

## Steps to Process a Warrant Officer (WO) Application

### 1. References:

- a. Army Regulation 135-100 dated 1 Sep 94
- b. DA Circular 601-99-1 dated 23 Apr 99
- c. USARC Regulation 140-6 dated 1 Aug 03
- d. Army Regulation 40-501 dated 29 Aug 03

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

- a. Possess a General Technical (GT) score of 110 or higher
- b. Be a US citizen
- c. Possess a Secret security clearance (an interim or continued access clearance is also acceptable)
- d. Be a high school graduate or have a GED
- e. Pass 3-event APFT (no profiles) and meet height and weight standards
- f. Pass a Chapter 2, pre-commissioning physical (technical MOSs) or a Class 1A flight physical (aviators) in accordance with reference 1.d

3. General prerequisites for all technical WO MOSs are: SGT or higher, BNCOC graduate, 4-6 years' experience in the field for which applying, meet minimum prerequisites as determined by the WO proponent, and be less than 46 years of age. The Center Retention and Transition NCO (CRTNCO) is responsible for assisting the applicant prepare and process the application.

4. Assemble the application using the sample packet as a guide. **DO NOT** send an incomplete application with plans to send the missing document(s) later. **DO NOT** use document protectors or binders.

5. DA Form 61 and DA Forms 3574/3575 are on Delrina Form Flow. Soldiers complete the DA Form 3574 on their first term of service, and soldiers on a subsequent enlistment complete the DA Form 3575.

6. Applicants should submit the completed application to the CRTNCO. The CRTNCO will send the packet to the Area Manager, who will check for completeness and accuracy. Once the Area Manager has determined the application meets the prerequisites and is complete, the Area Manager will forward the packet to the Special Mission NCO at the Regional Readiness Command (RRC). The RRC Special Mission NCO will screen the application for completeness, accuracy, and compliance with the minimum prerequisites. The RRC Special Mission NCO will notify the Area Manager of any discrepancies.

7. The RRC Special Mission NCO will send the completed application to the OCAR-RTD WO Team for final screening.

a. Technical WO applications: RTD will forward applications to the appropriate proponent for a technical evaluation. RTD will prepare proponent-approved applications for presentation to the next scheduled DA WO selection board. RTD will return proponent-disapproved applications to the RRC Special Mission NCO with explanation of disapproval.

## Steps to Process a Warrant Officer (WO) Application (cont.)

b. Aviation WO applications: RTD will forward aviation applications that require waiver approval/disapproval to the Ft. Rucker Warrant Officer Career Center. RTD will return disapproved aviator applications to the RRC Special Mission NCO with explanation of disapproval. RTD will prepare Ft. Rucker-approved applications and applications that do not require waivers for presentation to the next scheduled DA WO selection board

c. Applications that are incomplete or need corrections will be held at the OCAR-RTD WO Team no more than 30 days after receipt, pending receipt of required corrections. RTD will return applications to the RRC Special Mission NCO after 30 days. The RRC may resubmit the WO application to RTD upon completion.

8. Selection by the DA Board held at HQ USAREC: Applicants will be notified of the DA Board results through their RRC. The Army Human Resources Command (AHRC) will notify all selected applicants of their Warrant Officer Candidate School (WOCS) date. It usually takes 90 days to receive the school notification.

9. Waivers: RTD will forward applications requiring a moral waiver to the AHRC, age waivers to the DA G-1, and medical waivers to the USAREC Surgeon. Allow 4-6 weeks for completion of this process.

### Checklist Additional Instructions

1. Prepare the **DA Form 61** using the example provided. Pay particular attention to the following areas:

a. **Block 21:** List all colleges attended with either degree/credits and the graduation or expected graduation date.

b. **Block 26:** Check enlistment records for exact information. Exclude traffic violations involving a fine of \$250.00 or less.

c. **Block 41:** Use the format shown with your data entered and signed by your commander. If the commander is unavailable to sign and his/her representative signs, you must enclose a copy of the signature authority memorandum with your application. The Army standard 3 event APFT is the only acceptable test and must have been taken within the past six months. Applicants who do not meet height/weight standards of AR 600-9 must submit a Body Fat Content Worksheet.

d. **Block 42:** Ensure you sign and date before forwarding your application.

2. **Company and Battalion Commander letters of recommendation** should be 3 to 5 paragraphs long, with specific, quantifiable comments about your character and tactical and technical competence. Letters with generic, flowery sentences are not effective in communicating your qualifications to either the proponent or the board. Use memorandum format and address to President, Warrant Officer Accession Board. Make every attempt to obtain a letter from a Senior Army Warrant Officer (CW3-CW5) from the MOS for which you are applying. If there is no WO available, you may use the first Field Grade Officer (MAJ, LTC, COL) to verify your technical abilities. Civilian letters of recommendation should be on company letterhead and should be directed toward your experience and supervisory abilities.

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

## Checklist Additional Instructions (cont.)

4. **Transcripts** are required to verify all education and must show course title, credit hours awarded, and grade received; for example, Engl 101, 3 hrs, A. Copies are acceptable.
5. An official **DA photo** is required. Other services photos are acceptable, but the Class A uniform is mandatory.
6. **Physical: MUST BE CERTIFIED TRUE COPY.** Blocks 15 and 74 of the DA 2808 and Block 6 of the DA 2807 must reflect WOC Appointment, Commissioning, DAZ, WOC School or similar wording.
7. **Security Clearance:** Provide a memorandum from your RRC Security Manager stating your clearance level, the agency that granted it, and the date granted. A SECRET clearance is required. An Interim SECRET or Continued Access SECRET clearance is acceptable, as long as the Security Manager verifies it.

## ARMY RESERVE WARRANT OFFICER CHECKLIST

RRC \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ MOS: \_\_\_\_\_

SSN: \_\_\_\_\_ Rank: \_\_\_\_\_

Unit Assigned: \_\_\_\_\_ UIC: \_\_\_\_\_ Unit Phone: \_\_\_\_\_

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

Applicant is: USAR \_\_\_\_\_ OTHER \_\_\_\_\_

**YES NO**

- DA Form 61 (w/Commander's statement signed in Block 41)
- Recommendation by Applicant's Unit Commander
- Recommendation by Applicant's Battalion Commander
- Other Letters of Recommendation
- Waivers: Moral \_\_\_\_\_ Prerequisite \_\_\_\_\_ Age \_\_\_\_\_ Medical \_\_\_\_\_ BNCOC \_\_\_\_\_
- DA Photo
- Resume
- DA Forms 2A and 2-1
- DA Form 2166-8 (NCOERs for last five years)
- NCOER Letter (for missing evaluations)
- Training Certificates - MOS - Leadership
- Transcripts
- Security Clearance Letter (Clearance level, investigation, date initiated)
- DA Form 3574 or 3575
- Statement of Understanding
- Preappointment Physical with HIV and drug/alcohol results within 18 months of DA board
- Statement of Religious Practices
- Unit Vacancy Report
- UIC \_\_\_\_\_ Para \_\_\_\_\_ Line \_\_\_\_\_ Posn \_\_\_\_\_ WMOS \_\_\_\_\_ Grade \_\_\_\_\_
- Is applicant mobilized?

RTNCO OF CREDIT \_\_\_\_\_  
PHONE \_\_\_\_\_

RRC/MSC: \_\_\_\_\_

**I HAVE REVIEWED THIS APPLICATION:**

MSC RTNCO NAME: \_\_\_\_\_

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

OIC NAME: \_\_\_\_\_

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

**APPLICATION FOR APPOINTMENT**

For use of this form, see AR 135-100, AR 145-1, AR 351-5, and AR 601-100; the proponent agency is DCSPER

**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.

<p><b>1. TYPE OF APPOINTMENT FOR WHICH APPLICATION IS SUBMITTED</b></p> <p>COMMISSIONED OFFICER - REGULAR ARMY</p> <p>COMMISSIONED OFFICER - ARMY RESERVE</p> <p>WARRANT OFFICER - REGULAR ARMY</p> <p><input checked="" type="checkbox"/> WARRANT OFFICER - ARMY RESERVE</p> <p>OFFICER CANDIDATE SCHOOL</p>	<p><b>2. GOVERNING REGULATION OR CIRCULAR (Specify appropriate section(s) if applicable)</b></p> <p align="center">AR 135-100</p> <p><b>3. GRADE FOR WHICH APPLYING (Reserve appointments only)</b></p> <p align="right">WO1</p> <p><b>4. SOURCE OF APPLICATION (ROTC only)</b></p> <p>DMG      DATE DESIGNATED:</p> <p>SCHOLARSHIP - ENTER 1, 2, 3 OR 4 YEARS:</p>
---	---

<p><b>8. BRANCH AND SPECIALTY PREFERENCES</b></p> <p>Regular Army and Officer Candidate applicants and all ROTC graduates: In numerical sequence, indicate 10 branch preferences other than CA and SS.</p> <p>USAR applicants: If applying for a specific Reserve vacancy, indicate <i>ONLY</i> the branch of the vacant position; all other applicants may enter more than one branch.</p>	<p><b>5. ONLY FOR APPLICANTS FOR APPOINTMENT AS WARRANT OFFICERS</b> <i>(List choice by MOS code and title)</i></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><b>a. MOS CODE</b></td> <td style="width:50%;"><b>b. MOS TITLE</b></td> </tr> <tr> <td>420A</td> <td>Military Personnel Technician</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	<b>a. MOS CODE</b>	<b>b. MOS TITLE</b>	420A	Military Personnel Technician				
<b>a. MOS CODE</b>	<b>b. MOS TITLE</b>								
420A	Military Personnel Technician								

		<b>PERSONAL DATA</b>							
<b>PREFER-ENCE</b>	<b>BRANCH</b>	<b>SPECIALTY</b>	<b>7. NAME (Last, first, middle)(Explain variations from birth certificate in Item 41)</b>			<b>8. GRADE</b>	<b>9a. SOCIAL SECURITY NUMBER</b>		
			SMITH, Joseph Lee			SSG	000-00-0000		
			<b>10. BRANCH (MOS if and or w/o)</b>	<b>11. TOTAL YRS ACTIVE SERVICE</b>	<b>12. MARITAL STATUS</b>	<b>13. NUMBER OF DEPENDENTS UNDER 18 YEARS OF AGE</b>	<b>9b. SELECTIVE SERVICE NUMBER</b>		
			AD 75H30	2	M	2	N/A		
			<b>14. DATE OF BIRTH</b>	<b>15. PLACE OF BIRTH (City, county, state)</b>	<b>16. SEX</b>	<b>17. COMPLETE MILITARY ADDRESS (If presently on active duty) (Include ZIP Code)</b>			
			4 JUN 66	Grand Rapids, Kent MI	M	HHC, 450th Support Group (Corps) WSJAA1A 123 Monroe Streer, Grand Rapids, MI 49503 PHONE AND/OR AUTOVON NUMBER (402) 325-0964			
			<b>18. PERMANENT ADDRESS (Include ZIP Code)</b>			<b>19. CURRENT MAILING ADDRESS (If difference from Item 18) (Include ZIP Code)</b>			
			407 Grove Road Grand Rapids, MI 49502			N/A			
			<b>PHONE (Include area code)</b> (402) 624-7622			<b>PHONE (Include area code)</b>			
			<b>20. US CITIZEN</b>	<b>a. NATIVE</b>	<b>b. NATURALIZATION</b>	<b>c. APPLICANT'S CERTIFICATE NO. (If Item b. checked) (Date, place, court)</b>			
			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> DERIVED <input type="checkbox"/> IMMIGRANT	N/A			
			<b>21. CIVILIAN EDUCATION (See page 3 for additional requirements for professional personnel)</b>						
			<b>a. HIGH SCHOOL GRADUATE</b>		<b>b. NAME AND LOCATION OF HIGH SCHOOL</b>				
			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		State High School, Grand Rapids, MI 49503				
			<b>c. NAME AND LOCATION OF EACH COLLEGE OR UNIVERSITY ATTENDED (Include USMA, USNA, USAFA, USCGA, and USMMA)</b>		<b>(1) DEGREE</b>	<b>(2) SEMESTER CREDITS EARNED</b>	<b>(3) YEARS ATTENDED</b>	<b>(4) DATE GRADUATED OR WILL GRADUATE</b>	<b>(5) MAJOR SUBJECT</b>
			Univ of MI, Ann Arbor, MI		BS	80	2	15 06 1990	Business
			MI State Univ, Lansing, MI		AA	60	2	30 06 1988	Liberal Arts
			<b>d. SPECIAL EDUCATIONAL HONORS, SCHOLAR- SHIPS, ETC.</b>		<b>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)</b>				

