ARMY NATIONAL GUARD
APPLICATION QUESTIONNAIRE

LAST: _____ FIRST: _____ MIDDLE: _____ SUFFIX: ____

RRNCO INFORMATION:
SGT ROBERT MALDONADO
DC ARMY NATIONAL GUARD
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FILL OUT EVERYTHING FILL OUT EVERYTHING FILL OUT EVERYTHING

This is your enlistment application to join the Army National Guard (ARNG). Fill the application out completely. Any questions, contact your RRNCO. There are instructions for each section. It can take some time, but this is your commitment to join the ARNG and a new career.

DOCUMENTS NEEDED FOR ENLISTMENT

- ☐ SOCIAL SECURITY CARD*
- ☐ BIRTH CERTIFICATE*
- ☐ DRIVER'S LICENSE / STATE PHOTO ID*
- ☐ PASSPORT / PERMANENT RESIDENCY CARD (I-551) / NATURILIZATION CERTIFICATE*
- ☐ SPOUSE // SOCIAL SECURITY CARD / BIRTH CERTIFICATE / DRIVER'S LICENSE (COPY)
- ☐ MARRIAGE CERTIFICATE*
- ☐ DIVORCE DECREE (COPY)
- ☐ DEPENDENTS // SOCIAL SECURITY CARDS / BIRTH CERTIFICATES (COPY)
- ☐ FINANCIAL DOCUMENTS – (Student Loan(s), Bankruptcy Discharge Docs, Voided Check, Lease/Rental, etc.)
- ☐ HIGH SCHOOL LETTER – (Given by Recruiter) – For High School Students/College
- ☐ HIGH SCHOOL DIPLOMA / TRANSCRIPTS*
- ☐ GED / HISET CERTIFICATE / TRANSCRIPTS*
- ☐ VOCATIONAL DIPLOMA / TRANSCRIPTS*
- ☐ COLLEGE DIPLOMA / TRANSCRIPTS*
- ☐ MEDIAL DOCUMENTS (COPY) – (If applicable)
- ☐ COURT DOCUMENTS (COPY) – (If applicable)
- ☐ OTHER: _____

PRIOR SERVICE APPLICANTS:

- ☐ DD Form 214 / 215
- ☐ NGB Form 22 (National Guard)
- ☐ Discharge/Separation Orders
- ☐ Last Military Physical
- ☐ Certs of Training/Schools
- ☐ Other: _____

Revised: 20190420

680-3A-E / PERSONAL SCREENING INFORMATION

LAST: _____ FIRST: _____ MIDDLE: _____ SUFFIX: ____

SOCIAL SECURITY NUMBER: _____ ☐ MALE ☐ FEMALE

PERSONAL INFORMATION

Age: _____ Date of Birth (DOB): (MM/DD/YYYY) _____

Place of Birth (POB): City: _____ State: _____ County: _____

Primary Phone (home/cell): _____ Secondary Phone Number: _____

Primary Email (home/work/school): _____

Current Physical Address: Street: _____ City: _____

State: _____ County: _____ Zip Code: _____

Driver's License #: _____ State: _____ Expiration Date: (MM/DD/YYYY) _____

Select one if you don't have a valid Driver's License: ☐ Temporary Permit ☐ Valid State/School ID

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Primary Race: _____ Ethnic Category: _____ Religion: _____

Aliases Full Name: _____ From: (MM/DD/YYYY) _____

Include Maiden Names To: (MM/DD/YYYY) _____

Marital Status: ☐ Married ☐ Never Married ☐ Divorced ☐ Separated ☐ Widowed

Children: ☐ YES ☐ NO Ages: _____ Spouse Full Name: _____

Number of Minor Dependents (Custody of): _____

Date Married: _____ Registered to Vote: ☐ YES ☐ NO

Citizenship: ☐ U.S. Native Born ☐ Born-Abroad ☐ Immigrant Alien Alien #: _____

Females Only: Start of Last Menstrual Cycle: (MM/DD/YYYY) _____

EDUCATION

High School Name: _____ Grad Date: (MM/DD/YYYY) _____

Last College Attended: _____ Grad Date: (MM/DD/YYYY) _____

College Credit Hours Earned: _____ Degree: _____ ☐ Semester Hours ☐ Quarter Hours

ARMED FORCES PRIOR SERVICE

☐ YES ☐ NO *Information can be found on DD 214 or NGB 22*

Service Branch: _____ RE-Code: _____ MOS: _____ Pay Grade: _____

Narrative Reason for Separation: _____ Separation Code: _____

Enlistment Date: (MM/DD/YYYY) _____

Date of Rank: (MM/DD/YYYY) _____

Discharge Date: (MM/DD/YYYY) _____

FOREIGN LANGUAGES

1. Do you Speak, Read, Write or understand a Foreign Language? - If so, which Language(s): _____	☐ YES	☐ NO

BENEFICIARIES (Life Insurance- SGLI)

Life Insurance is offered through the Army National Guard. Pick one coverage amount, the have at least one Primary, and one Secondary beneficiary. Pick someone from your family. (Monthly payments are listed in parenthesis)

☐ $50,000 ($4.50) ☐ $100,000 ($8.00) ☐ $150,000 ($11.50) ☐ $200,000 ($15.00)

☐ $250,000 ($18.50) ☐ $300,000 ($22.00) ☐ $350,000 ($25.50) ☐ $400,000 ($29.00)

Primary Beneficiary: First: _____ Middle: _____ Last: _____

Primary Phone Number: _____ Relationship: _____

Secondary Beneficiary: First: _____ Middle: _____ Last: _____

Secondary Phone Number: _____ Relationship: _____

PHYSICAL SCREENING CRITERIA

Be honest when answering these questions. Take your time and read each question. Simply select YES or NO. All YES answers will require an explanation at the end of this section. Give as much detail as you can, dates, doctor's name, hospital name, what happened, etc. Hospital visits will require medical documentation. You will collect all medical documentation. Call your parents and request documentation from the hospital or doctor.

EYES		
1. Double Vision	☐ YES	☐ NO
2. Detached retina or surgery to repair a detached retina	☐ YES	☐ NO
3. Cataracts or surgery for cataracts	☐ YES	☐ NO
4. Eye surgery to improve vision (RK, PRK, LASIK, etc.)	☐ YES	☐ NO
5. Night blindness	☐ YES	☐ NO
6. Glaucoma	☐ YES	☐ NO
7. Strabismus or "lazy eye" or any surgery to correct these	☐ YES	☐ NO
8. Any other eye condition, injury or surgery	☐ YES	☐ NO
VISION		
9. Worn/wear contact lenses or glasses (Bring your contact lens kit and solution so you can remove contacts during vision testing, or for best results remove 72 hours prior. Bring your eyeglasses no matter how old they are.)	☐ YES	☐ NO
10. Loss of vision in either eye	☐ YES	☐ NO
11. Color vision deficiency or color blindness	☐ YES	☐ NO
EARS		
12. Perforated Ear drum or tubes in ear drum(s)	☐ YES	☐ NO
13. Ear surgery, to include mastoidectomy or repair of perforated ear drum	☐ YES	☐ NO
14. Loss of balance or vertigo	☐ YES	☐ NO
HEARING		
15. Hearing Loss or wear a hearing aid	☐ YES	☐ NO
NOSE, SINUSES, MOUTH AND LARYNX		
16. Ear, nose, or throat trouble including tonsillectomy	☐ YES	☐ NO
17. Chronic sinus infections or recurrent nose bleeds	☐ YES	☐ NO
18. Absence of, or disturbance of sense of smell	☐ YES	☐ NO
19. Any surgery of your face, mandible or jaw	☐ YES	☐ NO

