

PENNSYLVANIA AIR NATIONAL GUARD

FAX: 717-861-1014 ATTENTION: Recruiting

The information herein is For Official Use Only (FOUO) which must be protected under the Privacy Act of 1974, as amended. Unauthorized disclosure or misuse of this PERSONAL INFORMATION may result in criminal and/or civil penalties.

APPLICANT INFORMATION			
Last Name:		First Name:	Middle Name: SSN:
Street Address:			Suffix or Nickname:
City:	County:	State:	ZIP:
Phone:		E-mail:	
Age:	Date of Birth:	Place of Birth:	(zip code):
Height (inches):	Weight:		
Hair Color:	Eye Color:	Race:	
Drivers License State:	Drivers License Exp Date:	Drivers License #:	
Marital Status:	# of Dependents:	Any expected changes in your marital or dependency status in the next 12 months? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Are you a citizen of the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, What country?	
Did you attend Junior or Senior ROTC?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, How many years?	
Been a member of the boy / girl scouts?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, Awards?	
Been a member of Civil Air Patrol?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, Awards?	
Have you ever or are you currently seeing a doctor or counselor for anything other than the routine check-ups (entire life)?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, Explain:	
Are you currently or have you ever taken any prescribed medication?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, Explain:	
Are you a Conscientious Objector?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
The need few questions are very important due to a background investigation, answer all question truthfully.			
Have you ever Used, Possessed, Sold, or Transported any illegal drugs, to included marijuana?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, Name of drug and times:	
Have you ever be Charged, Arrested, Cited, Held or Questioned by any Law Enforcement Agency to include minor traffic and juvenile offences?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, list the following: <u>Nature of Offence, Date, Location of Incident, Disposition</u>	
Have you ever filed for bankruptcy, had any accounts go to a collection agency, or have any delinquent accounts?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, Explain:	
EDUCATION			

High School:		Address:	
From:	To:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	
College:		Address:	
From:	To:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree:
Have you taken the ASVAB before? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, when and where?			
If yes, do you know your AF scores? QT: M: A: G: E:			
PRIOR MILITARY SERVICE			
Branch:		From: To:	
Rank at Discharge:		Type of Discharge:	
AFSC / MOS:		Job Title:	
Separation Code:		Re-Enlistment Code:	
Branch:		From: To:	
Rank at Discharge:		Type of Discharge:	
AFSC / MOS:		Job Title:	
Separation Code:		Re-Enlistment Code:	

DISCLAIMER AND SIGNATURE	
I certify that I have disclosed all information to my recruiter regarding use of illegal drugs, medical history and law violations. This information will only be used to determine my qualifications for the Air National Guard and may be referenced later while my background check is being conducted. If it is later determined that I have not disclosed all information to my recruiter, I may be discharged for Fraudulent Enlistment.	
Signature:	Date:
ADDITIONAL QUESTIONS (CIRCLE ONE):	
(If you answer yes, please explain.)	
Have you ever been diagnosed with ADD/ADHD?	
Have you ever been diagnosed with asthma?	
Do you have an allergies (seasonal/food etc.)?	
Do you have any tattoos (if so, please describe what and where)?	
Have you filed, plan on filing, or collect a VA disability?	
Have you ever been denied a security clearance?	