<b>22. HIGHEST LEVEL SERVICE SCHOOL ATTENDED</b>							
<b>a. NAME OF SCHOOL</b>	<b>b. COURSE</b>	<b>c. DATES (Mo-Yr)</b>		<b>COMPLETED</b>		<b>d. IF NOT COMPLETED GIVE REASON</b>	
		FROM	TO	YES	NO		
U.S. Army Support Institute Fort Jackson, SC	75H BNCOC (Phase I-II or III)	04 93	05 93	<input checked="" type="checkbox"/>			

<b>23a. FOREIGN LANGUAGES AND DEGREE OF PROFICIENCY</b>	<b>b. ALAT SCORE (if applicable)</b>

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

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

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

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

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	Army Reserve Control Group (AGR)	27 Dec 91	30 Apr 95	75H30		SSG/RC
	U.S. Army	25 Jun 87	24 Jun 89	71L10		SPC/AC
WARRANT OFFICER						
COMMISSIONED						

DRAFT

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	Army Reserve	01 May 95	Present	75H30		SSG/RC
	Michigan Army National Guard	03 Jan 90	03 Dec 90	75B20		SGT/ARNG
	Army Reserve Control Group (IRR)	25 Jan 89	02 Jan 90	71L10		SPC/RC
WARRANT OFFICER						
COMMISSIONED						

29. SOURCE OF CURRENT COMMISSION (If applicable)

ARNGUS:  OCS  DIRECT APPOINTMENT  OTHER

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

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

31. HAVE YOU EVER APPLIED AND NOT BEEN SELECTED FOR: a. ROTC  YES  NO b. OCS  YES  NO

	c. APPOINTMENT IN RESERVE COMPONENT (USAR/ARNG)		d. APPOINTMENT IN REGULAR ARMY	
	YES	NO	YES	NO
AS A WARRANT OFFICER		X		X
AS A COMMISSIONED OFFICER		X		X

a. IF ANSWER IS "YES", EXPLAIN FULLY

32. ARE YOU NOW OR HAVE YOU EVER BEEN IN THE MILITARY SERVICE OF OR BEEN EMPLOYED BY A FOREIGN GOVERNMENT (If yes, give dates, country and type of service or employment) NO

33. HAVE YOU EVER RESIGNED OR BEEN ASKED TO RESIGN IN LIEU OF ELIMINATION PROCEEDINGS; BEEN DISCHARGED IN LIEU OF ELIMINATION, FURLOUGHED (other than regular furlough or leave), OR PLACED ON INACTIVE STATUS WHILE SERVING IN THE US ARMED FORCES; OR, HAVE YOU EVER RESIGNED OR BEEN ASKED TO RESIGN FROM A POSITION WHILE IN PRIVATE OR GOVERNMENT EMPLOYMENT? (If yes, state circumstances; if more space is required, continue on separate sheet).

YES  NO

34. APPLICANTS FOR JUDGE ADVOCATE GENERAL'S CORPS ONLY

35. APPLICANTS FOR CHAPLAINS BRANCH ONLY

BARS OF WHICH YOU ARE A MEMBER (Specify dates)

RELIGIOUS DENOMINATION BY WHICH YOU WILL BE ENDORSED

36. APPLICANTS FOR MEDICAL AND DENTAL CORPS ONLY

a. TRAINING		b. NAME AND LOCATION OF HOSPITAL	c. DATES (Month and Year)	
LEVEL	TYPE		FROM	TO
INTERNSHIP				
RESIDENCY TNG				
SPECIALTY TNG				
d. SPECIALTY BOARDS			e. DATES OF CERTIFICATION (Day, Month, Yr)	
<b>DRAFT</b>				

f. PLACE IN WHICH CURRENTLY LICENSED

37. APPLICANTS FOR ARMY NURSE CORPS AND ARMY MEDICAL SPECIALIST CORPS ONLY

a. NAME OF NURSING OR ACCREDITED PROFESSIONAL SCHOOL		b. LOCATION	
c. DATES OF ATTENDANCE (Mo, Yr)		d. STATE AND CURRENT REGISTRATION NUMBER	e. STATE AND DATE OF INITIAL REGISTRATION (Day, Month, Year)
FROM	TO		
f. POSTGRADUATE COURSES (Include courses at general hospitals, service schools, and short courses)			
(1) SUBJECT OR COURSE	(2) NAME AND LOCATION OF SCHOOL OR HOSPITAL	(3) SEMESTER CREDITS EARNED	(4) DATES OF ATTENDANCE (Month, Year)
			FROM TO

38. HAVE YOU BEEN EMPLOYED BY THE US ARMY AS A DIETITIAN, OCCUPATIONAL OR PHYSICAL THERAPIST? (If yes, give dates)  
 YES  NO

39. ARMY ROTC (To be completed only by prospective ROTC graduates applying for appointment in USAR or RA)

COURSE	DATES ATTENDED (Month and Year)		c. CAMP TRAINING
	FROM	TO	
a. BASIC			(1) INSTALLATION (Basic) COMPLETION DATE (Month, Year)
b. ADVANCED			(2) INSTALLATION (Advanced/Ranger) COMPLETION DATE (Month, Year)

40. MAIN CIVILIAN EMPLOYMENT

a. NAME AND ADDRESS OF EMPLOYER	b. JOB TITLE	c. MONTH AND YEAR	
Sysco Insurance Company Grand Rapids, MI 48722. Tel. (402)555-1212	Claims Supervisor	FROM	TO
		0789	Present
b. PRINCIPAL DUTIES (Describe briefly) Responsible for processing auto accidents claims.			

41. REMARKS (Experience, proficiencies and special abilities not shown elsewhere in this application. Those required to enter primary entry specialties, see Para 1-27d, AR 601-100). (If more space is required, attach additional sheet)

I certify that \_\_\_\_\_ successfully passed the APFT consisting of push-ups, sit-ups, and the two mile run with a score of \_\_\_\_\_ on \_\_\_\_\_; the verified height is \_\_\_\_\_ and weight is \_\_\_\_\_.

Body fat statement with Body Fat Work Sheet Attached (If Applicable)

John Q. Que  
LTC, MI, RC  
Commanding

42. THE INFORMATION CONTAINED HEREIN IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	DATE After the APFT	SIGNATURE OF APPLICANT Applicants signature
--	------------------------	--

(Letterhead)

(Office symbol)

(Date)

MEMORANDUM FOR Office of the Chief, Army Reserve, Retention and Transition Division (DAAR-RTD-WO), 1401 Deshler Street, SW, Ft. McPherson, GA 30330-2000

SUBJECT: Recommendation for appointment as a Warrant Officer

1. It is both an honor and a privilege to recommend that SSG John P Doe 111-11-1111 be selected to attend the Warrant Officer Candidate School. For over two years I have had the opportunity to observe SSG Doe perform a myriad of duties here in the 452d Support Group. SSG Doe is a dedicated professional soldier who over the years has become a skilled technician in the administration field. Those skills combined with his "down to earth" leadership approach have earned him the respect of the young Soldiers he has trained and the senior NCO's and Officers he advises.

2. I am completely confident in the abilities of SSG Doe and know he has the potential to be an outstanding warrant officer. I have witnessed SSG Doe carrying out the responsibilities of executing personnel operations, field training exercises and common task training. He know how to be flexible when plans change and he has accepted the challenges of making last minute decisions without hesitation.

3. SSG Doe is a dedicated, patriotic and hard working NCO who has devoted many years to both this unit and the Army Reserve. The Army would be remiss if they did not select SSG Doe as a warrant officer candidate. He will be an absolute asset to the 452d Support Group and the United States Army Reserve.

(Signature)

(Full Name)

(Rank)

**DRAFT**

(Letterhead)

(Office symbol)

(Date)

MEMORANDUM FOR Office of the Chief, Army Reserve, Retention and Transition Division (DAAR-RTD-WO), 1401 Deshler Street, SW, Ft. McPherson, GA 30330-2000

SUBJECT: Recommendation for appointment as a Warrant Officer

1. I highly recommend SSG Doe, John P., 111-11-1111, be selected to attend the Warrant Officer Candidate School. SSG Doe has demonstrated the overall skills, knowledge and leadership capabilities necessary for becoming an outstanding Warrant Officer.
2. SSG Doe has held numerous positions of responsibility in the 452d Support Group, including acting platoon sergeant. SSG Doe has earned the respect of the enlisted soldiers, non-commissioned officers, and the officers in the company by his steadfast and honest leadership style.
3. In summary, I believe SSG Doe will represent the 452d and the Army Reserve proudly as a Warrant Officer, and therefore should be selected immediately to attend the Warrant Officer Candidate School.

(Signature)  
(Full Name)  
(Rank)

**DRAFT**

(Letterhead)

(Office symbol)

(Date)

MEMORANDUM FOR Office of the Chief, Army Reserve, Retention and Transition Division (DAAR-RTD-WO), 1401 Deshler Street, SW, Ft. McPherson, GA 30330-2000

SUBJECT: Warrant Officer Letter of Recommendation

1. I have known Staff Sergeant John P. Doe, 111-22-3344, for twelve years. I have worked with him in the Battalion Personnel Section for the last eight years.
2. SSG Doe has demonstrated his honesty and dedication to duty through his supervision and knowledge of all automation systems within this Command. He has mentored seven soldiers, resulting in four that have been selected as NCO of the Quarter in the past two years.
3. As a Personnel Management Sergeant, SSG Doe possesses well-rounded knowledge in all aspects of this field. I have personally had the opportunity to evaluate his performance and have found his professionalism and attention to detail unsurpassed. He displays sound judgment in all matters and is highly respected by his superiors, peers and subordinates.
4. I highly recommend SSG Doe to become a warrant officer and would serve with him anywhere at anytime.

(Signature)  
(Full Name)  
(Rank)

**DRAFT**

**(You will use 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.)**

**(Letterhead)**

*(Office Symbol)*

*(Date)*

MEMORANDUM FOR Office of the Chief, Army Reserve, Retention and Transition Division (DAAR-RTD-WO), 1401 Deshler Street, SW, Ft. McPherson, GA 30330-2000

SUBJECT: Request for Moral Waiver

1. Request a waiver of the following offense: (Indicate specifically what you were charged with. Do not simply list Article 92, Article 32, etc. 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 offense: (month and year)

3. Place of offense: (city and state)

4. Punishment imposed: (fine amount, forfeiture amount, extra duty, letter of reprimand, etc.)

5. Mitigating circumstances surrounding the charge: There are three 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.

(Signature)  
(Full Name)  
(Rank)  
(SSN)

**Note: A separate moral waiver request must be submitted for each offense.**

**DRAFT**

**(Letterhead)**

*(Office symbol)*

*(Date)*

MEMORANDUM FOR Office of the Chief, Army Reserve, Retention and Transition  
Division (DAAR-RTD-WO), 1401 Deshler Street, SW, Ft. McPherson, GA 30330-2000

SUBJECT: Request for Prerequisite Waiver  
Request for Age Waiver  
Request for Medical Waiver  
***(Select the appropriate waiver)***

1. Indicate the type of waiver you are requesting. Example: Request an age waiver; Request a medical waiver; Request a prerequisite waiver (indicate the prerequisite you wish to waive).
2. Anyone can request a prerequisite, age, or medical waiver, but not everyone will get the waiver approved. Provide a detailed explanation why you feel this waiver should be approved. Please note that waivers are approved only in unusual circumstances. Prerequisite waiver requests that do not give adequate justification, i.e. unusual skills, unique talent, special circumstances, etc., will probably be disapproved. Asking for these waivers just because they are a part of the application will not result in approval.

*(Signature)*  
*(Full Name)*  
*(Rank)*  
*(SSN)*

**Note: A separate waiver request must be submitted for each prerequisite.**

**DRAFT**

Place the bottom of the U.S. insignia disk approximately 1 inch above the notch, centered on the right collar with the center line of the insignia parallel to the inside edge of the lapel.

Place the bottom of the branch insignia disk approximately 1 inch above the notch, centered on the left collar with the center line of the insignia parallel to the inside edge of the lapel.

Center unit crests on the shoulder loops, an equal distance from the outside shoulder seam and the outside edge of the button, with the base of the insignia pointed toward the outside shoulder seam.

When combat and special skill badges are worn, center them 1/4 inch above the ribbons. When more than one badge is worn above the ribbons, badges will be stacked 1/2 inch apart and may be aligned to the left to present a better appearance.

Center regimental crest 1/8 inch above the top of the pocket flap. Wear the regimental crest 1/4 inch above unit awards and foreign badges if worn.

Center shoulder sleeve insignia on the left sleeve 1/2 inch below the top of the shoulder seam.

Center unit awards 1/8 inch above the top of the pocket flap.

Center ribbons 1/8 inch above the top of the pocket flap. Third and subsequent rows may be aligned to the left to present a better appearance.

Center rank insignia between the shoulder seam and the elbow on both sleeves.