DENTAL		
20. Do you wear dental braces or plan to wear braces? (If so, your orthodontist must submit a letter stating that active orthodontic treatment will be completed prior to active duty date: release form/ sample format can be found in the Recruiter's Medical Guide.)	☐ YES	☐ NO
21. Tooth or gum problems (other than cavities)	☐ YES	☐ NO
LUNGS, CHEST WALL, PLEURA, AND MEDIASTINUM		
22. Asthma	☐ YES	☐ NO
23. Wheezing	☐ YES	☐ NO
24. Shortness of breath	☐ YES	☐ NO
25. Bronchitis	☐ YES	☐ NO
26. Other breathing problems worsened by exercise, weather, pollens, etc.	☐ YES	☐ NO
27. Used inhaler(s) or steroids for breathing problem(s)	☐ YES	☐ NO
28. Chronic cough or frequent coughing at night	☐ YES	☐ NO
29. Collapsed lung or other lung condition	☐ YES	☐ NO
30. History of chest, chest wall, or breast surgery	☐ YES	☐ NO
HEART		
31. Heart murmur, valve problem or mitral valve prolapse	☐ YES	☐ NO
32. Palpitation, pounding heart or abnormal heartbeat	☐ YES	☐ NO
33. Heart surgery	☐ YES	☐ NO
34. Pain or pressure in the chest	☐ YES	☐ NO
35. An abnormal electrocardiogram (EKG)	☐ YES	☐ NO
36. Any other heart problems	☐ YES	☐ NO
ABDOMINAL ORGANS AND GASTROINTESTINAL SYSTEM		
37. Stomach, esophageal or intestinal ulcer	☐ YES	☐ NO
38. Difficulty swallowing	☐ YES	☐ NO
39. Frequent indigestion or heartburn	☐ YES	☐ NO
40. Gall bladder trouble or gallstones	☐ YES	☐ NO
41. Jaundice (except neonatal) or hepatitis (liver disease)	☐ YES	☐ NO
42. Rupture/hernia	☐ YES	☐ NO
43. Surgery to remove or repair a portion of the intestine or spleen (other than the appendix)	☐ YES	☐ NO
44. Chronic or recurrent intestinal problem of the small or large bowel such as Irritable Bowel Syndrome, Crohn's disease, Ulcerative Colitis, or Celiac disease	☐ YES	☐ NO
45. Rectal disease, hemorrhoids, or blood from the rectum	☐ YES	☐ NO
46. Hemorrhoid surgery	☐ YES	☐ NO
47. Bariatric surgery (weight loss surgery)	☐ YES	☐ NO
FEMALES ONLY:		
48. A change of menstrual pattern (other than pregnancy)	☐ YES	☐ NO
49. Pregnancy, abortion or miscarriage	☐ YES	☐ NO
50. Any abnormal PAP smear(s)	☐ YES	☐ NO
51. Date of last PAP smear (MM/DD/YYYY) _____		
52. Diagnosed with endometriosis or ovarian cysts	☐ YES	☐ NO
53. Evaluation, treatment or surgery for any other gynecological (female) disorder	☐ YES	☐ NO
54. Sexually transmitted disease (syphilis, gonorrhea, chlamydia, genital warts, herpes, etc.)	☐ YES	☐ NO
55. First day of last menstrual cycle (MM/DD/YYYY) _____		
MALES ONLY:		
56. Missing a testicle, testicular implant, or undescended testicle	☐ YES	☐ NO
57. Variocele, hydrocele, or any scrotal mass, swelling or pain	☐ YES	☐ NO
58. Prostate problems	☐ YES	☐ NO
59. Sexually transmitted disease (syphilis, gonorrhea, chlamydia, genital warts, herpes, etc.)	☐ YES	☐ NO

URINARY SYSTEM		
60. Missing a kidney	☐ YES	☐ NO
61. Kidney stone, infection or disease	☐ YES	☐ NO
62. Kidney or urinary tract surgery of any kind	☐ YES	☐ NO
63. Blood or protein in urine	☐ YES	☐ NO
64. Painful or difficult urination	☐ YES	☐ NO
65. Bedwetting or treatment for bedwetting (previous 12 months)	☐ YES	☐ NO
66. Hernia	☐ YES	☐ NO
SPINE AND SACROILIAC JOINTS		
67. Recurrent back pain or back problem	☐ YES	☐ NO
68. Herniated disk	☐ YES	☐ NO
69. Recurrent neck pain	☐ YES	☐ NO
70. Back or neck surgery	☐ YES	☐ NO
71. Abnormal curvature of your spine (any part)	☐ YES	☐ NO
UPPER EXTREMITIES		
72. Painful shoulder, elbow, wrist, hand or fingers	☐ YES	☐ NO
73. Dislocated shoulder, elbow, wrist, hand or fingers	☐ YES	☐ NO
LOWER EXTREMITIES		
74. Foot trouble (e.g., pain, corns, bunions, warts, ingrown toenails, etc.)	☐ YES	☐ NO
75. Knee trouble (e.g., locking, giving out, or ligament injury, etc.)	☐ YES	☐ NO
76. Painful hip, knee, ankle, foot or toes	☐ YES	☐ NO
77. Dislocated hip, knee, ankle, foot or toes	☐ YES	☐ NO
MISCELLANEOUS CONDITIONS OF THE EXTREMITIES		
78. Bone, joint, or other orthopedic deformity	☐ YES	☐ NO
79. Loss of finger or toe, or extra finger or toe	☐ YES	☐ NO
80. Loss of the ability to fully flex (bend) or fully extend a finger, toe, or other joint	☐ YES	☐ NO
81. Impaired use of arms, hands, legs, or feet (any reason)	☐ YES	☐ NO
82. Arthritis, rheumatism, gout, or bursitis	☐ YES	☐ NO
83. Any swollen joint(s)	☐ YES	☐ NO
84. Surgery on any joint/bone (including arthroscopy)	☐ YES	☐ NO
85. Plate(s), screw(s), rod(s) or pin(s) in any bone	☐ YES	☐ NO
86. Pain or swelling at the site of an old fracture	☐ YES	☐ NO
87. Any need to use corrective devices such as prosthetic devices, knee brace(s), back support(s), lifts or orthotics	☐ YES	☐ NO
88. Any other orthopedic, muscle, or sports injury problems	☐ YES	☐ NO
VASCULAR		
89. High or low blood pressure	☐ YES	☐ NO
90. Raynaud's phenomenon or disease	☐ YES	☐ NO
91. Deep Vein Thrombosis (blood clot; leg or elsewhere)	☐ YES	☐ NO
92. Pulmonary embolism (blood clot in lung)	☐ YES	☐ NO
SKIN AND CELLULAR		
93. Acne or psoriasis	☐ YES	☐ NO
94. Atopic dermatitis or eczema	☐ YES	☐ NO
95. Psoriasis	☐ YES	☐ NO
96. Large or painful scars	☐ YES	☐ NO
97. Any other skin problems	☐ YES	☐ NO
BLOOD AND BLOOD FORMING TISSUES		
98. Anemia (iron deficiency, sickle cell, thalassemia)	☐ YES	☐ NO
99. Blood clots requiring blood thinner medicine	☐ YES	☐ NO
100. Absence or removal of the spleen	☐ YES	☐ NO
101. Prolonged bleeding (after an injury or tooth extraction)	☐ YES	☐ NO
102. Any other blood or circulation problems	☐ YES	☐ NO

SYSTEMIC		
103. Adverse reaction to medication (describe reaction in Section IV)	☐ YES	☐ NO
104. Adverse reaction to serum, insect stings, or stings	☐ YES	☐ NO
105. Allergy to foods (milk, eggs, fish, meat, nuts, etc.)	☐ YES	☐ NO
106. Allergy to wool, latex, or other material	☐ YES	☐ NO
107. Tuberculosis or lived with someone who had tuberculosis	☐ YES	☐ NO
108. Positive test for tuberculosis (PPD or blood test)	☐ YES	☐ NO
109. Malaria	☐ YES	☐ NO
110. Disorder(s) of your immune system (including HIV)	☐ YES	☐ NO
111. Car, train, sea, or air sickness	☐ YES	☐ NO
ENDOCRINE AND METABOLIC		
112. Thyroid trouble or goiter	☐ YES	☐ NO
113. High or low blood sugar	☐ YES	☐ NO
114. Diabetes or told that you should be tested for diabetes	☐ YES	☐ NO
NEUROLOGIC		
115. Cerebrovascular incident (stroke)	☐ YES	☐ NO
116. Frequent or severe headaches, including migraines	☐ YES	☐ NO
117. Taking medication to prevent headaches	☐ YES	☐ NO
118. Lost time from work or school due to frequent or severe headaches	☐ YES	☐ NO
119. A skull fracture	☐ YES	☐ NO
120. A head injury, memory loss, or amnesia	☐ YES	☐ NO
121. A period of unconsciousness or concussion	☐ YES	☐ NO
122. Loss of memory or amnesia, or neurological symptoms	☐ YES	☐ NO
123. Paralysis	☐ YES	☐ NO
124. Meningitis, encephalitis, or other neurological problems	☐ YES	☐ NO
125. Seizures, convulsions, epilepsy or fits	☐ YES	☐ NO
126. Dizziness or fainting spells	☐ YES	☐ NO
127. Any other neurologic problems	☐ YES	☐ NO
SLEEP DISORDERS		
128. Sleepwalking or narcolepsy	☐ YES	☐ NO
129. Frequent trouble sleeping	☐ YES	☐ NO
130. Sleep apnea or severe snoring	☐ YES	☐ NO
LEARNING, PSYCHIATRIC, AND BEHAVIORAL		
131. Evaluated or treated for Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD)	☐ YES	☐ NO
132. Taken (or taking) medication, drugs, or any substance to improve attention, behavior, or physical performance.	☐ YES	☐ NO
133. Diagnosed with a learning disorder, to include dyslexia	☐ YES	☐ NO
134. Received counseling of any type	☐ YES	☐ NO
135. Seen a psychiatrist, psychologist, social worker, counselor or other professional for any reason (inpatient or outpatient) including counseling or treatment for school, adjustment, family, marriage, divorce, depression, anxiety, or treatment of alcohol, drug or substance abuse (Applicant or recruiter will request sealed medical supporting documents from health care providers marked "CONFIDENTIAL: MEPS MEDICAL DEPARTMENT" and submit directly to MEPS medical personnel.)	☐ YES	☐ NO
136. Been expelled or suspended from school	☐ YES	☐ NO
137. Been kicked out or removed from your home	☐ YES	☐ NO
138. Been arrested or other encounters with law enforcement	☐ YES	☐ NO
139. Been evaluated or treated, either with medication or counseling, for a mental condition, depression or excessive worry	☐ YES	☐ NO
140. Nervous trouble of any sort (anxiety or panic attacks)	☐ YES	☐ NO
141. Anorexia, bulimia, or other eating disorder	☐ YES	☐ NO
142. Habitual stammering or stuttering	☐ YES	☐ NO
143. Have you ever purposely cut or harmed yourself	☐ YES	☐ NO

