

EXAMPLE AF FORM 24

APPLICATION FOR APPOINTMENT AS RESERVE OF THE AIR FORCE OR USAF WITHOUT COMPONENT						OMB NO. 0701-0096		
<input checked="" type="checkbox"/> APPOINTMENT AS A RESERVE MEMBER OF THE AIR FORCE		<input type="checkbox"/> FEDERAL RECOGNITION AND APPOINTMENT AS A RESERVE MEMBER OF THE AIR FORCE		<input type="checkbox"/> APPOINTMENT AS A USAF MEMBER WITHOUT COMPONENT				
PRIVACY ACT STATEMENT								
<p><i>AUTHORITY: 10 U.S.C. 591, Reserve Components Qualifications; Executive Order 9397 (SSN), as amended.</i></p> <p><i>PRINCIPAL PURPOSE: Provides necessary information to determine if applicant meets qualifications established for appointment as a Reserve (ANGUS and USAFR) or in the USAF without component. Use of SSN is necessary to make positive identification of an applicant and his or her records.</i></p> <p><i>ROUTINE USE: May specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3).</i></p> <p><i>DISCLOSURE: Disclosure is voluntary. If information is not provided, all further processing is terminated.</i></p>								
AGENCY DISCLOSURE STATEMENT								
<p>Public reporting burden for this collection of information is estimated to average 20 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, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, East Tower, Suite 02G09, Alexandria, VA 22350-3100 (0701-0096). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</p>								
INSTRUCTIONS								
<p>Complete this form in two copies. Use typewriter or print clearly in ink. Sign each copy separately. Check the type of appointment, under the form title, for which you are applying. Upon termination from active duty, travel entitlements are based on the information you enter in item 6, "Home of Record (HOR) ." Once recorded, the HOR may not be changed. If additional space is required, continue in item 33, "Remarks."</p>								
1. TO :				2. SPECIALTY				
LEAVE BLANK				LEAVE BLANK				
3. FROM: (Last, First, Middle Initial) SMITH, MARK J.			4. SSN 111-11-1111		5. DATE OF BIRTH (YYYYMMDD) 19930704			
6. HOME OF RECORD (HOR) (Include ZIP Code and 4 digit) (If a postal box include your street address) 1234 BLUE STREET, DULUTH, MINNESOTA 55811-0367			7. PLACE OF BIRTH (City, State, Country) Duluth, MN, USA					
8. MAILING ADDRESS (If other than HOR, include ZIP Code and 4 digit) (If a postal box include your street address)			9. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY (Name, relationship, and address) SUSAN B. SMITH, MOTHER, ADDRESS					
10. MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED TO MILITARY MEMBER <input type="checkbox"/> MARRIED TO CIVILIAN <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED								
11. FAMILY MEMBERS (Other than spouse, number completely dependent upon you)			12. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If yes, check appropriate item) <input checked="" type="checkbox"/> BIRTH <input type="checkbox"/> NATURALIZED IF YOU ARE U.S. CITIZEN BY OWN NATURALIZATION, STATE THE DATE, NUMBER OF CERTIFICATE, AND COURT					
13. I UNDERSTAND I AM BEING CONSIDERED FOR APPOINTMENT:								
<input type="checkbox"/> To fill an active force requirement and agree to remain on active duty for the period specified in pertinent instructions (AFIs 36-2008, 36-2011 and 36-2107).								
My geographic preference of assignment is:		I will be available to enter active duty on:		<input type="checkbox"/> I do <input type="checkbox"/> I do not		Require at least 30 days notice to enter active duty.		
<input checked="" type="checkbox"/> To fill an authorized position vacancy in the Ready Reserve.								
INITIALS MJS		I further understand that if I have not previously incurred a military service obligation (MSO), that I will incur an MSO and I have been briefed on what my MSO will be.						
INITIALS MJS		I have been briefed on my responsibility to participate in the Air Force Direct Deposit Program within 60 days of arrival at my first permanent duty station.						
INITIALS MJS		I have been briefed on the contents of the application briefing item on separation policy..						
14. EDUCATION								
TYPE OF SCHOOL	NAME OF SCHOOL	DATES ATTENDED		MAJOR SUBJECT	NO. YRS COMPL	GRAD		TYPE OF DEGREE
		FROM (YMD)	TO (YMD)			Y	N	
SECONDARY AND OTHER	SOUTH HIGH SCHOOL	20070901	20110601		4	x		DIPLOMA
COLLEGE, POST-GRADUATE, INTERNSHIP, RESIDENCY, FELLOWSHIP, ETC.	U OF MN, DULUTH	20110901	20150515	MECH. ENGINEERING	4	x		BS
MILITARY	USAF BMT	20120115	20120321	BASIC MILITARY TRAINING	8.5 WK	x		CERTIFICATE
	HYDRAULIC SYSTEMS APPR.	20120401	20120615	HYDRAULIC SYSTEMS	2.5 MO	x		CERTIFICATE
15. OTHER SUBJECTS SPECIALIZED IN (Include certification by American Specialty Boards and date of certification)								

