORPS AND ARMY MEDICAL SPECIALIST CORPS ONLY</b>					
a. NAME OF NURSING OR ACCREDITED PROFESSIONAL SCHOOL			b. LOCATION		
c. DATES OF ATTENDANCE <i>(Mo, Yr)</i>		d. STATE AND CURRENT REGISTRATION NUMBER		e. STATE AND DATE OF INITIAL REGISTRATION <i>(Day, Month, Year)</i>	
FROM	TO				
f. POSTGRADUATE COURSES <i>(Include courses at general hospitals, service schools, and short courses)</i>					
(1) SUBJECT OR COURSE	(2) NAME AND LOCATION OF SCHOOL OR HOSPITAL	(3) SEMESTER CREDITS EARNED	(4) DATES OF ATTENDANCE <i>(Month, Year)</i>		
			FROM	TO	
38. HAVE YOU BEEN EMPLOYED BY THE US ARMY AS A DIETITIAN, OCCUPATIONAL OR PHYSICAL THERAPIST? <i>(If yes, give dates)</i>					
<input type="checkbox"/> YES <input type="checkbox"/> NO					
<b>39. ARMY ROTC</b> <i>(To be completed only by prospective ROTC graduates applying for appointment in USAR or RA)</i>					
SUCCESSFULLY COMPLETED AROTC PROGRAM AS FOLLOWS					
COURSE	DATES ATTENDED <i>(Month and Year)</i>		c. CAMP TRAINING		
	FROM	TO			
a. BASIC			(1) INSTALLATION <i>(Basic)</i>		COMPLETION DATE <i>(Month, Year)</i>
b. ADVANCED			(2) INSTALLATION <i>(Advanced/Ranger)</i>		COMPLETION DATE <i>(Month, Year)</i>
<b>40. MAIN CIVILIAN EMPLOYMENT</b>					
a. NAME AND ADDRESS OF EMPLOYER			b. JOB TITLE		c. MONTH AND YEAR
U.S. POST OFFICE (707-777-7777) 1420 RAIL ST, MORROW, GA 30260			POSTMASTER		FROM 2008 10
					TO PRESENT
b. PRINCIPAL DUTIES <i>(Describe briefly)</i>					
RESPONSIBLE FOR ALL OPERATIONS AT THE MORROW POST OFFICE.					
41. REMARKS <i>(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>					
42. THE INFORMATION CONTAINED HEREIN IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.			DATE	SIGNATURE OF APPLICANT	
			2 MAY 2009	Signed	

**COPY**  
**OF**  
**DISCHARGE ORDERS**

**LAST TWO  
OFFICER  
EVALUATION REPORTS  
(DA FORM 67-8)**

**DD FORM 214**

**REFRAD PHYSICAL**  
**WITHIN FIVE YEARS**

# **Security Clearance Verification**

## **JCAVS Person Summary**

**To include SMS security screen if the soldier has Interim Clearance**

## ? Person Summary

### DOE, JOHN PAUL

#### Person Category

Reserve - Enlisted (USAR)  

SSN:

Open Investigation: N/A

PSQ Sent Date: N/A

Attestation Date: 2003 12 18

Incident Report: N/A

SF 713 Fin Consent Date: N/A

SF 714 Fin Disclosure Date: N/A

Polygraph: N/A

Foreign Relation: N/A

Date of Birth: 1972 10 20

Marital Status: N/A

Place of Birth: Washington

Citizenship: U.S. Citizen

NdA Signed: Yes

NdS Signed: Yes

### Accesses

Category	US Access	PSP	Suitability and Trustworthiness	SCI
Reserve - Enlisted (USAR)	Top Secret	No	IT: N/A Public Trust: N/A Child Care: N/A	Yes

### Person Category Information

Category Classification: N/A

Organization: WYGEBO, COL EDITH M NUTTELL USAR, 921 S 4TH AVE SW, TUMWATER, WA, 985128403

Organization Status: N/A

Occupation Code: N/A

Separation Date: N/A

SCI SMO: I CORPS SSO, FT LEWIS, WA, Level 3, 253-968-9132/4, - I Corps SSO, NIPR: , SIPR: , JWICS:

Non-SCI SMO: 373 MI BN, MIRC-W, Level 6, (253) 966-8583, Security Manager: mary.jane@us.army.mil .

Servicing SMO: Yes

Office Symbol: N/A

Position Code: N/A

Arrival Date: N/A

Office Phone Comm: N/A

Separation Status: N/A

Interim: N/A

Grade: E7

PS: N/A

RNLTD: N/A

Office Phone DSN: N/A

TAFMSD: N/A

Proj. Departure Date: N/A

Proj. UIC/RUC/PASCODE: N/A

[Report Incident](#)

[In/Out Process](#)

### Investigation Summary

SBPR from UnKnown, Opened: 2002 02 12 Closed 2003 06 27

SSBI from UnKnown, Opened: Closed 1993 03 09

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### Adjudication Summary

PSI Adjudication of SBPR UnKnown, Opened 2002 02 12, Closed 2003 06 27, determined Eligibility of SCI - DCID 6/4 on 2004 05 04 ArmyCCF

PSI Adjudication of SSBI UnKnown, Opened , Closed 1993 03 09, determined Eligibility of SCI - DCID 6/4 on 1993 04 14 ArmyCCF

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### External Interfaces

[Perform SII Search](#)

[DCII](#)

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**Notice:** Under the Privacy Act of 1974, you must safeguard personnel information retrieved through this system. Disclosure of information is governed by Title 5, United States Code, Section 552a Public Law 93-579, DoDD 5400.11, DoDR 5400.11-R and the applicable service directives.



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

REPLY TO  
ATTENTION OF

Office Symbol

1 October 2008

MEMORANDUM FOR Chief, Army Reserve, Retention and Transition Division (DAAR-RT),  
1401 Deshler Street SW, Fort McPherson, GA 30330-2000

SUBJECT: Request for Moral Waiver

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

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

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

**COURT  
DOCUMENTS FOR  
MORAL WAIVER**

**IF COURT DOCUMENTS ARE  
UNAVAILABLE APPLICANT MUST  
HAVE A MEMO FROM THE COURT  
STATING THE DOCUMENTS ARE NO  
LONGER AVAILABLE**

# 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: **12 Mar 2009**

Date Completed:

REGION: **08**

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

ARRC RSID: **U03F**

RRTO Representative: **SFC JOSIE DOE**

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

### Applicant Data

Rank/Grade: **CW2**

Name (last): **Doe**

(first): **John**

SSN: **000-00-0000**

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

PMOS/AOC:

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): **Melcher**

(state): **IA**

ZIP Code: **50163**

### Unit Data

UIC: **WQZ9AA**

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

Priority :

Facility ID:

Unit POC: **Mr.Jonathan Doe**

Unit POC Telephone: **000-000-0000**

POC e-mail address: **jonathan.doe@usar.army.mil**

Choice ZIP: **50801-4040**

### Position Data

Vacancy Control Number:

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

Override (typing, line score, etc.):

Authorized Grade: **1LT**

MOS/AOC: **42B**

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