144. Have you ever attempted or considered suicide	☐ YES	☐ NO
145. Used illegal drugs or abused prescription drugs	☐ YES	☐ NO
146. Have you been evaluated, treated, or hospitalized for substance abuse, addiction or dependence (including illegal drugs, prescription medications or other substances)	☐ YES	☐ NO
147. Have you been evaluated, treated, or hospitalized for alcohol abuse, dependence, or Addiction	☐ YES	☐ NO
148. Post-Traumatic Stress Disorder or excessive stress requiring counseling and/or medication following a traumatic experience	☐ YES	☐ NO
149. Any other learning, psychiatric, or behavioral problems	☐ YES	☐ NO
TUMORS AND MALIGNANCIES		
150. Tumor, growth, cyst, or cancer of any type	☐ YES	☐ NO
MISCELLANEOUS		
151. Cold injury, frostbite or cold intolerance	☐ YES	☐ NO
152. Heat injury, heat stroke or heat intolerance	☐ YES	☐ NO
SUPPLEMENTAL QUESTIONS		
153. Are you taking any medications, to include over the counter medications (OTCs), vitamin, herbal, or nutritional supplements (If "yes", list all in Section IV.)	☐ YES	☐ NO
154. Any recent unexplained gain or loss of weight	☐ YES	☐ NO
155. Artificial or replacement body part (eye, bone, palate, hip, knee, joint, leg, arm, etc.)	☐ YES	☐ NO
156. Have you ever had any illness or injury other than those already noted? (If "yes", specify when, where and give details in Section IV.)	☐ YES	☐ NO
157. Have you ever been treated in an Emergency Room? (If "yes", explain in Section IV.)	☐ YES	☐ NO
158. Have you ever been a patient in any type of hospital (including being kept overnight)? (If "yes", specify when, where, why, and name of doctor and complete address of hospital in Section IV.)	☐ YES	☐ NO
159. Have you ever had, or have you been advised to have any operations or surgery? (If "yes", describe and give age at which occurred in Section IV.)	☐ YES	☐ NO
160. Have you ever been rejected for military Service for any reason? (f “yes, give date and reason in Section IV.)	☐ YES	☐ NO
161. Have you ever been discharged from the military Service for any reason? (If "yes", give date, reason, and type of discharge, whether honorable, other than honorable, for unfitness or unsuitability in Section IV.)	☐ YES	☐ NO
162. Have you ever been refused employment or been unable to hold a job or stay in school because of any of the following: (If "yes", answer a - d below and give reasons in Section IV.)	☐ YES	☐ NO
a. Sensitivity to chemicals, dust, sunlight, etc.	☐ YES	☐ NO
b. Inability to perform certain motions	☐ YES	☐ NO
c. Inability to stand, sit, kneel, lie down, etc.	☐ YES	☐ NO
d. Other medical reasons	☐ YES	☐ NO
163. Applied for and/or received disability evaluation and/or compensation for an injury or other medical conditions (If "yes", provide details in Section IV.)	☐ YES	☐ NO
164. Have you ever been denied life insurance? (If "yes", provide reason(s) in Section IV.)	☐ YES	☐ NO
OTHER SUPPLEMENTAL QUESTIONS” (Not on DD 2807-2 but RELEVENT)		
165. Do you use any tobacco products	☐ YES	☐ NO
166. Do you have any current insurance and/or pharmacy benefit manager(s)?	☐ YES	☐ NO
167. Have you had any previous insurance and/or pharmacy benefit manager(s)?	☐ YES	☐ NO
168. Do you have any current primary care physician(s)/practitioner(s) and/or clinics?	☐ YES	☐ NO
169. Have you had any previous primary care physician(s)/practitioner(s) and/or clinics?	☐ YES	☐ NO
170. Do you have tattoos?	☐ YES	☐ NO
171. Do you have any body piercings?	☐ YES	☐ NO
172. Do you have any brandings?	☐ YES	☐ NO

APPLICANT COMMENTS (Section IV)

Explain all "YES" answers to questions 1 – 164 above (actually thru 172). Begin with the item Number. Describe answer(s) fully: provide date(s) of problem(s)/condition(s); provide names of Health Care Providers (HCPs), Clinic(s) and/or Hospital(s) along with the City and State; explain what was done (e.g., evaluation and/or treatment); and describe your current medical status. Attach additional sheet(s) if necessary and sign and date each additional page. Obtain and attach copies of applicable medical evaluation and treatment records.
List your Diagnosis, Prognosis and Limitations.

ALCOHOL CONSUMPTION

1. How often do you have a drink containing alcohol?

☐ Never ☐ Monthly or Less ☐ 2-4 times monthly ☐ 2-3 times a week

2. How many drinks containing alcohol do you have on a typical day?

☐ None ☐ 1-2 ☐ 3-4 ☐ 5-6 ☐ 7-9 ☐ 10 or more

3. How often do you have 6 or more drinks on one occasion?

☐ Never ☐ Less than monthly ☐ Monthly ☐ 2-3 times a week

PERSONAL SCREENING CRITERIA

Please answer the questions below. Some questions require additional information. If additional information is required, the associated question appears on the summary under the heading 'Additional Information: Personal Screening'.

1. Do you have a previous marriage?	☐ YES	☐ NO
2. Have you ever been divorced?	☐ YES	☐ NO
3. Are you legally separated?	☐ YES	☐ NO
4. Do you have a former spouse (such as divorced, annulled, widowed, or other spouses) to report?	☐ YES	☐ NO
5. Did you have a marriage annulled?	☐ YES	☐ NO
6. Have you been widowed?	☐ YES	☐ NO
7. Do you presently reside with a cohabitant?	☐ YES	☐ NO
8. Have you used any other names?	☐ YES	☐ NO
9. Have you fathered/mothered any children?	☐ YES	☐ NO
10. Is anyone dependent upon you for financial support?	☐ YES	☐ NO
11. Do you have custody of any minor children?	☐ YES	☐ NO
12. Have you relinquished custody of any child/children?	☐ YES	☐ NO
13. Is there any court order or judgment in effect that directs you to provide alimony and/or child support?	☐ YES	☐ NO
14. Have you served in any branch of Armed Services to include the National Guard?	☐ YES	☐ NO

15. Been rejected for military service (temporary or permanent) for medical or other reasons?	☐ YES	☐ NO
16. Do you have an immediate relative (father, mother, brother or sister) who: (1) Is now a prisoner of war or is missing in action (MIA); or (2) Died or became 100% permanently disabled while serving in the Armed Services?	☐ YES	☐ NO
17. Are you the only living child in your immediate family?	☐ YES	☐ NO
18. Have you ever been rejected for enlistment, reenlistment, or induction by any branch of the Armed Forces of the United States?	☐ YES	☐ NO

MORAL SCREENING CRITERIA

Report information regardless of whether the record in your case has been sealed, expunged, or otherwise stricken from the court record, or the charge was dismissed. List all involvement with any agency if you have ever been arrested, charged, cited, held, or detained in any way by any law enforcement agency (to include juvenile authorities, Police Officers, Sheriff, Department of Natural Resources, Fish and Game Wardens, Military Police, etc.) regardless of the disposition (whether the case resulted in no charges filed, fine, probation, dismissal, or other disposition). This includes traffic tickets. Do not list charges more than once.

This question is related to your Security Clearance1. Have any of the following happened? (If yes, you will be asked to provide details for each offense that pertains to the actions that are identified below.) • **In the last seven (7) years** have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you? (Do not check if all the citations involved traffic infractions where the fine was less than $300 and did not include alcohol or drugs.) • **In the last seven (7) years** have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official? • **In the last seven (7) years** have you been charged with, convicted of, or sentenced for a crime in any court? (Include all qualifying charges, convictions or sentences in any Federal, state, local, military, or non-U.S. court, even if previously listed on this form). • **In the last seven (7) years** have you been or are you currently on probation or parole? Are you currently on trial or awaiting a trial on criminal charges?	☐ YES	☐ NO
This question is related to your Security Clearance 2. Other than those offenses already listed, have you **EVER** had the following happen? • Have you **EVER** been convicted in any court of the United States of a crime, sentenced to imprisonment for a term exceeding 1 year for that crime, and incarcerated as a result of that sentence for not less than 1 year? (Include all qualifying convictions in Federal, state, local, or military court, even if previously listed on this form.) • Have you **EVER** been charged with any felony offense? (Include those under the Uniform Code of Military Justice and non-military/civilian felony offenses.) • Have you **EVER** been convicted of an offense involving domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse or legally recognized civil union/domestic partner, former spouse or legally recognized civil union/domestic partner, or someone with whom you share a child in common? • Have you **EVER** been charged with an offense involving firearms or explosives? • Have you **EVER** been charged with an offense involving alcohol or drugs?	☐ YES	☐ NO
This question is related to your Security Clearance Other than those offenses already listed, have any of the following happened? (If 'Yes', you will be asked to provide details for each offense that pertains to the actions that are identified below.) • Have you **EVER** been issued a summons, citation, or ticket to appear in court in a proceeding against you? (Include all traffic infractions regardless of the fine amount.) • Have you **EVER** been arrested by any police officer, sheriff, marshal or any other type of law enforcement official? • Have you **EVER** been charged, convicted, or sentenced of a crime in any court? (Include all qualifying charges, convictions or sentences in any Federal, state, local, military, or non-U.S. court, even if previously listed on this form.) • Have you **EVER** been or are you currently on probation or parole?	☐ YES	☐ NO
4. Is there currently a domestic violence protective order or restraining order issued against you?	☐ YES	☐ NO

