

BASIC INFORMATION Use full birth certificate name

Last: First: Middle:

Alias, Nickname(s), or name changes:

SSN: Date of birth:

Place of birth (city/county/state):

Sex: Race: Citizenship: Religion:

Height: Weight: Eyes: Hair: Neck: Waist:

DEPENDENT INFORMATION

Spouse's name: Total dependents not including self: 1 2 3 4

single married separated divorced

ADDRESSES

Local address (street, city, county, state, zip)

Phone: Cell:

Permanent/parents address (street, city, county, state, zip)

Permanent/parents phone1: Phone2:

E-mail address:

COLLEGE INFORMATION

Current college: Other colleges attended:

Present grade: FR SO JR SR Graduate

Full time enrolled Y/N Projected grad date from four year college:
Name of college:

Major: Last semester GPA: Cum GPA:

PROGRAM INFORMATION

Application for: ground air law

OCC (SRs/grads): October January June

PLC (FR, SO, JR): June-mid July mid July-August

Highest college year completed to date:

To OCS, depart from: school home
From OCS, return to: school home

USMC RESERVISTS

Upon successful completion of OCS do you wish to continue reserve training: Y/N

FAMILY DATA

List all relatives that have served or are serving in the armed forces; include name, relationship, rank, and military branch:

EDUCATION DATA

List all schools attended since age 16; begin with most recent, give from and to dates, school name and address, and degree obtained:

Extracurricular high school activities; include dates active and positions held:

Extracurricular college activities; include dates active and positions held (the more the better):

Special interests and hobbies; past and present:

Languages spoken: written: read:

PRIOR MILITARY SERVICE

List branch, unit and location, rank held, date enlisted, date discharged, and type of discharge:

RE Code as listed on your DD 214:

DRUG STATEMENT

Type:

Number of times used: Amount taken:

Method of intake:

Specific dates of use: Where you convicted or arrested for the drug use admitted: Y/N

Detailed circumstances with which the drug use occurred. Attach an additional page if necessary:

MINOR TRAFFIC VIOLATIONS

This section is for non-alcohol related traffic or parking violations. Provide all alcohol related traffic violation information in the next section, "Non-Traffic Arrests".

1. Month and year of violation
2. Place where the violation occurred; city and state
3. Original charge
4. Charge of which convicted, or to which a guilty plea was entered
5. Penalty or other disposition: also indicate amount of fine

First offense:

Second offense:

Third offense:

Fourth offense:

Fifth offense:

Sixth offense:

NON-TRAFFIC ARRESTS

Provide information on all alcohol related traffic violations or any non-traffic arrest.

Month and year of violation:

City and state where violation occurred:

Original charge:

Convicted charge:

Penalty, fine, or other disposition:

Detailed statement concerning incident(s). Attach an additional page if necessary:

INTERNATIONAL TIES

List any close relatives or friends living in foreign countries. Provide name, relationship, occupation, date and place of birth, and address.

FOREIGN TRAVEL

List all your foreign travel not resulting from military duties. Provide from and to dates, country visited, and reason for visit.

EMPLOYMENT DATA

List all periods of employment. Provide from and to dates, name of business, immediate supervisor, reason for departure, position held, and phone number.

Describe any job position where you were given special trust and confidence. Provide any significant management or leadership experience:

GENERAL SERVICE QUESTIONNAIRE

HAVE YOU EVER BEEN OR ARE YOU NOW A MEMBER OF AN ROTC, OR ANY OTHER TYPE OF OFFICER COMMISSIONING PROGRAM? Y N
COMPLETE NAME AND UNIT ADDRESS: _____

HAVE YOU EVER FAILED ANY MILITARY FLIGHT TRAINING PROGRAM OR HAVE YOU EVER BEEN DESIGNATED AS A PILOT IN ANY BRANCH OF THE ARMED FORCES? Y N