Center marksmanship badges on the pocket flap 1/8 inch below the seam. If more than one badge is worn, space them 1 inch apart. When special skill badges are worn on the pocket flap, place them to the right of marksmanship badges.

Center the nameplate on the flap of the right pocket between the top of the button and the top of the pocket.

Center service stripes on the outside of the left sleeve 4 inches from the bottom. Place the service stripe at a 45-degree angle with the lower end toward the inside seam of the sleeve.

The sleeve will be 1 inch below the bottom of the wrist bone.

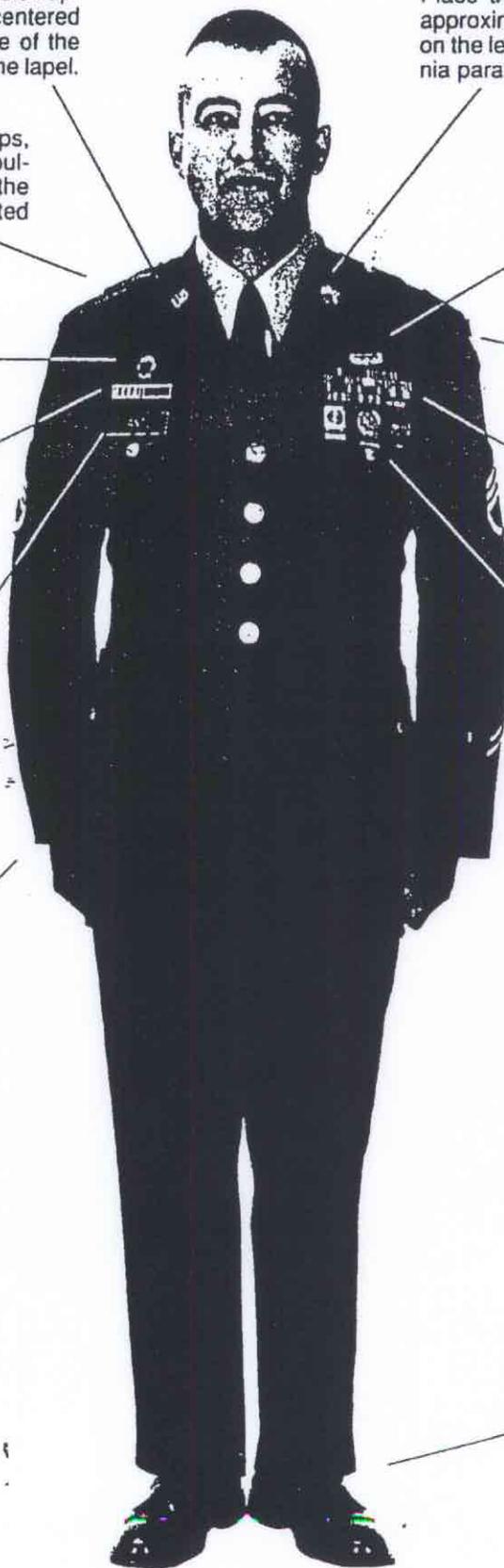
## Class A Uniform

The Army green uniform is authorized for year-round wear. For a more detailed discussion of proper wear of the uniform and accessories, consult Army Regulation 670-1.

Photos courtesy Fort Belvoir, Va., Visual Information Support Center

Trousers will reach the top of the instep and be cut on a diagonal line to reach a point approximately midway between the top of the heel and the top of the standard shoe in the back. The trousers may have a slight break in the front.

Soldiers



Center the bottom of the U.S. insignia disk on the right collar approximately 5/8 inch up from the notch, with the center line of the insignia parallel to the inside edge of the lapel.

Center unit crests on the shoulder loops, an equal distance from the outside shoulder seam and the outside edge of the button, with the base of the insignia pointed toward the outside shoulder seam.

Center the regimental crest 1/2 inch above the nameplate. The regimental crest will be worn 1/4 inch above any unit awards or foreign badges if worn.

Center rank insignia between the shoulder seam and the elbow on both sleeves.

Center the nameplate horizontally on the right side between 1 and 2 inches above the top button. Adjust placement of the nameplate to conform to individual figure differences.

The sleeve length will be 1 inch below the bottom of the wrist bone.

The skirt length will not be more than 1 inch above or 2 inches below the crease in the back of the knee.

Black oxford shoes or black service pumps may be worn. The pumps will be plain, with closed toe and heel. The heel will be between 1/2 and 3 inches high.

Center the bottom of the branch insignia disk on the left collar approximately 5/8 inch up from the notch, with the center line of the insignia parallel to the inside edge of the lapel.

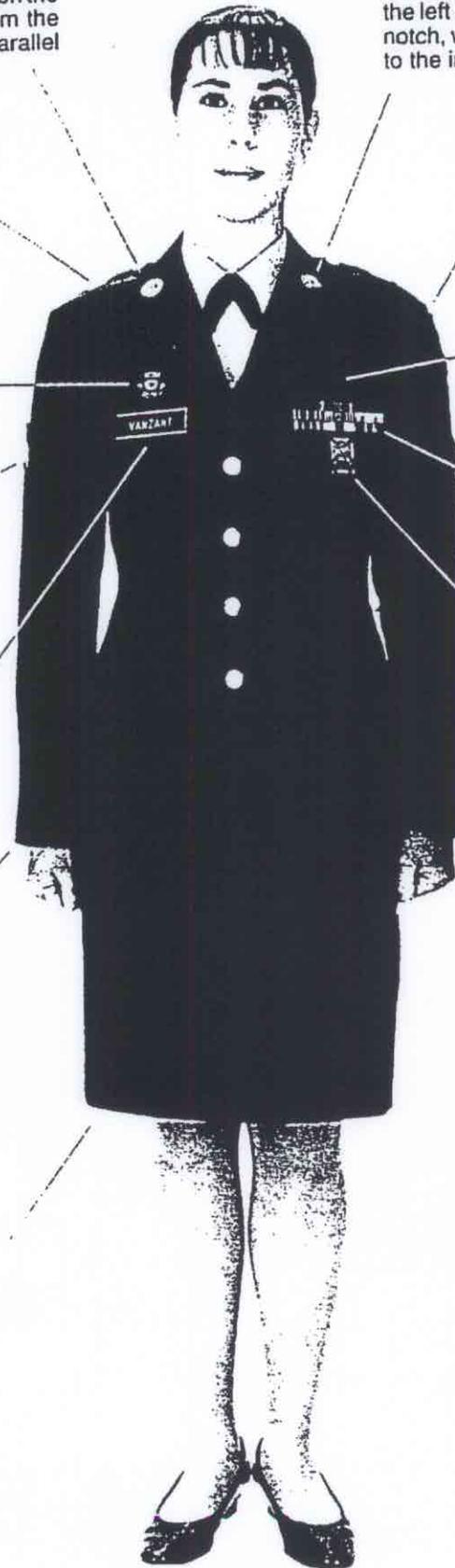
Center shoulder sleeve insignia on the left sleeve 1/2 inch below the top of the shoulder seam.

When special skill badges are worn above the ribbons, center them 1/4 inch above the ribbons. When more than one badge is worn above the ribbons, badges will be stacked 1/2 inch apart and may be aligned to the left to present a better appearance.

Center ribbons on the left side with the bottom row parallel to the bottom edge of the nameplate.

Center marksmanship badges with the upper portion of the badge 1/4 inch below the ribbons. If more than one marksmanship badge is worn, space them 1 inch apart. When special skill badges are worn below the ribbons, place them to the right of marksmanship badges.

Center service stripes on the outside of the left sleeve 4 inches from the bottom. Place the service stripe at a 45-degree angle with the lower end toward the inside seam of the sleeve.



## Class A Uniform

The Army green uniform is authorized for year-round wear. Certain awards and accessories can be adjusted slightly on the uniform to conform to the individual's figure. For more information, consult Army Regulation 670-1.

*Soldiers*

NAME: WHO, You Are  
RANK: Sergeant  
SSN: 000-00-0000

ADDRESS: Street Address  
City, State ZIP  
Telephone Number  
email:

**DRAFT**

UNIT: HHC, III Corps  
Fort Hood TX 76544  
DSN: 738-7411  
email:

OBJECTIVE: To obtain an appointment as a warrant officer, USAR, in MOS 153A, Aviator

CIVILIAN EDUCATION: (*This should agree with Block 21 of the DA Form 61*)

Bachelor of Science, University of Maryland, College Park, MD; Associate of Arts, Central Texas College, Killeen, TX; Diploma, Orchard View High School, Muskegon, MI (**Bold high GPA, Dean's List, special recognition, etc**)

MILITARY EDUCATION:

List in order from most recent to earliest training attended/completed.

12 Jan 97 - 11 Apr 97  
BNCOC  
US Army Soldier Support Center  
Ft Jackson, SC

**Bold** individual accomplishments such as **distinguished** or **honor graduate**. Stress MOS related subjects. How is school relevant? Indicating mid-level management school or just listing the scope of training is not very descriptive.

6 Aug 95 - 1 Sep 95  
PLDC  
NCO Academy  
Camp Jackson, Korea

Resume is very important, it shows your ability to communicate in written form. Write at the 12th grade level and use a thesaurus to help with vocabulary. Do both spell and grammar checks because errors will doom an application.

1 Feb 93 - 12 Mar 93  
Personnel Management Specialist  
US Army Soldier Support Center  
Fort Jackson, SC

There will be board members unfamiliar with your MOS so use easily understood terms. Make it reader-friendly. If using MOS specific terms, spell them out and **show the acronym in bold in parenthesis**. It is acceptable to use the acronym alone the second time. **Don't overuse bolding effect**, it could be a distraction to board members.

Can list correspondence courses but not subcourses

## MILITARY EXPERIENCE:

Jul 97 - Present  
Enlisted Assignments NCO  
HHC, III Corps  
Fort Hood, TX

**DRAFT**

Jul 94 - Jun 97  
Records NCO  
Ft Jackson, SC

Jun 93 - Jun 94  
Levy Clerk  
A Det 516th PSB  
APO AP 96205, Korea

List **ALL** military assignments

Concise job description focusing on the unique characteristics of your specific position. List **outstanding achievements** and **additional duties** while in position. Spell out terms that apply to your assignment and then **bold the acronym** for any key terms/buzzwords in your MOS, i.e. Prescribed Load List (**PLL**).

**Bold any significant achievements, impact awards, receipt of unit coins, certificates of achievement, or appearance before soldier/NCO of the month/qtr boards.**

Focus on **measurements of success**. **NOT** just a job description, but how well you did the job. Use NCOER bullets as a reference. Mention if you **exceeded standards on a significant inspection/evaluation**. **Bold deployments** or make a separate assignment entry if deployment was for several months.

## CIVILIAN EXPERIENCE PERTINENT TO MOS 153A: (If none, then omit this part)

Jan 90 - Dec 90  
Secretary  
Kelly Temporary Services  
Grand Rapids, MI

Use same guidance as above. Explain any relevant experience or training you obtained that pertains to the requested WO MOS. Leave blank if no relevant civilian experience.

## SUMMARY:

Write a paragraph or two explaining why you are fully qualified to perform the duties of a warrant officer in your skill. This is a very important part of the resume. Make this a call to action, but do so without turning off the reader. Include in **bold** type all of your **significant accomplishments/achievements (below-the-zone promotions, impact awards, noteworthy distinctions, deployments, challenging assignments, unique skills in MOS, standards exceeded on a significant inspection/evaluation, etc)** mentioned earlier and explain how you are exceptionally qualified and have the leadership, management and technical skills needed to become a WO. Answer this question: **What have you done or accomplished that sets you apart from your peers?** (Additionally, aviator applicants should include why they want to be an Aviator.)

## SIGNATURE & DATE

Other notes:

- Use plain white paper, black ink and a 12 point standard font such as Arial or Times New Roman.
- Don't go through a big expense. Prepare the resume yourself, but do a quality job.
- If you are non-Army, the resume takes on increased importance in conveying your qualifications to become an Army Warrant Officer.