5. **In the last ten (10) years**, have you been a party to any public record civil court action not listed elsewhere on this form?	☐ YES	☐ NO
6. Has your use of alcoholic beverages (such as liquor, beer, wine) resulted in any alcohol-related treatment or counseling (such as for alcohol abuse or alcoholism)?	☐ YES	☐ NO
7. **In the last seven (7) years** has your use of alcohol had a negative impact on your work performance, your professional or personal relationships, your finances, or resulted in intervention by law enforcement/public safety personnel?	☐ YES	☐ NO
8. Have you **EVER** been ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol?	☐ YES	☐ NO
9. Have you **EVER** voluntarily sought counseling or treatment as a result of your use of alcohol?	☐ YES	☐ NO
10. Have you **EVER** received counseling or treatment as a result of your use of alcohol in addition to what you have already listed on this form?	☐ YES	☐ NO
11. **In the last seven (7) years**, have you illegally used any drugs or controlled substances? Use of a drug or controlled substance includes injecting, snorting, inhaling, swallowing, experimenting with or otherwise consuming any drug or controlled substance.	☐ YES	☐ NO
12. **In the last seven (7) years**, have you been involved in the illegal purchase, manufacture, cultivation, trafficking, production, transfer, shipping, receiving, handling or sale of any drug or controlled substance?	☐ YES	☐ NO
13. Have you **EVER** illegally used or otherwise been **illegally** involved with a drug or controlled substance while possessing a security clearance other than previously listed?	☐ YES	☐ NO
14. Have you **EVER** illegally used or otherwise been involved with a drug or controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; or while in a position directly and immediately affecting the public safety other than previously listed?	☐ YES	☐ NO
15. **In the last seven (7) years** have you intentionally engaged in the misuse of prescription drugs, regardless of whether or not the drugs were prescribed for you or someone else?	☐ YES	☐ NO
16. Have you **EVER** been ordered, advised, or asked to seek counseling or treatment as a result of your illegal use of drugs or controlled substances?	☐ YES	☐ NO
17. Have you **EVER** voluntarily sought counseling or treatment as a result of your use of a drug or controlled substance?	☐ YES	☐ NO
18. Have you ever tried, used, sold, supplied, or possessed any narcotic (to include heroin or cocaine), depressant (to include quaaludes), stimulant, hallucinogen (to include LSD or PCP), or cannabis (to include marijuana or hashish), or any mind-altering substance (to include glue or paint), or anabolic steroid, except as prescribed by a licensed physician?	☐ YES	☐ NO
FAIR CREDIT REPORTING DISCLOSURE AND AUTHORIZATION 19. **Disclosure:** One or more reports from consumer reporting agencies may be obtained for employment purposes pursuant to the Fair Credit Reporting Act, codified at 15 U.S.C. § 1681 et seq. **Purpose:** Information provided by you on this form will be furnished to the consumer reporting agency in order to obtain information in connection with a background investigation to determine your 1) fitness for Federal employment, 2) clearance to perform contractual service for the Federal government, and/or 3) eligibility for a sensitive position or access to classified information. The information obtained may be disclosed to other Federal agencies for the above purposes in fulfillment of official responsibilities to the extent that such disclosure is permitted by law. Information from the consumer report will not be used in violation of any applicable Federal or state equal employment opportunity law or regulation. **Authorization:** I hereby authorize the investigative agency conducting my background to obtain such reports from any consumer reporting agency for employment purposes described above. Note: If you have a security freeze on your consumer or credit report file, then we may not be able to complete your investigation, which can adversely affect your eligibility for a national security position. To avoid such delays, you should request that the consumer reporting agencies lift the freeze in these instances.	☐ YES	☐ NO

EXPERIMENTAL DRUG USE

When was the last time you smoked marijuana? (MM/DD/YYYY) _____ ☐ **Never**
List all Occasions and explain why:

_____

_____

Provide information on any tickets or charges you have ever had against you. Traffic, Non-Traffic, Misdemeanor, or Felonies.

1.
Date of Offense: (MM/DD/YYYY) _____ **Charge:** _____
Disposition: _____ Has the Fine been Paid in Full?: ☐ YES ☐ NO Fine Amount $: _____
Ticket or Arresting Department: _____ City: _____ State: _____
County: _____ Zip: _____
Court where ticket or case was overseen: _____
Court Address: _____ City: _____ State: _____
County: _____ Zip: _____

2.
Date of Offense: (MM/DD/YYYY) _____ **Charge:** _____
Disposition: _____ Has the Fine been Paid in Full?: ☐ YES ☐ NO Fine Amount $: _____
Ticket or Arresting Department: _____ City: _____ State: _____
County: _____ Zip: _____
Court where ticket or case was overseen: _____
Court Address: _____ City: _____ State: _____
County: _____ Zip: _____

3.
Date of Offense: (MM/DD/YYYY) _____ **Charge:** _____
Disposition: _____ Has the Fine been Paid in Full?: ☐ YES ☐ NO Fine Amount $: _____
Ticket or Arresting Department: _____ City: _____ State: _____
County: _____ Zip: _____
Court where ticket or case was overseen: _____
Court Address: _____ City: _____ State: _____
County: _____ Zip: _____

4.
Date of Offense: (MM/DD/YYYY) _____ **Charge:** _____
Disposition: _____ Has the Fine been Paid in Full?: ☐ YES ☐ NO Fine Amount $: _____
Ticket or Arresting Department: _____ City: _____ State: _____
County: _____ Zip: _____
Court where ticket or case was overseen: _____
Court Address: _____ City: _____ State: _____
County: _____ Zip: _____

5.
Date of Offense: (MM/DD/YYYY) _____ **Charge:** _____

Disposition: _____ Has the Fine been Paid in Full?: ☐ YES ☐ NO Fine Amount $: _____

Ticket or Arresting Department: _____ City: _____ State: _____

County: _____ Zip: _____

Court where ticket or case was overseen: _____

Court Address: _____ City: _____ State: _____

County: _____ Zip: _____

6.
Date of Offense: (MM/DD/YYYY) _____ **Charge:** _____

Disposition: _____ Has the Fine been Paid in Full?: ☐ YES ☐ NO Fine Amount $: _____

Ticket or Arresting Department: _____ City: _____ State: _____

County: _____ Zip: _____

Court where ticket or case was overseen: _____

Court Address: _____ City: _____ State: _____

County: _____ Zip: _____

7.
Date of Offense: (MM/DD/YYYY) _____ **Charge:** _____

Disposition: _____ Has the Fine been Paid in Full?: ☐ YES ☐ NO Fine Amount $: _____

Ticket or Arresting Department: _____ City: _____ State: _____

County: _____ Zip: _____

Court where ticket or case was overseen: _____

Court Address: _____ City: _____ State: _____

County: _____ Zip: _____

8.
Date of Offense: (MM/DD/YYYY) _____ **Charge:** _____

Disposition: _____ Has the Fine been Paid in Full?: ☐ YES ☐ NO Fine Amount $: _____

Ticket or Arresting Department: _____ City: _____ State: _____

County: _____ Zip: _____

Court where ticket or case was overseen: _____

Court Address: _____ City: _____ State: _____

County: _____ Zip: _____

9.
Date of Offense: (MM/DD/YYYY) _____ **Charge:** _____

Disposition: _____ Has the Fine been Paid in Full?: ☐ YES ☐ NO Fine Amount $: _____

Ticket or Arresting Department: _____ City: _____ State: _____

County: _____ Zip: _____

Court where ticket or case was overseen: _____

Court Address: _____ City: _____ State: _____

County: _____ Zip: _____

LAW VIOLATION EXPLANATIONS:
Enter all additional information to further explain each specific incident.
_____ _____ _____ _____ _____ _____ _____ _____ _____ _____