HAVE YOU EVER APPLIED FOR ANY OFFICER COMMISSIONING PROGRAM IN ANY BRANCH OF THE ARMED FORCES? Y N

DATE _____ BRANCH _____
PROGRAM _____ DISPOSITION _____

ARE YOU NOW OR HAVE EVER YOU BEEN ENLISTED IN ANY BRANCH OF THE ARMED FORCES INCLUDING THE RESERVES? Y N

SERVICE AND COMPONENT:
DATE ELISTED _____ GRADE _____
DATE OF DISCHARGE _____ RE CODE _____

HAVE YOU EVER BEEN REJECTED FOR ENLISTMENT OR REENLISTMENT INTO ANY BRANCH OF THE ARMED FORCES? Y N
REASON: _____

DO YOU NOW HOLD OR HAVE YOU EVER HELD A FINAL SECURITY CLEARANCE? Y N
DATES: _____ CLEARANCE _____
REASON _____

DO YOU OWN ANY FOREIGN PROPERTY OR HAVE ANY FOREIGN BUSINESS CONNECTIONS? Y N

HAVE YOU EVER BEEN EMPLOYED BY A FOREIGN GOVERNMENT, AGENCY, OR FIRM? Y N

ARE THERE ANY INCIDENTS IN YOUR LIFE NOT MENTIONED HEREIN WHICH MAY REFLECT UPON YOUR LOYALTY TO THE UNITED STATES, OR UPON YOUR SUITABILITY TO PERFORM THE DUTIES TO WHICH YOU MAY BE CALLED UPON TO PERFORM AS A MARINE OFFICER? Y N

HAVE YOU EVER BEEN APPREHENDED, ARRESTED, OR CONVICTED OF ANY CRIME, OR BEEN SUBJECT TO MILITARY DISCIPLINARY ACTION? (OTHER THAN FOR MINOR TRAFFIC TICKETS) Y N

HAVE YOU EVER CLAIMED OR BEEN GRANTED A PENSION, DISABILITY COMPENSATION, OR PAY FROM THE GOVERNMENT OF THE UNITED STATES? Y N

ARE YOU A "SOLE SURVIVING SON"? (FATHER KIA OR 100% DISABLED WHILE IN HOSTILE FIRE AREA, AND YOU HAVE NO BROTHERS) Y N

DO YOU QUALIFY FOR PERMANENT RESTRICTIVE DUTY ASSIGNMENT? (FAMILY MEMBER KIA OR 100% DISABLED WHILE IN HOSTILE FIRE AREA) Y N

ARE YOU A CONSCIENTIOUS OBJECTOR? Y N

HAVE YOU EVER TAKEN ANY NARCOTIC, DEPRESSANT, STIMULANT, HALLUCINOGEN, CANNABIS, OR ANY DRUG EXCEPT AS PRESCRIBED BY A LICENSED PHYSICIAN? Y N
(COMPLETE "DRUG STATEMENT," PAGE 6)

HAVE YOU EVER INTENTIONALLY SNIFFED GLUE, PAINT, HAIR SPRAY, OR ANY OTHER CHEMICAL? Y N
(COMPLETE "DRUG STATEMENT," PAGE 6)