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16. PHYSICIANS ONLY					
<input type="checkbox"/> I DO <input type="checkbox"/> DO NOT DESIRE TRAINING IN AVIATION MEDICINE					
17. CHRONOLOGICAL STATEMENT OF SERVICE AND TRAINING IN ANY COMPONENT OF THE UNIFORMED SERVICES <i>(Include service academies and preparatory schools, Reserve Officer Training Corps (ROTC), Officer Training School (OTS), Health Professions Scholarship (HPSP), etc.)</i>					
DATES ATTENDED		HIGHEST GRADE	ORGANIZATION <i>(Type and Service)</i>	SPECIALTY	ACTIVE DUTY OR RESERVE
FROM (YMD)	TO (YMD)				
20111031	PRESENT	E-5	148 FW/MXS	HYDRAULICS 2A635	RESERVE
(ONE LINE FOR EACH BRANCH OF SERVICE)					
18. ARE YOU CURRENTLY A MEMBER OF ANY BRANCH OF THE UNIFORMED SERVICES?				19. WERE ALL DISCHARGES HONORABLE?	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <i>(If yes, provide branch of uniformed service)</i>				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
20. WERE YOU EVER NONSELECTED FOR PROMOTION TO AN OFFICER GRADE IN ANY BRANCH OF THE UNIFORMED SERVICES?					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>(If yes, provide branch of uniformed service)</i>					
21. WERE YOU SEPARATED OR ARE YOU PENDING SEPARATION FROM ANY BRANCH OF THE UNIFORMED SERVICES FOR CAUSE, OR WERE YOU SEPARATED OR ARE YOU PENDING SEPARATION FROM COMMISSIONED STATUS IN ANY BRANCH OF THE UNIFORMED SERVICES DUE TO NONQUALIFIED, NONSELECT, OR DEFERRAL PROMOTION?					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>(If yes, provide branch of uniformed service, reason for separation action, and date of separation, if applicable)</i>					
22. HAVE YOU EVER RECEIVED SEVERANCE PAY, OR SEPARATION PAY, OR READJUSTMENT PAY, OR VOLUNTARY SEPARATION INCENTIVE (VSI) OR SPECIAL SEPARATION BENEFIT (SSB) PAY WHEN RELEASED FROM ACTIVE DUTY OR DISCHARGED FROM ANY UNIFORMED SERVICE?					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
23. HAVE YOU PREVIOUSLY MADE APPLICATION AND BEEN REJECTED FOR COMMISSIONING BY ANY COMPONENT OF THE UNIFORMED SERVICES?					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>(If yes, please state when and where rejected, and cause)</i>					
24. HAVE YOU EVER APPLIED FOR A COMMISSION OR POSITION WITH ANY BRANCH OF THE ARMED SERVICES OR FEDERAL GOVERNMENT? IF SO, PLEASE EXPLAIN.					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>(If additional space is required, continue in "REMARKS")</i>					
25. CHRONOLOGICAL STATEMENT OF CIVILIAN EMPLOYMENT, INCLUDING PART-TIME POSITIONS. <i>(If additional space is required, continue in "REMARKS" section)</i>					
FROM (YMD)	TO (YMD)	EMPLOYED BY <i>(Give name and address to include ZIP Code and 4 digit)</i>		FULL TIME	PART TIME <i>(Hrs per week)</i>
20130501	PRESENT	RED OAK SERVICES, 4321 RED ST, DULUTH, MN 55807-4324			MONTHLY SALARY \$1,600.00
POSITION AND DUTIES ADMINISTRATIVE ASSISTANT				REASON FOR TERMINATION N/A	
FROM (YMD)	TO (YMD)	EMPLOYED BY <i>(Give name and address to include ZIP Code and 4 digit)</i>		FULL TIME	PART TIME <i>(Hrs per week)</i>
POSITION AND DUTIES				REASON FOR TERMINATION	
(USE PAGE 4 IF YOU NEED SPACE TO LIST MORE JOBS)					
FROM (YMD)	TO (YMD)	EMPLOYED BY <i>(Give name and address to include ZIP Code and 4 digit)</i>		FULL TIME	PART TIME <i>(Hrs per week)</i>
POSITION AND DUTIES				REASON FOR TERMINATION	
26. HAVE YOU EVER BEEN INVOLVED, ARRESTED, INDICTED, OR CONVICTED (INCLUDING PRETRIAL DIVERSION) FOR ANY VIOLATION OF CIVIL OR MILITARY LAW, INCLUDING NONJUDICIAL PUNISHMENT PURSUANT TO ARTICLE 15 OF THE UCMJ, OR MINOR TRAFFIC VIOLATIONS?					
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <i>(If yes, please explain below. List all offenses charged against you regardless of final disposition, including situations where the involvement has not been recorded locally or the record has been ordered sealed or expunged by the court.)</i>					
OFFENSE	DATE <i>(YYYYMMDD)</i>	PLACE	AGE	DISPOSITION OF CHARGE	COURT
SPEEDING	20100729	DULUTH	17	PAID FINE	ST. LOUIS COUNTY
(ALL LAW VIOLATIONS, EVEN IF NOT LISTED ON CURRENT RECORD)					