PSYCHOLOGICAL & EMOTIONAL HEALTH SCREENING		
1. Has a court or administrative agency **EVER** issued an order declaring you mentally incompetent?	☐ YES	☐ NO
2. Has a court or administrative agency **EVER** ordered you to consult with a mental health professional (for example, a psychiatrist, psychologist, licensed clinical social worker, etc.)? (An order to a military member by a superior officer is not within the scope of this question, and therefore would not require an affirmative response. An order by a military court would be within the scope of the question and would require an affirmative response.)	☐ YES	☐ NO
3. Have you **EVER** been hospitalized for a mental health condition?	☐ YES	☐ NO
4. *The following question asks whether you have been diagnosed with a specified mental health condition that may, particularly if untreated, impact your judgment, reliability, or trustworthiness. If you answer in the affirmative, we will seek additional information about the seriousness and symptoms of the condition, as well as any applicable course of treatment. It is important to note that any such diagnosis, in and of itself, **is not a reason** to revoke or deny eligibility for access to classified information or for holding a sensitive position, suitability or fitness to obtain or retain Federal or contract employment, or eligibility for physical or logical access to federally controlled facilities or information systems.* Have you EVER been diagnosed by a physician or other health professional (for example, a psychiatrist, psychologist, licensed clinical social worker, or nurse practitioner) with psychotic disorder, schizophrenia, schizoaffective disorder, delusional disorder, bipolar mood disorder, borderline personality disorder, or antisocial personality disorder?	☐ YES	☐ NO
5. Do you have a mental health or other health condition that **substantially adversely** affects your judgment, reliability, or trustworthiness even if you are not experiencing such symptoms today? *Note: If your judgment, reliability, or trustworthiness is not substantially adversely affected by a mental health or other condition, then you should answer "no" even if you have a mental health or other condition requiring treatment. For example, if you're in need of emotional or mental health counseling as a result of service as a first responder, service in a military combat environment, having been sexually assaulted or a victim of domestic violence, or marital issues, but your judgment, reliability or trustworthiness isn't adversely affected, then answer "no."*	☐ YES	☐ NO

TECHNOLOGY INFORMATION

The following questions ask about your use of information technology systems. Information technology systems include all related computer hardware, software, firmware, and data used for the communication, transmission, processing, manipulation, storage, or protection of information. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you. Neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.

1. **In the last seven (7) years** have you illegally or without proper authorization accessed or attempted to access any information technology system?	☐ YES	☐ NO
2. **In the last seven (7) years** have you illegally or without authorization, modified, destroyed, manipulated, or denied others access to information residing on an information technology system or attempted any of the above?	☐ YES	☐ NO
3. **In the last seven (7) years** have you introduced, removed, or used hardware, software, or media in connection with any information technology system without authorization, when specifically prohibited by rules, procedures, guidelines, or regulations or attempted any of the above?	☐ YES	☐ NO

EXPLANATIONS: Any and *all "YES" answers from above require an explanation* (Use number as reference)

GROUP/MEMBER ASSOCIATIONS

The following questions pertain to your Group/Member Associations. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment, security, or credentialing decision. For the purpose of this question, terrorism is defined as any criminal acts that involve violence or are dangerous to human life and appear to be intended to intimidate or coerce a civilian population to influence the policy of a government by intimidation or coercion, or to affect the conduct of a government by mass destruction, assassination or kidnapping.

1. Are you now or have you **EVER** been a member of an organization dedicated to terrorism, either with an awareness of the organization's dedication to that end, or with the specific intent to further such activities?	☐ YES	☐ NO
2. Have you **EVER** knowingly engaged in any acts of terrorism?	☐ YES	☐ NO
3. Have you **EVER** advocated any acts of terrorism or activities designed to overthrow the U.S. Government by force?	☐ YES	☐ NO
4. Have you **EVER** been a member of an organization dedicated to the use of violence or force to overthrow the United States Government, and which engaged in activities to that end with an awareness of the organization's dedication to that end or with the specific intent to further such activities?	☐ YES	☐ NO
5. Have you **EVER** been a member of an organization that advocates or practices commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or any state of the United States with the specific intent to further such action?	☐ YES	☐ NO
6. Have you **EVER** knowingly engaged in activities designed to overthrow the U.S. Government by force?	☐ YES	☐ NO
7. Have you **EVER** associated with anyone involved in activities to further terrorism?	☐ YES	☐ NO

EXPLANATIONS: Any and *all "YES" answers from above require an explanation* (Use number as reference)

ALIASES

Provide your other name used and the period of time you used it [for example: your maiden name, name by a former marriage, former name, alias, or nickname]. If you do not have a middle name, indicate "No Middle Name" (NMN).

Types:
1. ALIAS (AKA) 2. Former Married 3. Former Name 4. Maiden Name 5. Married Name 6. Nickname

TYPE	FIRST	MIDDLE	LAST	SUFFIX	From Date	To Date

READ THIS ***READ THIS*** ***READ THIS***

THROUGHOUT THE REST OF THIS PACKET YOU WILL FILL OUT, YOU **WILL NEED:**

- **REFERENCES** FOR **RESIDENCES**, YOU'VE LIVED IN, PLACE YOU'VE BEEN **EMPLOYED** AT, AND THE **SCHOOLS** YOU'VE GONE TO.
- **NEED 3 CHARACTER REFERENCES** THAT KNOW YOU WELL.
- YOU WILL ONLY USE A REFERENCE **ONCE (1), ONE TIME,** THROUGHOUT THE WHOLE PACKET.
- YOU ***(WILL NOT)*** USE FAMILY MEMBERS, INCLUDING IN-LAWS OR A FIANCE.

HINT:

- FOR RESIDENCES USE NEIGHBORS, FAMILY FRIENDS, ROOMMATES OR ANYONE WHO CAN CONFIRM THAT YOU LIVED OR HAVE LIVED AT A SPECIFIC ADDRESS.
- FOR EMPLOYMENT USE YOUR BOSS OR SUPERVISOR. GIVE THEIR FULL NAME AND ADDRESS / PHONE OF THE COMPANY.
- FOR SCHOOLS USE A SCHOOLMATE, ADMINISTRATOR OR TEACHER.
- YOUR THREE CHARACTER REFERENCES SHOULD BE PERSONS WHO KNOW YOU WELL AND AT LEAST 1 SHOULD HAVE YOU KNOW YOU FOR AT LEAST 10 YEARS IF POSSIBLE.

RESIDENCES

- List the places where you have lived beginning with your present residence and working back 10 years.
- Residences for the entire period must be accounted for without breaks.
- Indicate the actual physical location of your residence, not a Post Office box or a permanent residence when you were not physically located there.
- If you split your time between one or more residences during a time period, you must list all residences.
- Do not list residence before your 18th birthday unless to provide a minimum of 2 years residence history.
- You are not required to list temporary locations of less than 90 days that did not serve as your permanent or mailing address.
- For any address in the last 3 years, provide a person who knew you at that address, and who preferably still lives in that area. Do not list people who knew you for residences completely outside this 3 year period, and do not list your spouse, cohabitant or other relatives as the verifier for periods of residence.

1.

Current Address: _____ City: _____ State: _____

County: _____ Zip: _____ ☐ Rent/Lease ☐ Own ☐ Parents ☐ Other: _____

Date Moved into Address: (MM/DD/YYYY) _____ ☐ Estimated

Reference Information:

Name: First: _____ Middle: _____ Last: _____

Relationship: ☐ Business Associate ☐ Friend ☐ Landlord ☐ Neighbor ☐ Other: _____

Address**:** _____ City: _____ State: _____

County: _____ Zip: _____ Phone Number: _____

2.

Former Address: _____ City: _____ State: _____

County: _____ Zip: _____ ☐ Rent/Lease ☐ Own ☐ Parents ☐ Other: _____

Date Moved into Address: (MM/DD/YYYY) _____ ☐ Estimated

Date Moved out of Address: (MM/DD/YYYY) _____ ☐ Estimated

Reference Information:

Name: First: _____ Middle: _____ Last: _____

Relationship: ☐ Business Associate ☐ Friend ☐ Landlord ☐ Neighbor ☐ Other: _____

Address**:** _____ City: _____ State: _____

County: _____ Zip: _____ Phone Number: _____

3.

Former Address: _____ City: _____ State: _____

County: _____ Zip: _____ ☐ Rent/Lease ☐ Own ☐ Parents ☐ Other: _____

Date Moved into Address: (MM/DD/YYYY) _____ ☐ Estimated

Date Moved out of Address: (MM/DD/YYYY) _____ ☐ Estimated

Reference Information:

Name: First: _____ Middle: _____ Last: _____

Relationship: ☐ Business Associate ☐ Friend ☐ Landlord ☐ Neighbor ☐ Other: _____

Address**:** _____ City: _____ State: _____

County: _____ Zip: _____ Phone Number: _____

4.

Former Address: _____ City: _____ State: _____

County: _____ Zip: _____ ☐ Rent/Lease ☐ Own ☐ Parents ☐ Other: _____

Date Moved into Address: (MM/DD/YYYY) _____ ☐ Estimated

Date Moved out of Address: (MM/DD/YYYY) _____ ☐ Estimated

Reference Information:

Name: First: _____ Middle: _____ Last: _____

Relationship: ☐ Business Associate ☐ Friend ☐ Landlord ☐ Neighbor ☐ Other: _____

Address**:** _____ City: _____ State: _____

County: _____ Zip: _____ Phone Number: _____

5.

Former Address: _____ City: _____ State: _____

County: _____ Zip: _____ ☐ Rent/Lease ☐ Own ☐ Parents ☐ Other: _____

Date Moved into Address: (MM/DD/YYYY) _____ ☐ Estimated

Date Moved out of Address: (MM/DD/YYYY) _____ ☐ Estimated

Reference Information:

Name: First: _____ Middle: _____ Last: _____

Relationship: ☐ Business Associate ☐ Friend ☐ Landlord ☐ Neighbor ☐ Other: _____

Address**:** _____ City: _____ State: _____

County: _____ Zip: _____ Phone Number: _____

6.