HAVE YOU EVER BEEN INVOLVED IN THE ILLEGAL PURCHASE, POSSESSION, SALE OR DISTRUBUTION OF ANY NARCOTICS OR DEPRESSANTS?	Y	N
HAS YOUR USE OF ALCOHOLIC BEVERAGES EVER RESULTED IN LOSS OF A JOB, AN ARREST BY POLICE, OR TREATMENT FOR ALCOHOLISM?	Y	N
HAVE YOU EVER BEEN A PATIENT (WHETHER OR NOT FORMALLY COMMITTED) IN ANY INSTITUTION PRIMARILY DEVOTED TO THE TREATMENT OF MENTAL, NERVOUS, EMOTIONAL, PSYCHOLOGICAL OR PERSONALITY DISORDERS?	Y	N
IS THERE ANY COURT ORDER OR JUDGEMENT DIRECTING CHILD SUPPORT OR ALIMONY IN EFFECT?	Y	N
IS ANYONE OTHER THAN YOUR SPOUSE AND / OR CHILDREN SOLELY OR PARTIALLY DEPENDENT UPON YOU FOR FINANCIAL SUPPORT? (IF YES, INSURE THEY ARE LISTED ON PAGE 1 OF APPLICATION)	Y	N
ARE YOU NOW OR HAVE YOU EVER BEEN AFFILIATED WITH ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT OR WHICH HAS ADOPTED THE POLICY OF ADVOCATING OR APPROVING THE USE OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHT UNDER THE CONSTITUTION OF THE UNITED STATES OR WHICH SEEKS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS?	Y	N
HAVE YOU EVER BEEN ARRESTED, CHARGED, CITED OR HELD BY FEDERAL, STATE, OR OTHER LAW ENFORCEMENT OR JUVENILE AUTHORITIES, REGARDLESS OF WHETHER THE CHARGE WAS DROPPED OR DISMISSED, OR YOU WERE FOUND NOT GUILTY (DO NOT INCLUDE MINOR TRAFFIC CITATIONS)? (COMPLETE THE NON-TRAFFIC ARREST SECTION, PAGE 4 OF APPLICATION)	Y	N
AS A RESULT OF BEING ARRESTED, CHARGED, CITED, OR HELD BY LAW ENFORCEMENT OR JUVENILE AUTHORITIES, HAVE YOU EVER BEEN CONVICTED, FINED BY, OR FORFEITTED BOND TO A FEDERAL, STATE, OR OTHER JUDICIAL AUTHORITY OR ADJUDICATED A YOUTHFUL OFFENDER OR JUVENILE DELINQUENT (INCLUDING INCIDENTS WHERE YOUR CASE HAS BEEN "SEALED" OR OTHERWISE STRICKEN FROM THE COURT RECORDS)? (DO NOT INCLUDE MINOR TRAFFIC FINES)	Y	N
HAVE YOU EVER BEEN DETAINED, HELD IN, OR SERVED TIME IN ANY JAIL, PRISON, REFORM OR INDUSTRIAL SCHOOL, OR ANY JUVENILE FACILITY OR INSTITUTION UNDER THE JURISDICTION OF ANY CITY, COUNTY, STATE, OR FEDERAL AUTHORITY, OR ANY FOREIGN COUNTRY?	Y	N
HAVE YOU EVER BEEN AWARDED, OR ARE YOU NOW UNDER SUSPENDED SENTENCE, PAROLE, PROBATION, OR ANY OTHER FORM OF RESTRAINT?	Y	N
HAVE YOU EVER BEEN ARRESTED FOR ANY ALCOHOL RELATED TRAFFIC OFFENSES? (COMPLETE THE NON-TRAFFIC ARREST FORM, PAGE 8)	Y	N
HAVE YOU EVER BEEN RELEASED FROM PAROLE, PROBATION, JUVENILE SUPERVISION, OR GIVEN A SUSPENDED SENTENCE OR RELIEVED OF CHARGES ON THE CONDITION THAT YOU APPLY FOR OR ENLIST IN THE ARMED FORCES OF THE UNITED STATES?	Y	N
ARE YOU AWAITING ANY LEGAL ACTION ON ANY CHARGES AGAINST YOU?	Y	N
HAVE YOU EVER BEEN CHARGED WITH OR CITED FOR MINOR TRAFFIC OFFENSES? (ALCOHOL RELATED TRAFFIC OFFENSES ARE NOT CONSIDERED MINOR TRAFFIC OFFENSES). (COMPLETE THE "MINOR TRAFFIC VIOLATIONS" FORM, PAGE 7)	Y	N

SIGNATURE

I certify that the information provided by me in this application is true, accurate, and complete to the best of my knowledge and is made in good faith. I understand that making a knowingly false statement may result in a fraudulent enlistment, which can carry a fine or period of imprisonment, or both. (U. S. Code, Title 18, Section 1001):

Signature

Date

PRIVACY ACT STATEMENT AUTHORITY: Sections 505, 508, 510, and 3012 of Title 10 U.S. Code and Executive Order 9397. **PRINCIPAL PURPOSE:** To request administration of enlistment aptitude and/or medical qualification examinations. Social Security Number is used to positively identify examination results. **ROUTINE USE:** Record is maintained with other enlistment processing records. **DISCLOSURE:** Voluntary; refusal to provide required data could result in denial of enlistment.