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26a. HAVE YOU EVER BEEN CONVICTED OF A DUI OR ALCOHOL RELATED OFFENSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If yes, submit a statement in your own words describing the circumstances, and a copy of the police report. Involvement has not been recorded locally or the record has been ordered sealed or expunged by the court.)					
OFFENSE	DATE (YYYYMMDD)	PLACE	AGE	DISPOSITION OF CHARGE	COURT
(ANY ALCOHOL-RELATED OFFENSES MUST BE LISTED HERE)					
27. ARE YOU A CONSCIENTIOUS OBJECTOR? (A conscientious objector is defined as: One who has or has a firm, fixed, and sincere objection to participation in war in any form or to bearing of arms because of religious training or belief, which includes solely moral or ethical beliefs.) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
28. ARE YOU NOW OR HAVE YOU EVER BEEN AFFILIATED WITH ANY ORGANIZATION OR MOVEMENT THAT SEEKS TO ALTER OUR FORM OF GOVERNMENT BY UNCONSTITUTIONAL MEANS, OR SYMPATHETICALLY ASSOCIATED WITH ANY SUCH ORGANIZATION, MOVEMENT, OR MEMBERS THEREOF? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If yes, please describe.)					
29. ARE THERE ANY OTHER UNFAVORABLE INCIDENTS IN YOUR LIFE WHICH YOU BELIEVE MAY REFLECT UPON YOUR LOYALTY TO THE UNITED STATES GOVERNMENT OR UPON YOUR ABILITY TO PERFORM THE DUTIES WHICH YOU MAY BE CALLED UPON TO UNDERTAKE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If yes, please describe.)					
30. HEALTH CARE PRACTITIONERS AND JUDGE ADVOCATE APPLICANTS ONLY					
A. LIST ALL STATE OR FEDERAL BAR LICENSES HELD CURRENTLY OR AT ANY TIME IN THE PAST					
STATE IN WHICH LICENSED	DATE LICENSED	EXPIRATION DATE	STATE IN WHICH LICENSED	DATE LICENSED	EXPIRATION DATE
FOR DOCTORS/NURSES/JAG ONLY					
B. APPLICANT MUST INITIAL EACH QUESTION					
(1) HAVE YOU EVER HAD ANY OF THE ABOVE STATE LICENSE (S) SUSPENDED OR REVOKED? (Initials) <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please explain in "REMARKS.")					
(2) HAVE YOU EVER VOLUNTARILY SURRENDERED OR FAILED TO RENEW ANY OF THE ABOVE STATE LICENSES? (Initials) <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please explain in "REMARKS.")					
(3) HAVE YOU EVER HAD ANY DISCIPLINARY CLAIMS, SETTLEMENTS, JUDICIAL, OR ADMINISTRATIVE ADJUDICATION, OR GRIEVANCES, OR ANY OTHER RESOLVED OR OPEN CHARGES THAT INVOLVE UNPROFESSIONAL, UNETHICAL, UNPROFESSIONAL, OR SUBSTANDARD MEDICAL CARE OR LEGAL MALPRACTICE? (Initials) <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please explain in "REMARKS.")					
(4) HAVE YOU EVER HAD YOUR PROFESSIONAL PRIVILEGES WITHDRAWN, DENIED, OR RESTRICTED BY ANY HEALTH CARE INSTITUTION OR STATE BAR LICENSING ORGANIZATION? HAVE YOU EVER VOLUNTARILY SURRENDERED YOUR PRIVILEGES? (Initials) <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please explain in "REMARKS.")					
(5) ARE YOU BOARD CERTIFIED? (Initials) <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, please explain in "REMARKS.")					
(6) ARE YOU BOARD ELIGIBLE? (Initials) <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, please explain in "REMARKS.")					
(7) HAVE YOU EVER TAKEN A WRITTEN AND/OR ORAL EXAMINATION OF YOUR BOARD OR BAR EXAMINATION AND FAILED? (Initials) <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please explain in "REMARKS.")					
(8) DO YOU PLAN TO RETAKE YOUR BOARDS OR EXAMINATION IN THE FUTURE? (Initials) <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please explain in "REMARKS.")					
31. AFOQT SCORES (Only AFTCOs or Unit Commanders are authorized to enter scores)					
AFOQT FORM	DATE TESTED	PILOT	NAV TECH	AA	VERBAL
*****		*****		*****	
LEAVE BLANK					
32. SECURITY CLEARANCE (X as applicable) <input type="checkbox"/> NONE <input type="checkbox"/> PENDING: DATE INITIATED (YYYYMMDD) <input checked="" type="checkbox"/> GRANTED: TYPE: SECRET DATE GRANTED 20111015					
33. REMARKS (If additional space is needed, continue on page 4. Be sure to identify item number.) 					
I understand that any false or incomplete information knowingly provided on or with this application may be grounds for not employing or accessing with the Air Force, or grounds for dismissing or releasing me from active duty if already employed or serving.					
NAME (First, Full Middle, Last Name) (Typed or Printed) MARK JOSEPH SMITH			SIGNATURE (First, Full Middle, and Last Name) MARK JOSEPH SMITH		DATE 20240722

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AF FORM 24 CONTINUATION SHEET