Former Address: _____ City: _____ State: _____

County: _____ Zip: _____ ☐ Rent/Lease ☐ Own ☐ Parents ☐ Other: _____

Date Moved into Address: (MM/DD/YYYY) _____ ☐ Estimated

Date Moved out of Address: (MM/DD/YYYY) _____ ☐ Estimated

Reference Information:

Name: First: _____ Middle: _____ Last: _____

Relationship: ☐ Business Associate ☐ Friend ☐ Landlord ☐ Neighbor ☐ Other: _____

Address**:** _____ City: _____ State: _____

County: _____ Zip: _____ Phone Number: _____

EMPLOYMENT HISTORY & Military Service History (if applicable)

- List all of your employment activities, including unemployment and self-employment, beginning with the present and working back 10 years.
- The entire period must be accounted for without breaks.
- If the employment activity was military duty, list separate employment activity periods to show each change of military duty station.
- Provide separate entries for employment activities with the same employer but having different physical addresses.
- Do not list employment before your 18th birthday unless to provide a minimum of 2 years employment history.
- To add former federal civilian employment greater than 10 years ago, use the Add Former Federal Employment button.
- If you did not have employment, write "Unemployed" and we still need a reference to vouch for this period of time.
- Do not list your spouse, cohabitant or other relatives as the verifier for periods of residence.

Use one of the codes listed below to identify the types of employment:

1. Active Military Duty	6. Self-employed (With business name / who can verify)
2. National Guard / Reserves	7. Unemployment (With name of person / who can verify)
3. U.S.P.H.S Commissioned	8. Federal Contractor (List contractor, not Federal agency)
4. Other Federal Employment	9. Other (All other employment)
5. State Government (Non-Federal Employment)	

1. **Employer:** _____ Is this your Current Employer?: ☐ YES ☐ NO

Date Started: (MM/DD/YYYY) _____ | Date Left: (MM/DD/YYYY) _____

Position Title: _____ Position Responsibilities: _____

Work type: ☐ Full Time ☐ Part Time ☐ Seasonal/Temporary ☐ Other: _____

Supervisor Information:

Name: First: _____ Middle: _____ Last: _____

Position Title: _____

Address**:** _____ City: _____ State: _____

County: _____ Zip: _____ Phone Number: _____

2. **Employer:** _____

Date Started: (MM/DD/YYYY) _____ | Date Left: (MM/DD/YYYY) _____

Position Title: _____ Position Responsibilities: _____

Work type: ☐ Full Time ☐ Part Time ☐ Seasonal/Temporary ☐ Other: _____

Supervisor Information:

Name: First: _____ Middle: _____ Last: _____

Position Title: _____

Address**:** _____ City: _____ State: _____

County: _____ Zip: _____ Phone Number: _____

3. **Employer:** _____

Date Started: (MM/DD/YYYY) _____ | Date Left: (MM/DD/YYYY) _____

Position Title: _____ Position Responsibilities: _____

Work type: ☐ Full Time ☐ Part Time ☐ Seasonal/Temporary ☐ Other: _____

Supervisor Information:

Name: First: _____ Middle: _____ Last: _____

Position Title: _____

Address**:** _____ City: _____ State: _____

County: _____ Zip: _____ Phone Number: _____

4. **Employer:** _____

Date Started: (MM/DD/YYYY) _____ | Date Left: (MM/DD/YYYY) _____

Position Title: _____ Position Responsibilities: _____

Work type: ☐ Full Time ☐ Part Time ☐ Seasonal/Temporary ☐ Other: _____

Supervisor Information:

Name: First: _____ Middle: _____ Last: _____

Position Title: _____

Address**:** _____ City: _____ State: _____

County: _____ Zip: _____ Phone Number: _____

5. **Employer:** _____

Date Started: (MM/DD/YYYY) _____ | Date Left: (MM/DD/YYYY) _____

Position Title: _____ Position Responsibilities: _____

Work type: ☐ Full Time ☐ Part Time ☐ Seasonal/Temporary ☐ Other: _____

Supervisor Information:

Name: First: _____ Middle: _____ Last: _____

Position Title: _____

Address**:** _____ City: _____ State: _____

County: _____ Zip: _____ Phone Number: _____

6. **Employer:** _____

Date Started: (MM/DD/YYYY) _____ | Date Left: (MM/DD/YYYY) _____

Position Title: _____ Position Responsibilities: _____

Work type: ☐ Full Time ☐ Part Time ☐ Seasonal/Temporary ☐ Other: _____

Supervisor Information:

Name: First: _____ Middle: _____ Last: _____

Position Title: _____

Address**:** _____ City: _____ State: _____

County: _____ Zip: _____ Phone Number: _____

MILITARY SERVICE HISTORY (if applicable)

For prior service military. Give full information on your service. Enter all Military Schools.

Service Branch: _____ ☐ Officer ☐ Enlisted

Service Status: ☐ Active ☐ National Guard / Active Reserve ☐ Individual Ready Reserve (IRR)

(IRR) Entry Date: (MM/DD/YYYY) _____

Discharge Date: (MM/DD/YYYY) _____ Rank Discharged: _____

Highest Rank Acquired: _____ Date of Rank (DOR): Month: (MM/DD/YYYY) _____

Discharge Type: _____ Narrative Reason: _____

SPD Code: _____ Re-Entry Code (RE-Code): _____ MOS or Specialty Code: _____

Unit Name: _____

Unit Address**:** _____ City: _____ State: _____

County: _____ Zip: _____ Phone Number: _____

Supervisor Information:

Name: First: _____ Middle: _____ Last: _____ Rank: _____

Phone Number: _____ Email Address: _____

MILITARY SERVICE SCHOOLS (if applicable)

Complete the information below regarding Service School.

1. From: _____ To: _____ (MM/DD/YYYY (MM/DD/YYYY) Completed? ☐ YES ☐ NO	School Name: _____ Course Name: _____
2. From: _____ To: _____ (MM/DD/YYYY) (MM/DD/YYYY) Completed? ☐ YES ☐ NO	School Name: _____ Course Name: _____
3. From: _____ To: _____ (MM/DD/YYYY) (MM/DD/YYYY) Completed? ☐ YES ☐ NO	School Name: _____ Course Name: _____

FOREIGN HISTORY

It may be helpful to have the documents and information listed below, before you begin answering the questionnaire.
-- Passport -- Travel Records -- Foreign Government Records

1. Do you have, or have you had, close and/or continuing contact with a foreign national within **the last seven (7) years** with whom you, or your spouse, or legally recognized civil union/domestic partner, or cohabitant are bound by affection, influence, common interests, and/or obligation? Include associates as well as relatives, not previously listed in Family & Associates.	☐ YES	☐ NO
2. Have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children **EVER** had any foreign financial interests (such as stocks, property, investments, bank accounts, ownership of corporate entities, corporate interests or exchange traded funds (ETFs) held in specific geographical or economic sectors) in which you or they have direct control or direct ownership? (Exclude financial interests in companies or diversified mutual funds or diversified ETFs that are publicly traded on a U.S. exchange.)	☐ YES	☐ NO

3. Have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children **EVER** had any foreign financial interests that someone controlled on your behalf?	☐ YES	☐ NO
4. Have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children **EVER** owned, or do you anticipate owning, or plan to purchase real estate in a foreign country?	☐ YES	☐ NO
5. As a U.S. citizen, have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children received **in the last seven (7) years**, or are eligible to receive in the future, any educational, medical, retirement, social welfare, or other such benefit from a foreign country?	☐ YES	☐ NO
6. Have you **EVER** provided financial support for any foreign national?	☐ YES	☐ NO
7. Have you **in the last seven (7) years** provided advice or support to any individual associated with a foreign business or other foreign organization that you have not previously listed as a former employer? (Answer "No" if **all** your advice or support was authorized pursuant to official U.S. Government business.)	☐ YES	☐ NO
8. For this question, "Immediate Family" means your spouse or legally recognized civil union/domestic partner, parents, step-parents, siblings, half and step-siblings, children, step-children, and cohabitant. Have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or any member of your immediate family **in the last seven (7) years** been asked to provide advice or serve as a consultant, even informally, by any foreign government official or agency? (Answer "No" if **all** the advice or support was authorized pursuant to official U.S. Government business.)	☐ YES	☐ NO
9. Has any foreign national **in the last seven (7) years** offered you a job, asked you to work as a consultant, or consider employment with them?	☐ YES	☐ NO
10. Have you **in the last seven (7) years** been involved in any other type of business venture with a foreign national not described above (own, co-own, serve as business consultant, provide financial support, etc.)?	☐ YES	☐ NO
11. Have you **in the last seven (7) years** attended or participated in any conferences, trade shows, seminars, or meetings outside the U.S.? (Do not include those you attended or participated in on official business for the U.S. government.)	☐ YES	☐ NO
12. **"Immediate Family"** means your spouse, parents, step-parents, siblings, half and step-siblings, children, step-children, and cohabitant. Have you or any member of your immediate family **in the last seven (7) years** had any contact with a foreign government, its establishment (such as embassy, consulate, agency, military service, intelligence or security service, etc.) or its representatives, whether inside or outside the U.S.? (Answer "No" if the contact was for routine visa applications and border crossings related to either official U.S. Government travel, foreign travel on a U.S. passport, or as a U.S. military service member in conjunction with a U.S. Government military duty.)	☐ YES	☐ NO
13. Have you **in the last seven (7) years** sponsored any foreign national to come to the U.S. as a student, for work, or for permanent residence?	☐ YES	☐ NO
14. Have you **EVER** held political office in a foreign country?	☐ YES	☐ NO
15. Have you **EVER** voted in the election of a foreign country?	☐ YES	☐ NO
16. Have you **EVER** been issued a passport (or identity card for travel) by a country other than the U.S.? ***(if answered, "YES" to 16, fill in the information below):***	☐ YES	☐ NO

a) Provide the name in which passport (of identity card) was issued:

