

APPLICATION FOR AIR NATIONAL GUARD MEMBERSHIP

Thank you for considering serving your country, state, and community with the Air National Guard. To serve you and your interests better, please take a few minutes of your time to complete this questionnaire. Full disclosure is essential. All information is confidential and covered by the Privacy Act of 1974, which can be found at the end of this questionnaire.

First Name

Middle Name

Last Name

Email Address:

Date of Birth:

Age:

Place of Birth:

City

State

Country

Mailing Address:

Street

City

State

Zip

County

Home/Cell Phone:

Employer:

Occupation:

Marital Status:

Number of Dependents:

Is there anyone dependent upon you for support? (to include parent, grandparent, sibling, etc)

Are you the only living child in your immediate family?

Name and Location of last/current High School:

Did you graduate?

If 'Yes', What year and month?

If 'No', do you have a General Equivalency Diploma (GED)?

If 'Yes', list from which State and Year received:

Name and Location of colleges attended and credits/degree(s) earned:

Have you ever been processed for ANY branch of the military before?

If 'Yes', were you disqualified for entry?

If 'Yes', why?

Have you ever been in any branch of the military (including guard or reserve)?

If 'Yes', List Branch, Dates From-To, MOS/AFSC, and Reason for separating:

Have you taken the ASVAB Test or a Military Physical Examination in the last 2 years?

If 'Yes', where and for what branch of service?

Have you ever been rejected for Enlistment/Reenlistment or Induction by any branch of the military?

If 'Yes', please explain:

Have you ever been employed by the U.S. Government?

If 'Yes', List your agency, position, dates worked:

Have you ever been in the Civil Air Patrol, JROTC, or ROTC?

If 'Yes' List dates and awards earned:

Have you ever been charged, arrested, cited, or held for any law violation to include traffic or vehicle infractions, including sealed records (even if you were told that you didn't have to disclose)?

If 'Yes', give Date, Location, Reason, Fines, and Final Result:

1.)

2.)

3.)

Have you ever used, sold, possessed, experimented, or trafficked any illegal drugs , to include marijuana?

If 'Yes' Which Drug and What did you do?

If 'Yes', have you used Marijuana in the last 45 days?

If 'Yes' what is the number of times you used Marijuana?

Have you ever been treated or underwent rehabilitation for any drug or alcohol abuse/dependency?

Have you ever been treated by a mental health professional?

If 'Yes', What dates and for what reason?

Are you a conscientious objector? (Do you or your moral beliefs prevent you from bearing firearms for the defense of your country)

Are you registered with the Selective Service? (Males Only)

What is your religious preference?

What Race do you consider yourself?

Are you Hispanic?

What color are your eyes?

What color is your hair?

Are you proficient in any Foreign Language? (speak, read, write)

If 'Yes', what language?

Do you have any tattoos?

If "Yes", please list where on your body the tattoo is and describe it:

1.)

2.)

3.)

Do you have or have you ever had any Medical/Physical issues?

If 'Yes', please describe what, when, and where:

Have you ever had any surgery of any kind?

If 'Yes', please describe what, when, and where:

Have you taken any medications in the past 7 years?

If 'Yes', what medications have you taken, when did you take them, and why?

How tall are you? (inches)

How much do you weigh? (pounds)

Do you have normal color vision?

Would you be able to attend any required technical training?

If "No", please list reason:

Would you be able to attend Guard Duty (drill) one weekend a month?

If 'No', please list reason:

Do you currently have a valid driver's license or learners permit?

If 'Yes', list State, ID Number, Expiration Date:

If 'No', please explain why:

How did you hear about our unit?

Please list specific source if not listed/person/website:

Do you have any additional concerns that you would like to discuss with your recruiter?

"I certify that all information provided is to my best knowledge and any clarifications will be discussed with my recruiter. I understand I must provide all applicable documents in order to become a member of the Air National Guard."

Signature

Date

If unable to digitally sign, please print and sign/date.

The purpose of the Privacy Act of 1974, Title 5, United States Code, Section 552a, is to balance the U.S. Government's need to maintain information about individuals with the rights of individuals to be protected against unwarranted invasions of their privacy stemming from federal agencies' collection, maintenance, use and disclosure of personal information about them.

The Privacy Act grants rights to United States citizens and legal permanent residents. Under the Privacy Act, you: - -

Have the right to see records about yourself

Can correct a record that is inaccurate, irrelevant, untimely or incomplete

The Privacy Act mandates that the U.S. Government:

Informs you why information is being collected and how it is going to be used

Assures that information is accurate, relevant, complete and up-to-date before disclosing it to others

Allows you to find out about disclosures of your records to other agencies or persons

Provides you with the opportunity to correct inaccuracies in your records

The Privacy Act applies only to records about individuals maintained by agencies in the executive branch of the government. It applies to these records only if they are kept in a "system of records."

A system of records is a group of records from which the information was retrieved by an individual's name, social security number, date of birth or some other personal identifier