

**APPLICATION FOR APPOINTMENT AS RESERVE OF THE AIR FORCE
OR USAF WITHOUT COMPONENT**

OMB NO. 0701-0096
Expires 31 May 2011

APPOINTMENT AS A RESERVE MEMBER OF THE AIR FORCE	FEDERAL RECOGNITION AND APPOINTMENT AS A RESERVE MEMBER OF THE AIR FORCE	APPOINTMENT AS A USAF MEMBER WITHOUT COMPONENT
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PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 591, Reserve Components Qualifications; EO 9397.
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.
ROUTINE USE: May specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3).
DISCLOSURE IS VOLUNTARY: If information is not provided, all further processing is terminated.

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 this burden, to Department of Defense, Washington Headquarters Services, DIOR (0701-0096), 1215 Jefferson Davis Highway, Suite 1204, Arlington VA 22202-4302. 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. Please Do NOT RETURN your form to either of these addresses. Return it to your recruiter, ESO, Reserve MPF, or unit commander as applicable.

INSTRUCTIONS

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."

1. TO: Leave Blank	2. SPECIALTY
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3. FROM: (Last, First, Middle Initial) Smith, Joseph A.	4. SSN 111-11-1111	5. DATE OF BIRTH (YYYYMMDD) 19850724
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6. HOME OF RECORD (HOR) (Include ZIP Code and 4 digit) (If a postal box include your street address) my address here	7. PLACE OF BIRTH (City, State, Country) Minneapolis, MN 55111
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8. MAILING ADDRESS (If other than HOR, include ZIP Code and 4 digit) (If a postal box include your street address) (same as #6)	9. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY (Name, relationship, and address) Joseph A. Smith Sr., Father, address
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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
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11. FAMILY MEMBERS (Other than spouse, number completely dependent upon you) 0	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:
 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	Require at least 30 days notice to enter active duty.
		<input type="checkbox"/> I do not	

To fill an authorized position vacancy in the Ready Reserve.

INITIALS 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 that my MSO will be.
JAS

INITIALS 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.
JAS

INITIALS I have been briefed on the contents of the application briefing item on separation policy..
JAS

TYPE OF SCHOOL	NAME OF SCHOOL	DATES ATTENDED		MAJOR SUBJECT	NO. YRS COMPL	GRAD Y N	TYPE OF DEGREE
		FROM (YMD)	TO (YMD)				
SECONDARY AND OTHER	North High School	20010901	20050601		4	<input checked="" type="checkbox"/>	Diploma
COLLEGE, POST-GRADUATE, INTERNSHIP, RESIDENCY, FELLOWSHIP, ETC.	U of MN, Minneapolis	20050901	20090515	Chemistry	4	<input checked="" type="checkbox"/>	BS
MILITARY	USAF BMT	20060601	20060815	Basic Military Training	8.5 wk	<input checked="" type="checkbox"/>	Certificate
	Hydraulic Systems Appr.	20060901	20061115	Hydraulic Systems	2.5 mo	<input checked="" type="checkbox"/>	Certificate

15. OTHER SUBJECTS SPECIALIZED IN (Include certification by American Specialty Boards and date of certification)

16. PHYSICIANS ONLY

I DO DO NOT DESIRE TRAINING IN AVIATION MEDICINE

17. CHRONOLOGICAL STATEMENT OF SERVICE AND TRAINING IN ANY COMPONENT OF THE UNIFORMED SERVICES (Include service academies and preparatory schools, Reserve Officer Training Corps (ROTC), Officer Training School (OTS), Health Professions Scholarship (HPSP), etc.)

DATES ATTENDED		HIGHEST GRADE	ORGANIZATION (Type and Service)	SPECIALTY	ACTIVE DUTY OR RESERVE
FROM (YMD)	TO (YMD)				
20060323	Present	E-4	133 AW/MXS	Hydraulics 2A635	Reserve
(one line for each branch of service)					

18. ARE YOU CURRENTLY A MEMBER OF ANY BRANCH OF THE UNIFORMED SERVICES? YES NO (If yes, provide branch of uniformed service) **MN ANG**

19. WERE ALL DISCHARGES HONORABLE? YES NO

20. WERE YOU EVER NONSELECTED FOR PROMOTION TO AN OFFICER GRADE IN ANY BRANCH OF THE UNIFORMED SERVICES? YES NO (If yes, provide branch of uniformed service)