LAST: _____ FIRST: _____ MIDDLE: _____ SUFFIX: _____

b) Provide the place the passport (or identity card) was issued:

City: _____ Country: _____

c) Passport (or identity car) Information:

- Provide Country in which the passport was issued: _____
- Provide the passport (or ID) number: _____
- Provide date passport was issued: (MM/DD/YYYY) _____ ☐ Estimated
- Provide date passport expire(s)(ed): (MM/DD/YYYY) _____ ☐ Estimated

d) Travel with foreign passport (of ID card) - Have you **EVER** used this passport for foreign travel? ☐ YES ☐ NO - Comments: _____		
17. Have you traveled outside the U.S. **in the last seven (7) years**? ***(if answered, "YES" to 17, fill in the information below):***	☐ YES	☐ NO
a) Has your travel **in the last seven (7) years** been **solely** for U.S. Government business/military overseas assignment on official government orders (i.e., no personal trips in conjunction with the official U.S. Government business)? ***(if answered, "NO" to 17b, fill in the information below):***	☐ YES	☐ NO
b) List foreign countries you have visited, except on travel under official Government orders, beginning with the most current and working back 7 years.		
From: _____ To: _____ Purpose of Visit: _____ Country: _____ (MM/DD/YYYY) (MM/DD/YYYY)		
From: _____ To: _____ Purpose of Visit: _____ Country: _____ (MM/DD/YYYY) (MM/DD/YYYY)		
From: _____ To: _____ Purpose of Visit: _____ Country: _____ (MM/DD/YYYY) (MM/DD/YYYY)		
From: _____ To: _____ Purpose of Visit: _____ Country: _____ (MM/DD/YYYY) (MM/DD/YYYY)		

EXPLANATIONS: Any and *all "YES" answers from above require an explanation* (Use number as reference)

BACKGROUND / INVESTIGATION		
The background check may be primarily for prior service, but check all questions. -- Passport -- Travel Records -- Foreign Government Records		
1. Have you EVER served in the U.S. Military?	☐ YES	☐ NO
2. Have you EVER served, as a civilian or military member in a foreign country's military, intelligence, diplomatic, security forces, militia, other defense force, or government agency?	☐ YES	☐ NO
3. Have you EVER received a discharge that was not honorable?	☐ YES	☐ NO
4. In the last 7 years, have you been subject to court martial or other disciplinary procedure under the Uniform Code of Military Justice (UCMJ), such as Article 15, Captain's mast, Article 135 Court of Inquiry, etc?	☐ YES	☐ NO
5. Are you now or have you ever been a deserter from any branch of the armed forces of the United States?	☐ YES	☐ NO
6. Have you ever been employed by the United States Government?	☐ YES	☐ NO
7. Are you now drawing, or do you have an application pending, or approval for: retired pay, disability allowance, severance pay, or pension from any agency of the government of the United States?	☐ YES	☐ NO
8. Are you now or have you ever been a conscientious objector? (That is, do you have, or have you ever had, a firm, fixed, and sincere objection to participation in war in any form or to the bearing of arms because of religious belief or training?)	☐ YES	☐ NO
9. Is there anything which would preclude you from performing military duties or participating in military activities whenever necessary (i.e., do you have any personal restrictions or religious practices which would restrict your availability?)	☐ YES	☐ NO
10. Have you ever been discharged by any branch of the Armed Forces of the United States for reasons pertaining to being a conscientious objector?	☐ YES	☐ NO

11. Have you ever been an officer or a member or made a contribution to an organization dedicated to the violent overthrow of the United States Government and which engages in illegal activities to that end, knowing that the organization engages in such activities with the specific intent to further such activities?		☐ YES	☐ NO
12. Have you ever knowingly engaged in any acts or activities designed to overthrow the United States Government by force?		☐ YES	☐ NO
13. Has the U.S. Government (or a foreign government) **EVER** investigated your background and/or granted you a security clearance eligibility/access?		☐ YES	☐ NO
14. Have you **EVER** had a security clearance eligibility/access authorization denied, suspended, or revoked? (Note: An administrative downgrade or administrative termination of a security clearance is not a revocation.)		☐ YES	☐ NO
15. Have you **EVER** been debarred from government employment?		☐ YES	☐ NO
16. Were you born a male after December 31, 1959?		☐ YES	☐ NO
17. Have you registered with the Selective Services System (SSS)?	☐ I don't know	☐ YES	☐ NO
* If yes, go to **www.sss.gov** and check your registration number. Simply input the basic information about yourself. You only need your name, birthday and social security number. If it doesn't have one for you, register for one. It's instant.	**Registration Number for SSS:** _____		

EDUCATION

It may be helpful to have the documents and information listed below, before you begin answering the questionnaire.
-- High School Transcripts/Diploma -- GED/HiSET Certification -- College Transcripts/Diploma
-- Professional Licensing Information -- Professional Certifications

1. Check One:

☐ HS Junior ☐ HS Graduate ☐ HS Graduate ☐ GED/HiSET Certification ☐ Home School

☐ Associates Degree ☐ Bachelor's Degree ☐ Other: _____

2. When did you graduate high school or obtain your GED/HISET? (MM/DD/YYYY) _____		
3. Did you graduate from a traditional (Tier I school)?	☐ YES	☐ NO
4. Do you have a post-secondary certificate or diploma?	☐ YES	☐ NO
5. Do you have any college credits? If "yes", how many: _____	☐ YES	☐ NO
6. Do you have any student loans? Federal loans? If "yes", how much? _____	☐ YES	☐ NO

College Student Loans:

What is the total amount of Federal student loans in your name only: $_____

FAFSA Info:_____ Username: _____ Password: _____

Visit **https://www.nslds.ed.gov/npas/index.htm** to check the status of your current loans.

7. Check any program you have been enrolled in:

☐ Wyoming Cowboy Challenge Academy ☐ Eagle Scout ☐ROTC/JROTC ☐ Sea Cadet Program

☐ Other: _____

8. FOR GED Holders Only: What is the highest grade you completed? _____

List all the educational intuitions you have attended.
(High School, College, Post-College, Professional Licensing and professional certifications) If you have trouble finding a reference, call the school and use the person at the registration desk.