TYPE RECORD: SPECIAL REQUEST

PERSONNEL QUALIFICATION RECORD (ENLISTED)

UNIT:

UIC:

MUSARC: 5C - 89TH REGIONAL SUPPORT COMMAND

SECTION I - PERSONAL DATA

1. NAME:	8A. SOLE PARENT INDICATOR:	13. REL DENOM:	44 - METHODIST CHURCHES
2. SSN:	9. FAMILY CARE PLAN STATUS:	14. ADDR STREET:	
3. VSSN:	FAMILY CARE STATUS DATE:	14. ADDR STREET:	
4. DOB:	1999/02/01	CITY, STATE ZIP:	
5. SEX:	M - MALE	15. ADDR VAL CD/DATE:	4 / 2003/10/09
6. MARITAL STATUS:	M - MARRIED	16. CIVILIAN OCC CAT:	378 - ARMED FORCES ENLISTED
7. MIL SPOUSE / SSN:	N / 000-00-0000		
8. NUM DEPENDENTS:	6		

SECTION II - SERVICE DATA

1. MIL PER CLASS:	E - ENLISTED	9. EXPN STAT OBLG:	1981/04/22	19. DATE LAST REL AD:	1999/09/30
2. GRADE / GR ARMED SVC:	MSG /	10. EXPN TPU SVC:		20. DATE LAST EVAL REG:	2002/06/30
3. DATE OF RANK:	2000/05/01	11. QUAL RETN STAT:		21. YRMO ELIG AFIRM:	2009/05
4. TRNG PAY CAT:	G - SELECTED RESERVE ACTIVE GUARD/RESERVE IN UNITS	12. QUAL RETN YRMO:		22. YRMO ARCAM SUSP:	2003/09
5. DEPLOYABILITY:	YY - NO RESTRICTION	13. INTIAL ENTRY MIL:	1975/04/23	23. IND INCENT STATUS CD:	
6. YRMO DEPLOY END:	1980/01/26	14. INTIAL ENTRY RES:	1989/05/01	IND INCENTIVE EFF DATE:	
7. PEBD:	2006/02/27	15. 20 YEAR CERT:		INCENTIVE BONUS TYPE:	
8. EXP RDY RES OBLG:		16. SOURCE MPC:	G - VOL ENL IN RC ON OR AFTER 3 SEPT 63, TITLE 10 USC 511D	INCENTIVE PROGRAM CD:	
		17. AD CALL-UP EVENT:		TERM REASON CODE:	
		18. YRS ACT FED SVC:	14.39	TERMINATION EFF DATE:	

SECTION III - QUALIFICATION DATA

1. PMOS / SMOS / AMOS:	79V5 / 79R5 / 71L5	11. DENT XRAY LOC:	D - DEERS REPOSITORY, CA	20. AFQT PCTL / GRP:	15 / H - GROUP IVD
2. SOL(e) / AS(s):	O /	12. DNA SAMPLE INDIC:	Y	21. MIL EDUC ENRLD:	
3. DLAB SCORE:		13. HEIGHT / WEIGHT:	67 in. / 182 lbs.		
4. YRMO DLAB TEST:		14. HGT WT INDIC / YRMO:	M / 2003/04	22. MIL EDUC COMPL:	T1 - ADVANCED NONCOMMISSIONED OFFICER COURSE
5. CURR AERO RATE:		15. APRT INDIC / YRMO:	P / 2003/04	23. CIV EDUC LEVEL:	G - 4TH YEAR OF COLLEGE
6. CURR FLY STATUS:		16. FLD DETM PSSSTAT:	Y - NONE		
7. PHYS CAT / PULHES:	A / 111111	17. DTE FLD DETM PSSSTAT:		24. CIV EDUC CERT:	K - BACCALAUREATE DEGREE
8. YRMO LAST PHYS EXAM:	1999/07	18. PS INVEST TYPE / DATE:	/ 2001/05/11		
9. YRMO LAST HIV TEST:	2003/07	19. DEPT DETM PSSSTAT:	F - SECRET	25. MAJ COLL SUBJ:	BAX - BUSINESS ADMINISTRATION
10. YRMO DRUG TEST:					

DRAFT

PCN: HOH-R07

REGIONAL LEVEL APPLICATION SOFTWARE (RLAS)

TYPE RECORD: SPECIAL REQUEST

PERSONNEL QUALIFICATION RECORD  
(ENLISTED)

UNIT: 0089 RRC (-)

UIC: W8B3A1

MUSARC: 5C - 89TH REGIONAL SUPPORT COMMAND

3130 GEORGE WASHINGTON BLVD  
WICHITA, KS 67210-1504

NAME:

SSN:

SECTION IV - UNIT DATA

1. CURR UIC / FPC:	W8B3A1 / 0	6. DATE CONDL REL:		10. UIC OF ATTACH:	
2. UNIT NAME:	0089 RRC (-)	7. PREVIOUS UIC:		11. EFF DATE ATTACH:	
3. EFF DATE ASG:	2000/12/04	8. DATE ASG PREV UIC:		12. REASON ATTACH:	
4. PROJ YRMO DPRT:		9. DATE DPRT PREV UIC:		13. EXPN DATE ATTACH:	
5. RSN PROJ LOSS:					

**DRAFT**

SECTION V - POSITION DATA

1. POSITION NBR:	2815	5. DUTY POSITION:	79V50	9. AUTH MPC:	E - ENLISTED
2. PARA / LINE NBR:	001D / 04	6. DUTY QUAL CODE:	Q - QUALIFIED	10. AUTH SEX:	I - INTERCHANGEABLE
3. POSITION TITLE:	SR RTNCO	7. AUTH GRADE:	E8	11. PS INVEST RQRD:	
4. POSN ASG DATE:	2000/12/04	8. AUTH BRANCH:	NC - NONCOMMISSIONED/MARRANT OFFICER	12. POSITION PSSTAT:	

SECTION VI - EDUCATION ASSISTANCE PROGRAM (GI BILL) DATA

1. ELIG STATUS:	C - INELIGIBLE - HAS NOT EXECUTED SVC OBL AFTER 6/30/85	3. DATE START MGIB:		5. INT CONTRACT DATE:	
2. BENEFIT RECOUP:		4. DATE TERM MGIB:		6. 2ND CONTRACT DATE:	

SECTION VII - LANGUAGE PROFICIENCY DATA

1. LANGUAGE IDENT CODE:		2. LANGUAGE IDENT CODE:	
PROFICIENCY SOURCE:		PROFICIENCY SOURCE:	
YRMO PROFICIENCY TEST:		YRMO PROFICIENCY TEST:	
LISTENING PROF LEVEL:		LISTENING PROF LEVEL:	
LISTENING EVAL METHOD:		LISTENING EVAL METHOD:	
SPEAKING PROF LEVEL:		SPEAKING PROF LEVEL:	
SPEAKING EVAL METHOD:		SPEAKING EVAL METHOD:	
READING PROF LEVEL:		READING PROF LEVEL:	
READING EVAL METHOD:		READING EVAL METHOD:	

I BELIEVE THAT (I AM)/(I AM NOT) EMPLOYED IN A KEY POSITION WITH THE FEDERAL, STATE, OR LOCAL GOVERNMENT OR SUPPORTING DEFENSE AGENCY / INDUSTRY, OR PREPARING FOR THE MINISTRY, OR HAVE AN OBLIGATION TO PERFORM MISSIONARY WORK; OR MY ENTRY ON EXTENDED ACTIVE DUTY WOULD CREATE AN EXTREME PERSONAL OR COMMUNITY HARSHIP.

I CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT I HAVE NO MEDICAL CONDITION OR PHYSICAL DEFECT THAT WOULD PREVENT MY PERFORMANCE OF ACTIVE MILITARY SERVICE EXCEPT AS FOLLOWS:

SIGNATURE: Must Sign

DATE REVIEWED: Must Date

1. NAME SMITH, JOSEPH D. 2. S.S.N. 000-00-0000

SECTION I - IDENTIFICATION DATA

SECTION II - CLASSIFICATION AND ASSIGNMENT DATA (Continued)

SECTION II - CLASSIFICATION AND ASSIGNMENT DATA			
MOS EVALUATION SCORES		CONT	
MOSC	YR & MO	SCORE	YR & MO
(9) 75H 30			
(5) 75B 30			
(A) 71L 30			

SECTION II - CLASSIFICATION AND ASSIGNMENT DATA (Continued)		MILITARY OCCUPATIONAL SPECIALTIES		TITLE		DATE	
MOSC	YR & MO	SCORE	YR & MO	SCORE	YR & MO	SCORE	YR & MO

ASSIGNMENT CONSIDERATIONS

CONT

**DRAFT**

SECTION II - CLASSIFICATION AND ASSIGNMENT DATA		MILITARY OCCUPATIONAL SPECIALTIES		TITLE		DATE	
MOSC	YR & MO	SCORE	YR & MO	SCORE	YR & MO	SCORE	YR & MO

SECTION II - CLASSIFICATION AND ASSIGNMENT DATA		MILITARY OCCUPATIONAL SPECIALTIES		TITLE		DATE	
MOSC	YR & MO	SCORE	YR & MO	SCORE	YR & MO	SCORE	YR & MO

SECTION II - CLASSIFICATION AND ASSIGNMENT DATA		MILITARY OCCUPATIONAL SPECIALTIES		TITLE		DATE	
MOSC	YR & MO	SCORE	YR & MO	SCORE	YR & MO	SCORE	YR & MO

SECTION II - CLASSIFICATION AND ASSIGNMENT DATA		MILITARY OCCUPATIONAL SPECIALTIES		TITLE		DATE	
MOSC	YR & MO	SCORE	YR & MO	SCORE	YR & MO	SCORE	YR & MO

PERSONNEL QUALIFICATION RECORD PART II

SECTION II - CLASSIFICATION AND ASSIGNMENT DATA (Continued)

13	ORIGINAL	DATE	CURRENT	DATE	18. APPOINTMENTS AND REDUCTIONS	19. SPECIALIZED TRAINING	CONT			
14					GRADE	COMP	EFFECTIVE DATE	DATE OF ELIG/BANK	SUBJECT	DATE
					PV1	RA	87 06 25	87 06 25	Genevieve League	97 01 09
					PV2	RA	88 03 01	88 03 01	Corrections	97 01 12
					PFC	RA	88 11 01	88 11 01	Military Justice	97 01 14
					SPC	RA	89 07 31	89 07 31	Benefits of Honorable Discharge	
					SGT	ARNG	90 11 30	90 11 30		
					SSG	USAR	93 05 15	93 05 15		

DRAFT

16	HOSPITAL/TEACHING APPOINTMENTS AND PRIVATE PRACTICE	FROM	THRU	17. CIVILIAN EDUCATION AND MILITARY SCHOOLS	MAJOR COURSE/ANOSC	DURAT	CONT	18. BASIC ENLISTED SERVICE	DATE (MM/YY)	THRU	DAYS	REASON	CONT
					BT / AIT	16 WKS	YES	20	87 06 25				
					BASIC ABN	8 WKS	YES						
					PLDC	2 WKS	YES						
					ADJ GEN CRS-75B	8 WKS	YES						
					ADJ GEN CRS-75H	8 WKS	YES						
					BNCOC PHS 175H	2 WKS	YES						
					BNCOC PHS II 75H	4 WKS	YES						

SECTION IV - PERSONAL AND FAMILY DATA

22. PHYSICAL STATUS: HEIGHT 6'7", WEIGHT 168, GLASSES YES, CONTACT LENSES NO, SELF DEFENSE TRAINING YES, CITIZENSHIP OF SPOUSE U.S., HOME OF RECORD/ADDRESS 407 Gwinstead Ave Grand Rapids, MI

23. PLACE OF BIRTH AND CITIZENSHIP: Grand Rapids, MI

24. NUMBER OF DEPENDENTS: CHILDREN 3

25. CIVILIAN OCCUPATION: DRIVER

26. JOB TITLE: TRUCK DRIVER

CRITICAL OCCUPATION: YES

NO. MONTHS EMPLOYED: 36

MOSC: [ ]

DUTIES PERFORMED: Delivering large items of canned and frozen foods to local restaurants and stores

EMPLOYER: Sysco Food Service Inc, Grand Rapids, MI

27. REMARKS

SECTION V - MISCELLANEOUS

ITEM CONTINUATION

28. ITEM NO. DATA

DRAFT

SECTION IX - RESERVE COMPONENT DATA

32a. READY RESERVE OBLIGATION EXPIRATION DATE: 2001/06/24

b. DA FORM 8728 OR 8728-1 AGREEMENT EXPIRATION DATE: 2001/06/24

c. SERVICE OBLIGATION EXPIRATION DATE: 2001/06/24

d. MANDATORY REMOVAL FROM ACTIVE STATUS: 2009/06

e. RETIREMENT YEAR ENDING DATE: 2009/06

34. SIGNATURE: Frank D. Smith

DATE DA FORM 208 PREPARED: 901227

DATE DUPLICATE DA FORM 2-1 SUBMITTED: 901227

REPORT OF CHANGES

31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49
50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74
75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92							