A. SERVICE PROCESSING FOR	B. PRIOR SERVICE <input type="checkbox"/> YES <input type="checkbox"/> NO	C. SELECTIVE SERVICE CLASSIFICATION	D. SELECTIVE SERVICE REGISTRATION NUMBER
NUMBER OF DAYS: _____			

1. SOCIAL SECURITY NUMBER	2. NAME (Last, First, Middle Name (and Maiden, if any), Jr., Sr., etc.)
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3. CURRENT ADDRESS (Street, City, County, State, Country, ZIP Code)	4. HOME OF RECORD ADDRESS (Street, City, County, State, Country, ZIP Code)
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5. CITIZENSHIP (X One)		6. SEX (X One)	7.a. RACIAL CATEGORY (X one or more)		
a. U.S. AT BIRTH (If this box is marked, also X (1) or (2)) <input type="checkbox"/> (1) NATIVE BORN <input type="checkbox"/> (2) BORN ABROAD OF U.S. PARENT(S)		a. MALE <input type="checkbox"/> b. FEMALE <input type="checkbox"/>	(1) AMERICAN INDIAN/ ALASKA NATIVE <input type="checkbox"/> (2) ASIAN <input type="checkbox"/> (3) BLACK OR AFRICAN AMERICAN <input type="checkbox"/> (4) NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/> (5) WHITE <input type="checkbox"/> (6) DECLINE TO RESPOND <input type="checkbox"/>		
b. U.S. NATURALIZED <input type="checkbox"/> c. U.S. NON-CITIZEN NATIONAL <input type="checkbox"/> d. IMMIGRANT ALIEN (Specify) _____ <input type="checkbox"/> e. NON-IMMIGRANT FOREIGN NATIONAL (Specify) _____ <input type="checkbox"/> f. ALIEN REGISTRATION NUMBER (As applicable) _____		8. MARITAL STATUS (Specify) _____ <input type="checkbox"/> 9. NUMBER OF DEPENDENTS _____ <input type="checkbox"/>		7.b. ETHNIC CATEGORY (X One) <input type="checkbox"/> (1) HISPANIC OR LATINO <input type="checkbox"/> (2) NOT HISPANIC OR LATINO <input type="checkbox"/> (3) DECLINE TO RESPOND	

10. DATE OF BIRTH (YYYYMMDD)	11. RELIGIOUS PREFERENCE (Optional)	12. EDUCATION (Yrs/Highest Ed Gr Completed)	13. PROFICIENT IN FOREIGN LANGUAGE (X One) (If Yes, specify)		1st	2nd
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14. VALID DRIVER'S LICENSE (X One) (If Yes, list State, number, and expiration date)	<input type="checkbox"/> YES <input type="checkbox"/> NO	15. PLACE OF BIRTH (City, State, and Country)
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16. APTITUDE:		c. TEST TYPE		d. RETEST		e. PREVIOUS TEST VERSIONS	
a. ASVAB REQUIRED TO ENLIST? (X One) <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> INITIAL <input type="checkbox"/> 1ST RETEST <input type="checkbox"/> 6 MONTH RETEST		<input type="checkbox"/> 1ST RETEST <input type="checkbox"/> 6 MONTH RETEST		1. _____ 2. _____	
b. ENLIST UNDER STUDENT TEST SCORES? (X One) <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> SPECIAL <input type="checkbox"/> CONFIRMATION		<input type="checkbox"/> 2ND RETEST <input type="checkbox"/> IMMEDIATE RETEST AUTHORIZED		f. PREVIOUS TEST DATES (YYYYMMDD) 1. _____ 2. _____	