*****BEGIN WITH FRESHMEN YR IN HIGH SCHOOL AND WORK TOWARDS THE PRESENT*****

1. From: _____ To: _____ SCHOOL: _____
(MM/DD/YYYY) (MM/DD/YYYY)

Graduated? ☐ YES ☐ NO Online School? ☐ YES ☐ NO

Online School website address (if applicable): _____

Type of Degree/Diploma Obtained: _____ Graduation Date: (MM/DD/YYYY) _____

Credits Earned: _____ Credit Type: ☐ Semester Hours ☐ Quarter Hours

School Address**:** _____ City: _____ State: _____

County: _____ Zip: _____ Phone Number: _____

Reference Information:
Name: First: _____ Middle: _____ Last: _____

School Address**:** _____ City: _____ State: _____

County: _____ Zip: _____ Phone Number: _____

2. From: _____ To: _____ SCHOOL: _____
(MM/DD/YYYY) (MM/DD/YYYY)

Graduated? ☐ YES ☐ NO Online School? ☐ YES ☐ NO

Online School website address (if applicable): _____

Type of Degree/Diploma Obtained: _____ Graduation Date: (MM/DD/YYYY) _____

Credits Earned: _____ Credit Type: ☐ Semester Hours ☐ Quarter Hours

School Address**:** _____ City: _____ State: _____

County: _____ Zip: _____ Phone Number: _____

Reference Information:
Name: First: _____ Middle: _____ Last: _____

School Address**:** _____ City: _____ State: _____

County: _____ Zip: _____ Phone Number: _____

3. From: _____ To: _____ SCHOOL: _____
(MM/DD/YYYY) (MM/DD/YYYY)

Graduated? ☐ YES ☐ NO Online School? ☐ YES ☐ NO

Online School website address (if applicable): _____

Type of Degree/Diploma Obtained: _____ Graduation Date: (MM/DD/YYYY) _____

Credits Earned: _____ Credit Type: ☐ Semester Hours ☐ Quarter Hours

School Address**:** _____ City: _____ State: _____

County: _____ Zip: _____ Phone Number: _____

Reference Information:
Name: First: _____ Middle: _____ Last: _____

School Address**:** _____ City: _____ State: _____

County: _____ Zip: _____ Phone Number: _____

FINANCIAL HISTORY		
It may be helpful to have the documents and information listed below, before you begin answering the questionnaire. -- Child Support Records -- IRS Lien Records -- Bankruptcy Records		
1. **In the last seven (7) years have you filed a petition under any chapter of the bankruptcy code?**	☐ YES	☐ NO
2. Have you EVER experienced financial problems due to gambling?	☐ YES	☐ NO
3. In the last seven (7) years have you failed to file or pay Federal, state, or other taxes when required by law or ordinance?	☐ YES	☐ NO
4. In the last seven (7) years have you been counseled, warned, or disciplined for violating the terms of agreement for a travel or credit card provided by your employer?	☐ YES	☐ NO
5. Are you currently utilizing, or seeking assistance from, a credit counseling service or other similar resource to resolve your financial difficulties?	☐ YES	☐ NO
6. Other than previously listed, have any of the following happened to you? (You will be asked to provide details about each financial obligation that pertains to the items identified below). • **In the last seven (7) years**, you have been delinquent on alimony or child support payments. • **In the last seven (7) years**, you had a judgement entered against you. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor.) • **In the last seven (7) years**, you had a lien placed against your property for failing to pay taxes or other debts. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor). • You are currently delinquent on any Federal debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are cosigner or guarantor).	☐ YES	☐ NO
7. Other than previously listed, have any of the following happened? • **In the last seven (7) years**, you had any possessions or property voluntarily or involuntarily repossessed or foreclosed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor). • **In the last seven (7) years**, you defaulted on any type of loan? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor). • **In the last seven (7) years**, you had bills or debts turned over to a collection agency? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor). • **In the last seven (7) years**, you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor). • **In the last seven (7) years**, you were evicted for non-payment? • **In the last seven (7) years**, you had your wages, benefits, or assets garnished or attached for any reason? • **In the last seven (7) years**, you have been over 120 days delinquent on any debt not previously entered? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor). • You are currently over 120 days delinquent on any debt? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).	☐ YES	☐ NO

EXPLANATIONS: Any and *all "YES" answers from above require an explanation* (Use number as reference)

FAMILY & ASSOCIATES

Enter all Family Members and Associates regardless if they are living or deceased. (An opportunity will be provided to list multiple relative for each type.) Mother Father Stepmother Stepfather Foster Parent Child (including adopted/foster) Stepchild Brother Sister Stepbrother Stepsister Half-brother Half-sister Father-in-law Mother-in-law Guardian.
FILL IN ALL INFORMATION REQUESTED BELOW!

See Codes of Family/Associates below:

1 – Mother	6 – Child (also adopted)	11 – Step Sister	16 – Father In-Law
2 – Father	7 – Step Child	12 – Half Brother	17 – Mother In-Law
3 – Step Mother	8 – Brother	13 – Half Sister	18 – Guardian
4 – Step Father	9 – Sister	14 – Spouse	19- Cohabitant (Boy/Girlfriend, fiancé, or someone you share intimate relationship you live with
5 – Foster Parents	10 – Step Brother	15 – Former Spouse	

	Full Name: First, Middle, Last (if deceased, check box to the left before entering name)	CODE	Date of Birth (mm/dd/yyyy)	Place of Birth City, State, Country of Birth	Country of Citizenship	Current Physical Address, City, State, Zip Code, Phone Number
		1				
		2				

YOUR SPOUSE

Current Spouse Name: First: ____________________ Middle: ____________________ Last: _____________________

Social Security Number: _________________________

Date of Birth: (MM/DD/YYYY) _____________________

Place of Birth: City: _____________________ County: ______________ State: ________ Country: ________________

Last Address**:** ____ City: _________________ State: ________

County: _________________ Zip: ___________ Phone Number: ____________________

Has your spouse ever served in the Military: ☐ YES ☐ NO

Date of Marriage: (MM/DD/YYYY) _____________________

Location of Marriage: City: _________________ County: __________ State: ________

Maiden Name: _________________________ From: (MM/YYYY) ______________ To: (MM/YYYY) _______________

Country of Birth: If other than the USA, please fill out the remaining portion below.

Citizenship document type:

☐ U.S. Naturalization Certificate ☐ I-551 Permanent Resident Card ☐ Other: __________________________

Document Number:

Name of Court that issued the Citizenship/Certificate: ____

Address**:** ____ City: _________________ State: ________

County: _________________ Zip: ___________

OTHER WOMEN IN FAMILY *(for background checks)*
(MOTHER / STEP MOTHER / SISTER'S (MARRIED) / DAUGHTER'S MARRIED

Family Member Code (from page 26, Family & Associates): __________

Current Name: First: ____________________ Middle: ____________________ Last: _____________________

Maiden Name: ______________________

Date of Marriage #1: (MM/DD/YYYY) _____________________ Last Name Take: _____________________

Date of Marriage #2: (MM/DD/YYYY) _____________________ Last Name Take: _____________________

Date of Marriage #3: (MM/DD/YYYY) _____________________ Last Name Take: _____________________

Family Member Code (from page 26, Family & Associates): __________

Current Name: First: ____________________ Middle: ____________________ Last: _____________________

Maiden Name: ______________________

Date of Marriage #1: (MM/DD/YYYY) _____________________ Last Name Take: _____________________

Date of Marriage #2: (MM/DD/YYYY) _____________________ Last Name Take: _____________________

Date of Marriage #3: (MM/DD/YYYY) _____________________ Last Name Take: _____________________

Family Member Code (from page 26, Family & Associates): __________

Current Name: First: ____________________ Middle: ____________________ Last: _____________________

Maiden Name: ______________________

Date of Marriage #1: (MM/DD/YYYY) _____________________ Last Name Take: _____________________

Date of Marriage #2: (MM/DD/YYYY) _____________________ Last Name Take: _____________________

Date of Marriage #3: (MM/DD/YYYY) _____________________ Last Name Take: _____________________

FORMER SPOUSE

Former Spouse Name: First: _____ Middle: _____ Last: _____

Status: ☐ Divorced ☐ Widowed ☐ Anulled ☐ Separated (MM/DD/YYYY) _____

Is this former spouse deceased?: ☐ YES ☐ NO Is this former spouse a dependent?: ☐ YES ☐ NO

Place of Birth: City: _____ County: _____ State: _____ Country: _____

Last Address**:** _____ City: _____ State: _____

County: _____ Zip: _____ Phone Number: _____

Date of Marriage: (MM/DD/YYYY) _____

Location of Marriage: City: _____ County: _____ State: _____

Maiden Name: _____ From: (MM/YYYY) _____ To: (MM/YYYY) _____

Court Records Location: City: _____ State: _____ County: _____ Zip: _____

CITIZENSHIP

1. Do you possess a U.S. passport (current or expired)? Click **HERE** for U.S. State Department passport help. (**www.travel.state.gov/passport/**) Date Passport Issued: (MM/DD/YYYY) _____ Date Passport Expired: (MM/DD/YYYY) _____ Passport Number: _____	☐ YES	☐ NO
2. Do you now or have you EVER held dual/multiple citizenships? If "yes" where have and/or do you hold citizenships at? _____	☐ YES	☐ NO

CHARACTER REFERENCES

Provide three people who know you well and who preferably live in the U.S. They should be friends, peers, colleagues, college roommates, associates, etc., who are collectively aware of your activities outside of your workplace, school, or neighborhood, and whose combined association with you covers at least **the last seven (7) years**. Do not list your spouse, former spouse(s), other relatives, or **anyone listed elsewhere on this form.**

Reference/Relationship Code: 1 – Friend 2 – Neighbor 3 – Schoolmate 4 – Work Associate 5 – Other

1. Name: First: _____ Middle: _____ Last: _____

Known Since: (MM/DD/YYYY) _____ Reference/Relationship CODE: _____

Address**:** _____ City: _____ State: _____

County: _____ Zip: _____ Phone #: _____

2. Name: First: _____ Middle: _____ Last: _____

Known Since: (MM/DD/YYYY) _____ Reference/Relationship CODE: _____

Address**:** _____ City: _____ State: _____

County: _____ Zip: _____ Phone #: _____

3. Name: First: _____ Middle: _____ Last: _____

Known Since: (MM/DD/YYYY) _____ Reference/Relationship CODE: _____

Address**:** _____ City: _____ State: _____

County: _____ Zip: _____ Phone #: _____

TATTOOS			
List all Tattoos with a full description, location on your body, and the meaning.			
	TATTOO DESCRIPTION	**LOCATION**	**MEANING**
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

GUAGES			
List all gauges with a full description, and the size**. Maximum gauge allowance is 1.6mm / .063'' / 16 Gauge**			
	GUAGE DESCRIPTION	**SIZE**	
1.			
2.			

BRANDINGS/SCARS			
List all Brandings with a full description, location on your body, and the meaning. (Include ALL Scars)			
	BRANDING DESCRIPTION	**LOCATION**	**MEANING**
1.			
2.			
3.			

This is the END of the Army National Guard Application!

Ensure you go back through and verify you have completed every section before returning it to your recruiter. *THIS PACKET IS VITAL TO YOUR ENLISTMENT!*

You will need to save this document as a different file name if you choose to email it. Ensure YOU Save as "LAST NAME_ARNG Application"

(example: TODD_ARNG Application)

EMAIL: OBERT.M.MALDONADO.MIL@MAIL.M **& CALL Recruiter when Submitted!**