SECTION VIII - CURRENT AND PREVIOUS ASSIGNMENTS  
RECORD OF ASSIGNMENTS

35. EFFECTIVE DATE	DUTY MOSC	PRINCIPAL DUTY	ORGANIZATION AND STATION OR OVERSEA COUNTRY	GRNT	NON-DUTY DATE		NON-DUTY DATE		TYPE REPORT
					BY Y/M/D	BY Y/M/D	BY Y/M/D	BY Y/M/D	
87 06 24		ENLISTMENT (DEP)	CO A USARECSTA, FORT JACKSON, SC						
87 06 25		RECEPTION STATION	CO D 7TH BN 2D TNG BDE, FT JACKSON, SC						
87 07 06	71L00	BASIC TRAINING	CO B 1ST BN 2D TNG BDE, FT JACKSON, SC						
87 09 08	71L00	ADVANCED INDIVIDUAL TRAINING	ENROUTE TO GERMANY						
87 11 20	71L10	CASUAL	CO D 2D BN TRF BDE, GERMANY						
87 11 21	71L10	UNIT CLERK	ENROUTE TO FORT JACKSON, SC						
87 06 24	71L10	CASUAL	ENROUTE TO FORT JACKSON, SC						
87 06 25		TRF TO USAR CONTROL GROUP (REINP)	ARPERCEN, ST. LOUIS, MO						
90 01 03		IRR TRANSFER TO MI ARNG							
90 01 03	71L10	UNIT CLERK	394TH STA HOS, GRAND RAPIDS, MI			90/02	90/12		C/R
90 01 03	75B10	PERSONNEL ADMIN SPEC	394TH STA HOS, GRAND RAPIDS, MI						
90 02 13		TRANSFER TO USAR-READY							
90 12 27		PERSONNEL MGT NCO	264TH PER SVC CO, ANN ARBOR, MI			90/12	91/12		ANL
91 01 31	75B20	ORD TO AD IN SUPP OF OPERATION DES	SERT SHIELD-DESSERT STORM / ATTACHED						
91 10 30		TO 426TH PER SVC BN SAUND ARAB-SA	264TH PER SVC CO, ANN ARBOR, MI						
91 12 27		RELEASED FROM AD STATUS / RETURN TO VOL ORD TO AGR 3 YRS ORDR-09-111111	DATED 911215, ARPERCEN, ST LOUIS MO						
91 12 27	75B20	AGR/USAR SR PERSONNEL SGT	377TH PER SVC BN, GRAND RAPIDS, MO			91/01	91/12		ANL
91 01 03	75H20	AGR/USAR PERSONNEL MGT SPC	337TH PER SVC BN, GRAND RAPIDS, MI			92/01	92/12		ANL
92 01 03	75H20	AGR/USAR PERSONNEL MGT SPC	337TH PER SVC BN, GRAND RAPIDS, MI			93/01	93/05		C/R
93 01 03	75H20	AGR/USAR PERSONNEL MGT SPC	337TH PER SVC BN, GRAND RAPIDS, MI			93/05	94/04		ANL
93 05 15	75H30	AGR/USAR PERSONNEL MGT SPC	337TH PER SVC BN, GRAND RAPIDS, MI			94/05	95/04		ANL
94 05 15	75H30	AGR/USAR PERSONNEL MGT SPC	337TH PER SVC BN, GRAND RAPIDS, MI						
95 04 30		RELEASED FROM AGR AND TRANSD TO	HHC 452D SUP GP, GRAND RAPIDS, MI			95/04	96/04		ANL
95 05 01	75H30	PAC NCO (USAR-READY)	HHC 452D SUP GP, GRAND RAPIDS, MI			96/05	97/05		ANL
96 05 01	75H30	PAC NCO (USAR-READY)	HHC 452D SUP GP, GRAND RAPIDS, MI						
97 05 01	75H30	PAC NCO (USAR-READY)	HHC 452D SUP GP, GRAND RAPIDS, MI			97/05			

*Match - 2A + Models*

**DRAFT**

(Letterhead)

(Office symbol)

(Date)

MEMORANDUM FOR Office of the Chief, Army Reserve, Retention and Transition Division (DAAR-RTD-WO), 1401 Deshler Street, SW, Ft. McPherson, GA 30330-2000

SUBJECT: Missing NCOERs

1. Please accept my apology for the missing NCOERs. To my knowledge, they were all completed. I have copied all NCOERs from the Army Human Resources Command (AHRC) web page (2X Citizen), and the NCOERs in my packet are the ones in my official file.
2. Please continue to consider my packet for warrant officer candidacy.

(Signature)  
(Full Name)  
(Rank)  
(SSN)

**DRAFT**

**DRAFT**

**PART I - ADMINISTRATIVE DATA**

a. NAME (Last, First, Middle Initial) **MARTIN, DOUGLAS E.** b. SSN **999-02-2940** c. RANK **SGT** d. DATE OF RANK **971101** e. PMOS **19K2OC200**

f. UNIT, ORG, STATION, ZIP CODE OR APO, MAJOR COMMAND **Co A, 4/77th Infantry Battalion, 55th Inf Div (MECH), Fort Stewart, GA 31314 (FC)** g. REASON FOR SUBMISSION **3 Change of Rater**

h. PERIOD COVERED		i. RATED MONTHS	j. NON-RATED CODES	k. NO. OF ENCL.	l. RATED NCO COPY (Check one and Date)		m. PSC Initials	n. CMD CODE	o. PSB CODE
FROM	THRU				1. Given to NCO	Date			
YYYY MM	YYYY MM				2. Forwarded to NCO			<b>FC</b>	<b>FA22</b>
2003 08	2004 03	<b>9</b>							

**PART II - AUTHENTICATION**

a. NAME OF RATER (Last, First, Middle Initial) **ALSTON, DONALD G.** SSN **999-00-5027** SIGNATURE **Donald G. Alston - Signed**

RANK, PMOS, BRANCH, ORGANIZATION, DUTY ASSIGNMENT **SSG, 19D30, Co A, 4/77th Infantry Battalion, 55th Inf Div (MECH), Squad Leader** DATE **1 Mar 2004**

b. NAME OF SENIOR RATER (Last, First, Middle Initial) **THOMAS, EUGENE B.** SSN **999-14-2278** SIGNATURE **Eugene B. Thomas - Signed**

RANK, PMOS, BRANCH, ORGANIZATION, DUTY ASSIGNMENT **SFC, 19D4X, Co A, 4/77th Infantry Battalion, 55th Inf Div (MECH), Platoon Sergeant** DATE **1 April 2004**

c. RATED NCO: I understand my signature does not constitute agreement or disagreement with the evaluations of the rater and senior rater. I further understand my signature verifies that the administrative data in Part I, the rating officials in Part II, the duty description to include the counseling dates in Part III, and the APFT and height/weight entries in Part IV are correct. I have seen the report completed through Part V, except Parts II(d) and II(e). I am aware of the appeals process of AR 623-205.

SIGNATURE **Douglas E. Martin - Signed** DATE **1 April 2004**

d. NAME OF REVIEWER (Last, First, Middle Initial) **WALKER, JULIUS P.** SSN **999-65-5584** SIGNATURE **Julius P. Walker - Signed**

RANK, PMOS, BRANCH, ORGANIZATION, DUTY ASSIGNMENT **2LT, IN, Co A, 4/77th Infantry Battalion, 55th Inf Div (MECH), Platoon Leader** DATE **5 April 2004**

e.  CONCUR WITH RATER AND SENIOR RATER EVALUATIONS  NONCONCUR WITH RATER AND/OR SENIOR RATER EVAL. (See attached comments)

**PART III - DUTY DESCRIPTION (Rater)**

a. PRINCIPAL DUTY TITLE **Squad Leader** b. DUTY MOSC **19K2OC200**

c. DAILY DUTIES AND SCOPE (To include, as appropriate, people, equipment, facilities and dollars)  
**Gunner on a M1A1 Abrams Tank assigned to a MTOE Armor Battalion; responsible for the health, welfare, training and professional development of the 2 assigned enlisted soldiers; responsible for maintenance of a M1A1 Tank and assigned MTOE equipment in excess of 2.5 million dollars.**

d. AREAS OF SPECIAL EMPHASIS **National Training Center rotation; 1 gunnery exercise; CTT**

**donald.alston@; eugene.b.thomas@; julius.walker@**

e. APPOINTED DUTIES **Company Drivers Training NCO; Key Control NCO**

f. COUNSELING DATES

INITIAL	LATER	LATER	LATER
<b>20040915</b>	<b>20041212</b>	<b>000208</b>	

**PART IV - ARMY VALUES/ATTRIBUTES/SKILLS/ACTIONS (Rater)**

a. ARMY VALUES. Check either "YES" or "NO". Comments are mandatory for "No" entries; optional for "Yes" entries.

<p><b>V</b> <b>A</b> <b>L</b> <b>U</b> <b>E</b> <b>S</b></p> <p>Loyalty Duty Respect Selfless Service</p> <p>Honor Integrity Personal Courage</p>	1. LOYALTY: Bears true faith and allegiance to the U. S. Constitution, the Army, the unit, and other soldiers.	YES	NO
	2. DUTY: Fulfills their obligations.	X	
	3. RESPECT/EO/BEQ: Treats people as they should be treated.	X	
	4. SELFLESS SERVICE: Puts the well fare of the nation, the Army, and subordinates before their own.	X	
	5. HONOR: Lives up to all the Army values.	X	
	6. INTEGRITY: Does what is right - legally and morally.	X	
	7. PERSONAL COURAGE: Faces fear, danger, or adversity (physical and moral).	X	
Bullet comments o is committed to the Army goals o supports EO			

RATED NCO'S NAME (Last, First, Middle Initial)

MARTIN, DOUGLAS E.

SSN

999-02-2940

THRU DATE

2005 03

**DRAFT**

Specific Bullet examples of "EXCELLENCE" or "NEEDS IMPROVEMENT" are mandatory. Specific Bullet examples of "SUCCESS" are optional.

**PART IV (Rater) - VALUES/NCO RESPONSIBILITIES**

**b. COMPETENCE**

- o Duty proficiency; MDS competency
- o Technical & tactical; knowledge, skills, and abilities
- o Sound judgment
- o Seeking self-improvement; always learning
- o Accomplishing tasks to the fullest capacity, committed to excellence

EXCELLENCE (Exceeds std)  SUCCESS (Meets std)  NEEDS IMPROVEMENT (Same)  (Much)

- o received commendation as best gunner in battalion during training center rotation
- o selected to train all incoming gunners to the battalion

**c. PHYSICAL FITNESS & MILITARY BEARING**

- o Mental and physical toughness
- o Endurance and stamina to go the distance
- o Displaying confidence and enthusiasm; looks like a soldier

EXCELLENCE (Exceeds std)  SUCCESS (Meets std)  NEEDS IMPROVEMENT (Same)  (Much)

APFT PASS 0312 HEIGHT/WEIGHT 68/165 YES

- o scored 288 on APFT
- o impressive posture and appearance

**d. LEADERSHIP**

- o Mission first
- o Genuine concern for soldiers
- o Instilling the spirit to achieve and win
- o Setting the example; Be, Know, Do

EXCELLENCE (Exceeds std)  SUCCESS (Meets std)  NEEDS IMPROVEMENT (Same)  (Much)

- o strives for perfection
- o positive motivator to soldiers
- o combines leadership skills with his strong catholic background

**e. TRAINING**

- o Individual and team
- o Mission focused; performance oriented
- o Teaching soldiers how; common tasks, duty related skills
- o Sharing knowledge and experience to fight, survive and win

EXCELLENCE (Exceeds std)  SUCCESS (Meets std)  NEEDS IMPROVEMENT (Same)  (Much)

- o passed all tank inspections with no deficiencies
- o trains soldiers to standards
- o a proven trainer of unbounded ability

**f. RESPONSIBILITY & ACCOUNTABILITY**

- o Care and maintenance of equipment/facilities
- o Soldier and equipment safety
- o Conservation of supplies and funds
- o Encouraging soldiers to learn and grow
- o Responsible for good, bad, right & wrong

EXCELLENCE (Exceeds std)  SUCCESS (Meets std)  NEEDS IMPROVEMENT (Same)  (Much)

- o maintained 100 percent accountability of tools and equipment

**PART V - OVERALL PERFORMANCE AND POTENTIAL**

a. RATER Overall potential for promotion and/or service in positions of greater responsibility.

AMONG THE BEST  FULLY CAPABLE  MARGINAL

b. RATER List 3 positions in which the rated NCO could best serve the Army at his/her current or next higher grade.

Platoon Sergeant  
Operations Sergeant  
Drill Sergeant

e. SENIOR RATER BULLET COMMENTS

- o unlimited potential
- o fully capable of tank command
- o always exceeds standards
- o devotes time, care, and attention to mission

c. SENIOR RATER Overall performance

1 2 3 4 5  
Successful Fair Poor

d. SENIOR RATER Overall potential for promotion and/or service in positions of greater responsibility.

