

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

OMB NO. 0701-0096

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

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

**APPOINTMENT AS A USAF MEMBER
WITHOUT COMPONENT**

PRIVACY ACT STATEMENT

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

AGENCY DISCLOSURE STATEMENT

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

INSTRUCTIONS

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

1. TO : 185th Air Refueling Wing 2920 Headquarters Ave, Sioux City, IA 51111-1300		2. SPECIALTY 11M3F	
3. FROM: (Last, First, Middle Initial)		4. SSN	5. DATE OF BIRTH (YYYYMMDD)
6. HOME OF RECORD(HOR) (Include ZIP Code and 4 digit) (If a postal box include your street address)		7. PLACE OF BIRTH (City, State, Country)	
8. MAILING ADDRESS (If other than HOR, include ZIP Code and 4 digit) (If a postal box include your street address)		9. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY (Name, relationship, and address)	
10. MARITAL STATUS	<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED TO MILITARY MEMBER	<input type="checkbox"/> MARRIED TO CIVILIAN
	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> WIDOWED
11. FAMILY MEMBERS (Other than spouse, number completely dependent upon you)	12. U.S. CITIZEN	<input type="checkbox"/> YES	<input type="checkbox"/> NO (If yes, check appropriate item)
	BIRTH	<input type="checkbox"/> NATURALIZED	
IF YOU ARE U.S. CITIZEN BY OWN NATURALIZATION, STATE THE DATE, NUMBER OF CERTIFICATE, AND COURT			

13. I UNDERSTAND I AM BEING CONSIDERED FOR APPOINTMENT:

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

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

To fill an authorized position vacancy in the Ready Reserve.

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

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

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

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

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

OFFENSE	DATE (YYYYMMDD)	PLACE	AGE	DISPOSITION OF CHARGE	COURT

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

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

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

30. HEALTH CARE PRACTITIONERS AND JUDGE ADVOCATE APPLICANTS ONLY

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

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

B. APPLICANT MUST INITIAL EACH QUESTION

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

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

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

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

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

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

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

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

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

AFOQT FORM	DATE TESTED	PILOT	NAV TECH	AA	VERBAL	QUANTITATIVE

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

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

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

NAME (First, Full Middle, Last Name) (Typed or Printed)	SIGNATURE (First, Full Middle, and Last Name)	DATE
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AF FORM 24 CONTINUATION SHEET