17.a. RECRUITER ID/SSN	b. STATION ID	18. TEST ADMINISTRATOR SSN/ID	19. TEST ADMINISTRATOR SIGNATURE
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20. MEDICAL:		a. MEPS MEDICAL EXAM REQUIRED TO ENLIST? (X One) <input type="checkbox"/> YES <input type="checkbox"/> NO		b. EXAM TYPE		c. DATE LAST FULL MEDICAL EXAM (YYYYMMDD)	
		<input type="checkbox"/> FULL <input type="checkbox"/> SPECIAL <input type="checkbox"/> RE-EXAM		<input type="checkbox"/> INSPECT <input type="checkbox"/> CONSULT <input type="checkbox"/> OTHER			

21. APPLICANT'S SIGNATURE		22. MIRS CODING					
_____		WKID	ST	DATE	INT	DATE	INT

23. APPLICANT CERTIFICATION IN PRESENCE OF TEST ADMINISTRATOR I certify that I am the person identified on this form:		Photo ID? (X One) <input type="checkbox"/> YES <input type="checkbox"/> NO		24. RIGHT THUMBPRINT RIGHT THUMBPRINT, FIRST ATTEMPT (AFFIX THUMBPRINT WITH THUMB NAIL POINTED TO THE LEFT)			
_____		If yes, type/organization _____					
(Signature of Applicant)		ID Number _____					

25. APPLICANT CERTIFICATION IN PRESENCE OF RECRUITING PERSONNEL I certify that I am the person identified on this form and that the information about me shown there, including my Social Security Number is all true and correct to the best of my knowledge. I also certify that:		IF SECOND ATTEMPT IS REQUIRED, TURN FORM OVER (TOP OF FORM ON THE BOTTOM) AFFIX RIGHT THUMBPRINT ON UPPER RIGHT CORNER, THUMB NAIL POINTED TO THE LEFT					
a. <input type="checkbox"/> I have never been tested ANYTIME or ANYWHERE with the ASVAB either for enlistment purposes or as a student under the ASVAB testing program.							
b. <input type="checkbox"/> I was tested with the ASVAB on or about _____ at _____ (Most Recent Date Tested) (School, City, and State)							
c. <input type="checkbox"/> Request for student test scores (high school look-up) _____ at _____ (Most Recent Date Tested) (School, City, and State)							
d. <input type="checkbox"/> Yes, I want to keep my AFQT scores from the student test listed in "c" above.							
e. Current or last high school attended _____ OR _____ (High School) (13 Digit Code)							
f. _____ (Signature of Applicant) (Social Security Number) (Date)							

MEDICAL RECORDS RELEASE AUTHORITY: I request and authorize individuals/organizations listed below to release to the MEPS a complete transcript of my medical records. This release is for the purpose of further evaluation of my medical acceptability under military medical fitness standards. The medical records are to be obtained by this examinee at no cost to the Government and made available for review during the pre-enlistment physical.

26. APPLICANT'S CURRENT MEDICAL INSURER NAME (If none, sign your complete name to affirm that you have no current medical insurer):	27. APPLICANT'S CURRENT MEDICAL PROVIDER NAME (If none, sign your complete name to affirm that you have no current medical provider):
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28. MEDICAL INSURER ADDRESS (Street, City, State, Country, ZIP Code)	29. MEDICAL PROVIDER ADDRESS (Street, City, State, Country, ZIP Code)
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30. CERTIFICATION BY RECRUITING PERSONNEL I certify that I have properly identified this applicant in accordance with my service directives, have reviewed for completeness and accuracy the information provided on this form, and have witnessed the applicant's signature:			APPLICANT SSN
_____	_____	_____	
(Signature of Recruiter (or rep, if auth))	(Printed/Typed Name of Recruiter or Rep)	(Date)	
_____	_____	_____	
(Printed/Typed Name of Recruiter (if not recorded above))	_____	_____	
_____	_____	_____	
(Recruiter ID/SSN)	(Local Recruiting Activity)	(Bn, NRD, Sq or RS Location)	