1 2 3 4 5  
Superior Fair Poor

# DRAFT

SERVICE SCHOOL ACADEMIC EVALUATION REPORT				DATE	
For use of this form, see AR 623-1; the proponent agency is MILPERCEN.					
1. LAST NAME - FIRST NAME - MIDDLE INITIAL DOE, JOHN P		2. SSN 111-11-1111	3. GRADE E-6	4. BR	5. SPECIALTY/MOSC
6. COURSE TITLE BNCOC COURSE 243-96		7. NAME OF SCHOOL ARRTC, FORT MCCOY, WI 54656		8. COMP usar	
9. TYPE OF REPORT <input checked="" type="checkbox"/> RESIDENT <input type="checkbox"/> NONRESIDENT	10. PERIOD OF REPORT (Year, month, day) From: 960601 Thru: 960614		11. DURATION OF COURSE (Year, month, day) From: 960602 Thru: 960614		
12. EXPLANATION OF NONRATED PERIODS					
13. PERFORMANCE SUMMARY  *a. <input checked="" type="checkbox"/> EXCEEDED COURSE STANDARDS (Limited to 20% of class enrollment)  b. <input type="checkbox"/> ACHIEVED COURSE STANDARDS  *c. <input type="checkbox"/> MARGINALLY ACHIEVED COURSE STANDARDS  *d. <input type="checkbox"/> FAILED TO ACHIEVE COURSE STANDARDS  *Rating must be supported by comments in ITEM 16.			14. DEMONSTRATED ABILITIES a. WRITTEN COMMUNICATION <input type="checkbox"/> NOT EVALUATED <input type="checkbox"/> UNSAT <input checked="" type="checkbox"/> SAT <input type="checkbox"/> SUPERIOR b. ORAL COMMUNICATION <input type="checkbox"/> NOT EVALUATED <input type="checkbox"/> UNSAT <input checked="" type="checkbox"/> SAT <input type="checkbox"/> SUPERIOR c. LEADERSHIP SKILLS <input type="checkbox"/> NOT EVALUATED <input type="checkbox"/> UNSAT <input checked="" type="checkbox"/> SAT <input type="checkbox"/> SUPERIOR d. CONTRIBUTION TO GROUP WORK <input type="checkbox"/> NOT EVALUATED <input type="checkbox"/> UNSAT <input checked="" type="checkbox"/> SAT <input type="checkbox"/> SUPERIOR e. EVALUATION OF STUDENT'S RESEARCH ABILITY <input type="checkbox"/> NOT EVALUATED <input type="checkbox"/> UNSAT <input checked="" type="checkbox"/> SAT <input type="checkbox"/> SUPERIOR (SUPERIOR/UNSAT rating must be supported by comments in ITEM 16)		
15. HAS THE STUDENT DEMONSTRATED THE ACADEMIC POTENTIAL FOR SELECTION TO HIGHER LEVEL SCHOOLING/TRAINING? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A (A "NO" response must be supported by comments in ITEM 16)					
16. COMMENTS (This item is intended to obtain a word picture of each student that will accurately and completely portray academic performance, intellectual qualities, and communication skills and abilities. The narrative should also discuss broader aspects of the student's potential, leadership capabilities, moral and overall professional qualities. In particular, comments should be made if the student failed to respond to recommendations for improving academic or personal affairs)  NEED ALL 1059'S FOR BNCOC AND PLDC					
17. AUTHENTICATION					
a. TYPED NAME, GRADE, BRANCH, AND TITLE OF PREPARING OFFICER			SIGNATURE		
b. TYPED NAME, GRADE, BRANCH, AND TITLE OF REVIEWING OFFICER			SIGNATURE		
18. MILITARY PERSONNEL OFFICER					
a. FORWARDING ADDRESS (Rated student)			b. DISTRIBUTION <input type="checkbox"/> STUDENT <input type="checkbox"/> UNIT CDR (P/B NCOES only) <input type="checkbox"/> STUDENT'S OFFICIAL MILITARY RECORDS		

(Letterhead)

(Office Symbol)

(Date)

MEMORANDUM FOR RECORD

SUBJECT: Security Clearance/Access Determination

1. Reference Army Regulation 380-67, 9 September 1988, Department of the Army Personnel Security Program.
2. This memorandum provides security clearance/access confirmation of the following named individual assigned for duty at the \_\_\_\_\_ Regional Readiness Command:
  - a. NAME/RANK/SSN:
  - b. TYPE/DATE OF INVESTIGATION: BI/5 April 1988, Granted 27 August 1988. Periodic reinvestigation is open at DSS. Current clearance/access remains valid.
  - c. AUTHORIZED ACCESS UP AR 380-67: \*\*\*\*\*SECRET\*\*\*\*\*
3. Point of contact for further information is the undersigned at (xxx) xxx-xxxx.

FIRST M. LAST  
Rank, USA  
Command Security Manager

**DRAFT**

**CERTIFICATE OF ACKNOWLEDGEMENT AND UNDERSTANDING OF SERVICE REQUIREMENTS  
FOR INDIVIDUALS APPLYING FOR APPOINTMENT IN THE USAR  
UNDER THE PROVISIONS OF AR 135-100, OR 135-101, AS APPLICABLE  
- INDIVIDUALS WITHOUT PRIOR SERVICE -**

For use of this form, see AR 135-100; the proponent agency is ODCSPER

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

**AUTHORITY:** 10 USC 651, 10 USC 270.  
**PRINCIPAL PURPOSE:** Used together with application for appointment to insure individual understanding of the 8-year statutory obligation.  
**ROUTINE USES:** Information is used to establish and record the obligation incurred by the officer. The SSN is used to identify the member.  
**DISCLOSURE:** Disclosure of your Social Security Number is voluntary. However, failure to disclose your SSN may be cause for denying your application for appointment.

**INSTRUCTIONS:** *This Certificate of Acknowledgement and Understanding of Service Requirements will be executed and submitted in 3 copies with the application for appointment as a commissioned or warrant officer in the USAR by all interested applicants without prior service.*

In connection with your application for appointment as a commissioned or warrant officer in the Army Reserve under the provisions of AR 135-100 \*, there are certain service obligations that you will incur if a commission is offered and you accept. The are explained in detail below. This information should be carefully studied prior to acknowledgement. This form with your signature will be submitted with your request for appointment and indicates that you understand and accept all of the service requirements contained herein. Copies of this form with your signature will become part of your Official File if you are selected for appointment.

**CERTIFICATION**

If I accept an appointment as a commissioned or warrant officer in the US Army Reserve, I understand and agree to comply with the following service requirements:

**DRAFT**

1. I will incur a statutory military service obligation of 8 years commencing with the effective date of appointment.
2. Appointment under this program requires that I agree to participate satisfactorily in the Army Reserve during the entire period that I am a commissioned or warrant officer in accordance with the rules and regulations now in effect, or which may hereafter be placed into effect by proper authority.
3. I will enter on active duty for the period stipulated in my application or such lesser period as determined by the Department of the Army and upon completion of active duty I will be required to participate in the Army Reserve as follows:
  - a. If I am mandatorily assigned or voluntarily join a Reserve unit I will be required to attend all scheduled unit training assemblies (*at least 48 per year*) unless excused by proper authority.
  - b. As a member of a unit, I may be required to satisfactorily complete a period of annual active duty for training of not less than 14 days per year exclusive of travel time.
  - c. If I am not assigned to a unit, I will be assigned to the Individual Ready Reserve (IRR), and while so assigned I may be required to perform not more than 30 days active duty for training annually.
  - d. While a member of the IRR, I may be subject to assignment or reassignment to a unit.
  - e. For as long as I hold this appointment I am responsible for notifying my unit or IRR commander of the mailing address at which I will receive official orders and/or correspondence. It is also my responsibility to apply to and/or comply

*\*Enter applicable regulation that appointment is being tendered under AR 135-100, or AR 135-101.*

with all official orders and correspondence which I may receive. I understand that failure to notify my commander of an address where I can be reached or to comply with all official orders and correspondence could result in my being considered for elimination.

4. That as a Reserve Officer of the Army, I can become an officer of the Army National Guard of the United States if I am appointed and Federally recognized in the Army National Guard of a State, Puerto Rico, or the District of Columbia. I understand further that satisfactory service as a commissioned officer of the Army National Guard of the United States constitutes service in the Ready Reserve; accordingly, if Ready Reserve service in an appropriate activity of the United States Army Reserve is not available to me, I agree to accept appointment in the Army National Guard of a state (*including the District of Columbia and Puerto Rico*) in which I am residing, if tendered and to complete my Ready Reserve service as an officer of the Army National Guard of the United States.

During the time that I am a commissioned or warrant officer and a member of the Ready Reserve I may at any time be ordered to active duty involuntarily as an individual or as a member of a unit in the event of war or emergency declared by Congress, or the President of the United States, or under any other condition authorized by law in effect at the time of my appointment, or which may hereafter be enacted into law.

I, the undersigned, having voluntarily elected to apply for appointment as a commissioned or warrant officer of the United States Army Reserve, acknowledge that all of the conditions of said appointment are understood and acceptable.

**DRAFT**

TYPED NAME OF APPLICANT ( <i>Last - First - Middle Initial</i> )	SOCIAL SECURITY NUMBER
DOE, JOHN P.	111-11-1111
SIGNATURE	DATE
MUST SIGN	MUST DATE

**CERTIFICATE OF ACKNOWLEDGEMENT AND UNDERSTANDING OF SERVICE REQUIREMENTS  
FOR INDIVIDUALS APPLYING FOR APPOINTMENT IN THE USAR UNDER THE PROVISIONS OF  
AR 135-100, OR AR 135-101, AS APPLICABLE - INDIVIDUALS WITHOUT A STATUTORY SERVICE OBLIGATION**

For use of this form, see AR 135-100; proponent agency is ODCSPER

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

AUTHORITY: 10 USC 270.  
 PRINCIPAL PURPOSE: Used together with application for appointment to insure individual understanding of the service requirements.  
 ROUTINE USES: Information is used to establish and record the contractual service obligation incurred by the officer. The SSN is used to identify the member.  
 DISCLOSURE: Disclosure of your Social Security Number is voluntary. However, failure to disclose your SSN may be cause for denying your application for appointment.

**INSTRUCTIONS:** *This Certificate of Acknowledgement and Understanding of Service Requirements will be executed and submitted in 3 copies with application for appointment as a commissioned or warrant officer in the USAR by all interested applicants who do not have a statutory service obligation.*

In connection with your application for appointment as a commissioned or warrant officer in the Army Reserve under the provisions of AR 135-100 (Applicable AR) \* there are certain service obligations that you will incur if a commission is offered and you accept. They are explained in detail below. Individuals discharged prior to completing their statutory obligation incur a contractual obligation upon service reentry and are required to serve the number of years, months and days that were not served in their previous statutory obligation. This information should be carefully studied prior to acknowledgement.

This form with your signature will be submitted with your request for appointment and indicates that you understand and accept all of the contractual service requirements contained herein. Copies of this form with your signature will become part of your Official File if selected for appointment.

**CERTIFICATION**

If I accept an appointment as a commissioned or warrant officer in the US Army Reserve, I understand and agree to comply with the following service requirements for the entire period that I hold a USAR appointment. If an AMEDD volunteer, I agree to fulfill my contractual obligation under my active duty commitment. When I am released from active duty as an AMEDD officer, I will comply with the following USAR service requirements should a contractual obligation remain.

1. I agree to participate satisfactorily in the Army Reserve during the entire period that I am a commissioned or warrant officer in accordance with the rules and regulations now in effect or which may hereafter be placed into effect by proper authority.
2. I will enter on active duty or active duty for training when ordered by competent authority. Upon completion of active duty or active duty for training, I will participate in the Army Reserve as follows:
  - a. As a member of a Reserve Unit, I will attend all scheduled unit training assemblies *(at least 48 per year)* unless excused by proper authority.
  - b. As a member of a unit, I will satisfactorily complete one period of annual active duty for training of not less than 14 days per year exclusive of travel time.
  - c. If I am not assigned to a unit, I will be assigned to the individual Ready Reserve *(IRR)* and while so assigned, if so ordered by competent authority, will perform not more that 30 days active duty for training annually.
  - d. I will keep my commander advised of my current mailing address at which I will receive official correspondence.
  - e. I will reply to, and comply with all official orders and correspondence which I may receive.

During the time that I am a commissioned or warrant officer and a member of the Ready Reserve, I may at any time be ordered to active duty involuntarily as an individual, or as a member of a unit in the event of war or emergency declared by Congress, or the President of the United States, or under any other conditions authorized by law in effect at the time of my appointment, or which may hereafter be enacted into law.

I, the undersigned having voluntarily elected to apply for appointment as a commissioned or warrant officer of the United States Army Reserve acknowledge that all of the conditions of said appointment are understood and acceptable.

DATE	MUST DATE	SOCIAL SECURITY NUMBER	111-11-1111
NAME (Typed) (Last, First, MI)	DOE, JOHN P.	SIGNATURE	MUST SIGN

*\*Enter applicable regulation that appointment is being tendered under (AR 135-100, or AR 135-101)*

**(Letterhead)**

*(Office Symbol)*

*(Date)*

**Statement of Understanding for Appointment as a Warrant Officer**

I understand that if I am appointed as a warrant officer in the Reserve of the Army with concurrent active duty, that this appointment is contingent upon technical and tactical certification by successful completion of the appropriate Warrant Officer Basic Course (WOBC) unless I have been pre-certified by the WO MOS proponent.

I further understand that if I am appointed as a warrant officer in the reserve of the Army without concurrent active duty, that this appointment is contingent upon technical and tactical certification by successful completion of the appropriate Warrant Officer Basic Course (WOBC) within two years of appointment unless I have been pre-certified by the WO MOS proponent of unless extended by HQDA.

I also understand that if I am eliminated from, or fail to successfully complete the technical and tactical certification as specified above, I may be subject to discharge, under regulations in effect at the time, from the Reserve of the Army.

(Signature)  
(Name typed)  
(SSN)

**DRAFT**

<b>REPORT OF MEDICAL EXAMINATION</b>	1. DATE OF EXAMINATION (YYYYMMDD) <b>20030710</b>	2. SOCIAL SECURITY NUMBER
--------------------------------------	---	---------------------------

**PRIVACY ACT STATEMENT**

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

DRAFT

3. LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX)	4. HOME ADDRESS (Street, Apartment Number, City, State and ZIP Code)	5. HOME TELEPHONE NUMBER (Include Area Code)
--	--	---

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

11. TOTAL YEARS GOVERNMENT SERVICE a. MILITARY <b>6</b>	b. CIVILIAN <b>NONE</b>	12. AGENCY (Non-Service Members Only) <b>DA</b>	13. ORGANIZATION UNIT AND UIC/CODE
---	----------------------------	--	------------------------------------

14.a. RATING OR SPECIALTY (Aviators Only)	b. TOTAL FLYING TIME	c. LAST SIX MONTHS
---	----------------------	--------------------

15.a. SERVICE <input checked="" type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force	b. COMPONENT <input type="checkbox"/> Active Duty <input checked="" type="checkbox"/> Reserve <input type="checkbox"/> National Guard	c. PURPOSE OF EXAMINATION <input type="checkbox"/> Enlistment <input checked="" type="checkbox"/> Commission <input type="checkbox"/> Retention <input type="checkbox"/> Separation <input type="checkbox"/> Medical Board <input type="checkbox"/> Retirement <input type="checkbox"/> U.S. Service Academy <input type="checkbox"/> ROTC Scholarship Program	16. NAME OF EXAMINING LOCATION, AND ADDRESS (Include ZIP Code) <b>DALLAS MEPS 207 S. Houston Street Dallas, TX 75202-4709</b>
--	--	--	---

**CLINICAL EVALUATION** (Check each item in appropriate column. Enter "NE" if not evaluated.)

	Nor- mal	Ab- norm	NE
17. Head, face, neck, and scalp	/		
18. Nose	/		
19. Sinuses	/		
20. Mouth and throat	/		
21. Ears - General (Int. and ext. canals/Auditory acuity under item	/		
22. Drums (Perforation)	/		
23. Eyes - General (Visual acuity and refraction under items 61 - 63)	/		
24. Ophthalmoscopic	/		
25. Pupils (Equality and reaction)	/		
26. Ocular motility (Associated parallel movements, nystagmus)	/		
27. Heart (Thrust, size, rhythm, sounds)	/		
28. Lungs and chest (Include breasts)	/		
29. Vascular system (Varicosities, etc.)	/		
30. Anus and rectum (Hemorrhoids, Fistulae) (Prostate if indicated)	/		
31. Abdomen and viscera (Include hernia)	/		
32. External genitalia (Genitourinary)	/		
33. Upper extremities	/		
34. Lower extremities (Except feet)	/		
35. Feet (See Item 35 Continued)		/	
36. Spine, other musculoskeletal	/		
37. Identifying body marks, scars, tattoos			/
38. Skin, lymphatics	/		
39. Neurologic	/		
40. Psychiatric (Specify any personality deviation)	/		
41. Pelvic (Females only)	/		
42. Endocrine	/		

44. NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

(37) 4 x 1 cm. B. Wask Left knee Medial.

(37) Ft cholelithostomy RUG. & Unbit say. Top scope Score

(37) Bilateral hernia repair scars

30 Normal digital rectal exam. Prostate normal in size and consistency. Hemacult Negative -

43. DENTAL DEFECTS AND DISEASE (Please explain. Use dental form if completed by dentist. If dental examination not done by dental officer, explain in Item 44.) <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable Class _____	35. FEET (Continued) (Circle category) N - Normal Arch C - Pes Cavus P Pes Planus 1 Mild 2 Moderate 3 Severe A - Asymptomatic S - Symptomatic
--	---



LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX)

DAV

SOCIAL SECURITY NUMBER

LABORATORY FINDINGS

45. URINALYSIS <i>JMJ</i>	a. Albumin <i>ng</i>	46. URINE HCG	47. H/H	48. BLOOD TYPE
b. Sugar <i>ng</i>				
TESTS	RESULTS	SECOND SPECIMEN ID LABEL		
49. HIV	FIRST TEST <b>NEG</b>	CODE <i>5E</i>	SECOND TEST	CODE
50. DRUGS	<b>NEG</b>			
51. ALCOHOL	<i>ng</i>	<i>W</i>		
52. OTHER				
a. PAP SMEAR				
b. EKG				
c. CXR				

38105148 Initial: **3**

20030710  
(YYYYMMDD)

**DRAFT**

MEASUREMENTS AND OTHER FINDINGS

53. HEIGHT <i>71 1/2</i>	54. WEIGHT <i>199 lbs.</i>	55.a. MIN WGT - MAX WGT <i>203</i>	55.b. ACTUAL BF % - MAX BF %	56. TEMPERATURE	57. PULSE <i>65</i>
58. BLOOD PRESSURE			59. RED/GREEN (Army Only)	60. OTHER VISION TEST:	
a. 1ST SYS. <i>124</i> DIAS. <i>74</i>	b. 2ND SYS. DIAS.	c. 3RD SYS. DIAS.		a. COLOR HAIR <i>Brown</i>	b. COLOR EYES Right: <i>Green</i> Left: <i>Green</i>
61. DISTANT VISION		62. REFRACTION BY AUTOREFRACTION OR MANIFEST		63. NEAR VISION	
Right 20/ <i>60</i> Corr. to 20/ <i>W</i>	By <i>2025</i> S. <i>-1.25</i> CX <i>093</i>	Left 20/ <i>80</i> Corr. to 20/ <i>W</i>	By <i>225</i> S. <i>-1.50</i> CX <i>092</i>	Right 20/ <i>20</i> Corr. to 20/ by	Left 20/ <i>25</i> Corr. to 20/ <i>20</i> by
64. HETEROPHORIA (Specify distance)					
ES°	EX°	R.H.	L.H.	Prism div.	Prism Conv CT
65. ACCOMMODATION		66. COLOR VISION (Test used and result)		67. DEPTH PERCEPTION (Test used and score) AFVT	
Right	Left	PIP <i>Pass</i>	<i>0</i> / <i>14</i>	Uncorrected	Corrected
68. FIELD OF VISION		69. NIGHT VISION (Test used and score)		70. INTRAOCULAR TENSION	
				O.D. <i>17 mm Hg</i>	O.S. <i>18 mm Hg</i>
71a. AUDIOMETER		71b. Unit Serial Number		72a. READING ALOUD TEST	
Unit Serial Number <i>975671</i>		Date Calibrated (YYYYMMDD) <i>20030710</i>			
HZ	500	1000	2000	3000	4000
Right	<i>10</i>	<i>10</i>	<i>6</i>	<i>10</i>	<i>15</i>
Left	<i>20</i>	<i>20</i>	<i>15</i>	<i>15</i>	<i>30</i>
73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY (Use additional sheets if necessary.)					



LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX)

DAV

SOCIAL SECURITY NUMBER

74.a. EXAMINEE/APPLICANT *check one*  
 IS QUALIFIED FOR SERVICE IN SPF *DAZ*  
 IS NOT QUALIFIED FOR SERVICE

75. I have been advised of my disqualifying condition. I have been advised to see my private medical care provider within 24 - 48 - 72 hours / 30 days / Routine Follow-up (circle one) for further evaluation and/or treatment.  
a. SIGNATURE OF EXAMINEE  
b. DATE (YYYYMMDD)

b. PHYSICAL PROFILE

P	U	L	H	E	S		PROFILER INITIALS	DATE (YYYYMMDD)
31	1	1	1	9	1	E	<i>[Signature]</i>	10 JUL 2003
								JUL 10 2003

76. SIGNIFICANT OR DISQUALIFYING DEFECTS

ITEM NO.	MEDICAL CONDITION/DIAGNOSIS	ICD CODE	PROFILE SERIAL	RBJ DATE (YYYYMMDD)	QUALIFIED	DIS-QUALIFIED	EXAMINER INITIALS	WAIVER RECEIVED	
								SERVICE	DATE (YYYYMMDD)
32	Kidney stone 90030311	592	P.35	040311		<input checked="" type="checkbox"/>	<i>[Signature]</i>		

77. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)(Use additional sheets if necessary.)

**DRAFT**

78. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify) (Use additional sheets if necessary.)

79. MEPS WORKLOAD (For MEPS use only)

WKID	ST	DATE (YYYYMMDD)	INITIAL	WKID	ST	DATE (YYYYMMDD)	INITIAL
<i>[Signature]</i>	<i>[Signature]</i>	10 JUL 2003	<i>[Signature]</i>				

80. MEDICAL INSPECTION DATE	HT	WT	%BF	MAX WT	HCG	QUAL	DISQ	PHYSICIAN'S SIGNATURE

81.a. TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER <b>TRONG Q. PHAM, MD, CMO</b>	81.b. SIGNATURE <i>[Signature]</i>
82.a. TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	82.b. SIGNATURE
83.a. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)	83.b. SIGNATURE
84.a. TYPED OR PRINTED NAME OF REVIEWING OFFICER/APPROVING AUTHORITY	84.b. SIGNATURE

85. This examination has been administratively reviewed for completeness and accuracy.  
a. SIGNATURE *[Signature]* b. GRADE *MSA* c. DATE (YYYYMMDD) 10 JUL 2003

86. WAIVER GRANTED (If yes, date and by whom)  
 YES  
 NO  
87. NUMBER OF ATTACHED SHEETS *3*





LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX)

DAV

SOCIAL SECURITY NUMBER

88. Additional Remarks (extension of blocks 77 or 78).

**DRAFT**



# REPORT OF MEDICAL HISTORY

Form Approved  
OMB No. 0704-0413  
Expires Aug 31, 2003

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

The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate of Information Operations and Reports (0704-0413), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no persons shall be subject to any penalty for failing to comply with a collection of information if it does not display a current valid OMB control number.

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

### PRIVACY ACT STATEMENT

**AUTHORITY:** 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397.  
**PRINCIPAL PURPOSE(S):** To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members for the Armed Forces.  
**ROUTINE USE(S):** None.

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

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

<b>1. LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)</b>	<b>2. SOCIAL SECURITY NUMBER</b>	<b>3. TODAY'S DATE (YYYYMMDD)</b>  <div style="text-align: right; font-size: 1.2em;">20030710</div>
<b>4.a. HOME ADDRESS</b> (Street, Apartment No., City, State, ZIP Code)	<b>5. EXAMINING LOCATION AND ADDRESS</b> (Include ZIP Code) Dallas Meps 207 S. Houston Street Dallas, TX 75202-4709	
<b>b. HOME TELEPHONE</b> (Include Area Code)	DRAFT	

**X ALL APPLICABLE BOXES:**

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

<b>8. CURRENT MEDICATIONS</b> (Prescription and Over-the-counter)  <div style="font-size: 1.5em; color: blue;">NONE</div>	<b>9. ALLERGIES</b> (Including insect bites/stings, foods, medicine or other substance)  <div style="font-size: 1.5em; color: blue;">NONE</div>
---	---

Mark each item "YES" or "NO".

HAVE YOU EVER HAD OR DO YOU NOW HAVE:	YES	NO	12. (Continued)	YES	NO
10. a. Tuberculosis	<input type="radio"/>	<input checked="" type="radio"/>	f. Foot trouble (e.g., pain, corns, bunions, etc.)	<input type="radio"/>	<input checked="" type="radio"/>
b. Lived with someone who had tuberculosis	<input type="radio"/>	<input checked="" type="radio"/>	g. Impaired use of arms, legs, hands, or feet	<input type="radio"/>	<input checked="" type="radio"/>
c. Coughed up blood	<input type="radio"/>	<input checked="" type="radio"/>	h. Swollen or painful joint(s)	<input type="radio"/>	<input checked="" type="radio"/>
d. Asthma or any breathing problems related to exercise, weather, pollens, etc.	<input type="radio"/>	<input checked="" type="radio"/>	i. Knee trouble (e.g., locking, giving out, pain or ligament injury, etc.)	<input type="radio"/>	<input checked="" type="radio"/>
e. Shortness of breath	<input type="radio"/>	<input checked="" type="radio"/>	j. Any knee or foot surgery including arthroscopy or the use of a scope to any bone or joint	<input type="radio"/>	<input checked="" type="radio"/>
f. Bronchitis	<input type="radio"/>	<input checked="" type="radio"/>	k. Any need to use corrective devices such as prosthetic devices, knee brace(s), back support(s), lifts or orthotics, etc.	<input type="radio"/>	<input checked="" type="radio"/>
g. Wheezing or problems with wheezing	<input type="radio"/>	<input checked="" type="radio"/>	l. Bone, joint, or other deformity	<input type="radio"/>	<input checked="" type="radio"/>
h. Been prescribed or used an inhaler	<input type="radio"/>	<input checked="" type="radio"/>	m. Plate(s), screw(s), rod(s) or pin(s) in any bone	<input type="radio"/>	<input checked="" type="radio"/>
i. A chronic cough or cough at night	<input type="radio"/>	<input checked="" type="radio"/>	n. Broken bone(s) (cracked or fractured)	<input type="radio"/>	<input checked="" type="radio"/>
j. Sinusitis	<input type="radio"/>	<input checked="" type="radio"/>	13. a. Frequent indigestion or heartburn	<input type="radio"/>	<input checked="" type="radio"/>
k. Hay fever	<input type="radio"/>	<input checked="" type="radio"/>	b. Stomach, liver, intestinal trouble, or ulcer	<input type="radio"/>	<input checked="" type="radio"/>
l. Chronic or frequent colds	<input type="radio"/>	<input checked="" type="radio"/>	c. Gall bladder trouble or gallstone	<input type="radio"/>	<input checked="" type="radio"/>
11. a. Severe tooth or gum trouble	<input type="radio"/>	<input checked="" type="radio"/>	d. Jaundice or hepatitis (liver disease)	<input type="radio"/>	<input checked="" type="radio"/>
b. Thyroid trouble or goiter	<input type="radio"/>	<input checked="" type="radio"/>	e. Rupture hernia	<input type="radio"/>	<input checked="" type="radio"/>
c. Eye disorder or trouble	<input type="radio"/>	<input checked="" type="radio"/>	f. Rectal disease, hemorrhoids or blood from the rectum	<input type="radio"/>	<input checked="" type="radio"/>
d. Ear, nose, or throat trouble	<input type="radio"/>	<input checked="" type="radio"/>	g. Skin diseases (e.g. acne, eczema, psoriasis, etc.)	<input type="radio"/>	<input checked="" type="radio"/>
e. Loss of vision in either eye	<input type="radio"/>	<input checked="" type="radio"/>	h. Frequent or painful urination	<input type="radio"/>	<input checked="" type="radio"/>
f. Worn contact lenses or glasses	<input checked="" type="radio"/>	<input type="radio"/>	i. High or low blood sugar	<input type="radio"/>	<input checked="" type="radio"/>
g. A hearing loss or wear a hearing aid	<input type="radio"/>	<input checked="" type="radio"/>	j. Kidney stone or blood in urine	<input type="radio"/>	<input checked="" type="radio"/>
h. Surgery to correct vision (RK, PRK, LASIK, etc.)	<input type="radio"/>	<input checked="" type="radio"/>	k. Sugar or protein in urine	<input type="radio"/>	<input checked="" type="radio"/>
12. a. Painful shoulder, elbow or wrist (e.g. pain, dislocation, etc.)	<input type="radio"/>	<input checked="" type="radio"/>	l. Sexually transmitted disease (syphilis, gonorrhea, chlamydia, genital warts, herpes, etc.)	<input type="radio"/>	<input checked="" type="radio"/>
b. Arthritis, rheumatism, or bursitis	<input type="radio"/>	<input checked="" type="radio"/>	14. a. Adverse reaction to serum, food, insect stings or medicine	<input type="radio"/>	<input checked="" type="radio"/>
c. Recurrent back pain or any back problem	<input type="radio"/>	<input checked="" type="radio"/>	b. Recent unexplained gain or loss of weight	<input type="radio"/>	<input checked="" type="radio"/>
d. Numbness or tingling	<input type="radio"/>	<input checked="" type="radio"/>	c. Currently in good health (If no, explain in Item 29 on page 2)	<input checked="" type="radio"/>	<input type="radio"/>
e. Loss of finger or toe	<input type="radio"/>	<input checked="" type="radio"/>	d. Tumor, growth, cyst, or cancer	<input type="radio"/>	<input checked="" type="radio"/>





LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)

SOCIAL SECURITY NUMBER

Mark each item "YES" or "NO".

HAVE YOU EVER HAD OR DO YOU NOW HAVE:	YES	NO
15. a. Dizziness or fainting spells	<input type="radio"/>	<input checked="" type="radio"/>
b. Frequent or severe headache	<input type="radio"/>	<input checked="" type="radio"/>
c. A head injury, memory loss or amnesia	<input type="radio"/>	<input checked="" type="radio"/>
d. Paralysis	<input type="radio"/>	<input checked="" type="radio"/>
e. Seizures, convulsions, epilepsy or fits	<input type="radio"/>	<input checked="" type="radio"/>
f. Car, train, sea, or air sickness	<input type="radio"/>	<input checked="" type="radio"/>
g. A period of unconsciousness or concussion	<input type="radio"/>	<input checked="" type="radio"/>
h. Meningitis, encephalitis, or other neurological problems	<input type="radio"/>	<input checked="" type="radio"/>
16. a. Rheumatic fever	<input type="radio"/>	<input checked="" type="radio"/>
b. Prolonged bleeding (as after an injury or tooth extraction, etc.)	<input type="radio"/>	<input checked="" type="radio"/>
c. Pain or pressure in the chest	<input type="radio"/>	<input checked="" type="radio"/>
d. Palpitation, pounding heart or abnormal heartbeat	<input type="radio"/>	<input checked="" type="radio"/>
e. Heart trouble or murmur	<input type="radio"/>	<input checked="" type="radio"/>
f. High or low blood pressure	<input type="radio"/>	<input checked="" type="radio"/>
17. a. Nervous trouble of any sort (anxiety or panic attacks)	<input type="radio"/>	<input checked="" type="radio"/>
b. Habitual stammering or stuttering	<input type="radio"/>	<input checked="" type="radio"/>
c. Loss of memory or amnesia, or neurological symptoms	<input type="radio"/>	<input checked="" type="radio"/>
d. Frequent trouble sleeping	<input type="radio"/>	<input checked="" type="radio"/>
e. Received counseling of any type	<input type="radio"/>	<input checked="" type="radio"/>
f. Depression or excessive worry	<input type="radio"/>	<input checked="" type="radio"/>
g. Been evaluated or treated for a mental condition (If yes, fully explain in Item 29 below.)	<input type="radio"/>	<input checked="" type="radio"/>
h. Attempted suicide	<input type="radio"/>	<input checked="" type="radio"/>
i. Used illegal drugs or abused prescription drugs	<input type="radio"/>	<input checked="" type="radio"/>
18. FEMALES ONLY. Have you ever had or do you now have:		
a. Treatment for a gynecological (female) disorder	<input type="radio"/>	<input type="radio"/>
b. A change of menstrual pattern	<input type="radio"/>	<input type="radio"/>
c. Any abnormal PAP smears	<input type="radio"/>	<input type="radio"/>
d. First day of last menstrual period (YYYYMMDD).		
e. Date of last PAP smear (YYYYMM).		

Mark each item "YES" or "NO". For Items 19 - 28, every item marked "YES" must be fully explained in Item 29 below.

HAVE YOU EVER HAD OR DO YOU NOW HAVE:	YES	NO
19. Have you been refused employment or been unable to hold a job or stay in school because of:		
a. Sensitivity to chemicals, dust, sunlight, etc.	<input type="radio"/>	<input checked="" type="radio"/>
b. Inability to perform certain motions	<input type="radio"/>	<input checked="" type="radio"/>
c. Inability to stand, sit, kneel, lie down, etc.	<input type="radio"/>	<input checked="" type="radio"/>
d. Other medical reasons (If yes, give reasons.)	<input type="radio"/>	<input checked="" type="radio"/>
20. Have you ever been treated in an Emergency Room? (If yes, for what?)	<input checked="" type="radio"/>	<input type="radio"/>
21. Have you ever been a patient in any type of hospital? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)	<input checked="" type="radio"/>	<input type="radio"/>
22. Have you ever had, or have you been advised to have any operations or surgery? (If yes, describe and give age at which occurred.)	<input checked="" type="radio"/>	<input type="radio"/>
23. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)	<input type="radio"/>	<input checked="" type="radio"/>
24. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)	<input type="radio"/>	<input type="radio"/>
25. Have you ever been rejected for military service for any reason? (If yes, give date and reason for rejection.)	<input type="radio"/>	<input checked="" type="radio"/>
26. Have you ever been discharged from military service for any reason? (If yes, give date, reason, and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability.)	<input checked="" type="radio"/>	<input type="radio"/>
27. Have you ever received, is there pending, or have you ever applied for pension or compensation for any disability or injury? (If yes, specify what kind, granted by whom, and what amount, when, why.)	<input type="radio"/>	<input checked="" type="radio"/>
28. Have you ever been denied life insurance?	<input type="radio"/>	<input checked="" type="radio"/>

29. EXPLANATION OF "YES" ANSWER(S) (Describe answer(s), give date(s) of problem, name of doctor(s) and/or hospital(s), treatment given and current medical status.)

20- GALLSTONES 1999 - KIDNEY STONES 2003

21- 1978 FT. BRAGG - L-HERNIA REPAIR  
1991 GREENVILLE, SC - R-HERNIA REPAIR  
1991 " " - HEMORRHOIDS REPAIR

**DRAFT**

22- SEE 21 ABOVE

26- 08-10-80 END OF CONTRACT - HONORABLE

13j- 03/2003 - PASSED KIDNEY STONE

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED, MARK ENVELOPE "TO BE OPENED BY MEDICAL PERSONNEL ONLY."



**30. EXAMINER'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA** (Physician/practitioner shall comment on all positive answers in questions 8 - 29. Physician/practitioner may develop by interview any additional medical history deemed important, and record any significant findings here.)

a. COMMENTS

11 f. Eye glasses for 30 years, near sighted.  
 13 f e) 20. 21. 22. Cholecystectomy Mar 2001, full recovery.  
 (L) inguinal herniorrhaphy 1978  
 (R) inguinal herniorrhaphy 1991 } full recovery.  
 26. Non medical discharge USA Army.  
 In Army Reserve since Jan 2000  
 13 j. Passed Kidney stone Mar

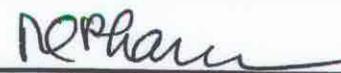
**DRAFT**

QUESTIONING REVEALS	YES	NO	DETAILS
MARIJUANA USE		<input checked="" type="checkbox"/>	
OTHER DRUG ABUSE		<input checked="" type="checkbox"/>	
ALCOHOL ABUSE		<input checked="" type="checkbox"/>	

EXAMINEE. I certify the information on this form is true and complete to the best of my knowledge and belief, and no person has advised me to conceal or falsify any information about my physical and mental history. I further understand that I may be requested to provide medical documentation regarding issues within my medical history. I authorize any of the doctors, hospitals, clinics or insurance company(ies) to furnish the Department of Defense medical authority a complete transcript of my medical record for purposes of processing my application for military service.

b. TYPED OR PRINTED NAME OF EXAMINER  
**TRONG Q. PHAM, MD, CMO**

c. SIGNATURE

EXAMINEE SIGNATURE  


JUL 10 2003

d. DATE SIGNED (YYYYMMDD)  
**10 JUL 2003**



**Statement of acknowledgment for accommodation of religious practices**

Department of Defense policy is to accommodate religious practices when accommodation will not have an adverse impact on military readiness, unit cohesion, standards, health, safety or discipline.

The Army places a high value on the rights of its members to observe the tenets of their respective religions.

Unit Commanders are authorized to initially approve or deny requests for accommodation of religious practices. Conditions of accommodation may change based on military need.

Policy guidelines are contained in AR 600-20 and AR 165-20.

I understand that the Army cannot guarantee accommodation of religious practices.

---

***(Signed)***

---

***(Date)***