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? YES NO (If yes, provide branch of uniformed service, reason for separation action, and date of separation, if applicable)

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? YES NO

23. HAVE YOU PREVIOUSLY MADE APPLICATION AND BEEN REJECTED FOR COMMISSIONING BY ANY COMPONENT OF THE UNIFORMED SERVICES? YES NO (If yes, please state when and where rejected, and cause)

24. HAVE YOU EVER APPLIED FOR A COMMISSION OR POSITION WITH ANY BRANCH OF THE ARMED SERVICES OR FEDERAL GOVERNMENT? IF SO, PLEASE EXPLAIN. YES NO (If additional space is required, continue in "REMARKS")

25. CHRONOLOGICAL STATEMENT OF CIVILIAN EMPLOYMENT, INCLUDING PART-TIME POSITIONS. (If additional space is required, continue in "REMARKS" section)

FROM (YMD)	TO (YMD)	EMPLOYED BY (Give name and address to include ZIP Code and 4 digit)	FULL TIME	PART TIME (Hrs per week)	MONTHLY SALARY
20040101	20051231	McDonalds, 4563 Hiawatha Ave., Minneapolis, MN 55418		25	\$500.00
POSITION AND DUTIES Cashier			REASON FOR TERMINATION Left for new job		

POSITION AND DUTIES			REASON FOR TERMINATION		
use page 4 if you have more jobs to list					
FROM (YMD)	TO (YMD)	EMPLOYED BY (Give name and address to include ZIP Code and 4 digit)	FULL TIME	PART TIME (Hrs per week)	MONTHLY SALARY
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? YES NO (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.)

OFFENSE	DATE (YYYYMMDD)	PLACE	AGE	DISPOSITION OF CHARGE	COURT
Speeding	20051117	Minneapolis	17	Paid fine	Hennepin County
Seat Belt violation	20060327	Minneapolis	18	Paid fine	Hennepin County
(ALL law violations - even if not on current record)					

26a. HAVE YOU EVER BEEN CONVICTED OF A DUI OR ALCOHOL RELATED OFFENSE?

YES 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
This section would include minor consumptions or DUI/BUI, etc)					

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.)

YES 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?

YES 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?

YES 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/JAGS only					

B. APPLICANT MUST INITIAL EACH QUESTION

(1) HAVE YOU EVER HAD ANY OF THE ABOVE STATE LICENSE(S) SUSPENDED OR REVOKED?

(Initials) YES NO (If yes, please explain in "REMARKS.")

(2) HAVE YOU EVER VOLUNTARILY SURRENDERED OR FAILED TO RENEW ANY OF THE ABOVE STATE LICENSES?

(Initials) YES NO (If yes, please explain in "REMARKS.")

(3) HAVE YOU EVER HAD ANY MEDICAL CLAIMS, SETTLEMENTS, JUDICIAL, OR ADMINISTRATIVE ADJUDICATION, OR GRIEVANCES, OR ANY OTHER RESOLVED OR OPEN CHARGES OF INAPPROPRIATE, UNETHICAL, UNPROFESSIONAL, OR SUBSTANDARD MEDICAL CARE OR LEGAL MALPRACTICE?

(Initials) YES 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, OR HAVE YOU EVER VOLUNTARILY SURRENDERED YOUR PRIVILEGES?

(Initials) YES NO (If yes, please explain in "REMARKS.")

(5) ARE YOU BOARD CERTIFIED?

(Initials) YES NO (If no, please explain in "REMARKS.")

(6) ARE YOU BOARD ELIGIBLE?

(Initials) YES NO (If no, please explain in "REMARKS.")

(7) HAVE YOU EVER TAKEN THE WRITTEN AND/OR ORAL PORTION OF YOUR BOARD OR BAR EXAMINATION AND FAILED?

(Initials) YES NO (If yes, please explain in "REMARKS.")

(8) DO YOU PLAN TO TAKE OR RETAKE YOUR BOARDS OR BAR EXAMINATION IN THE FUTURE?

(Initials) YES NO (If yes, when? 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	QUANTITATIVE
Leave Blank						

32. SECURITY CLEARANCE (X as applicable)

NONE PENDING: DATE INITIATED (YYYYMMDD) GRANTED: TYPE: SECRET DATE GRANTED 20080415

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) Joseph Allen Smith	SIGNATURE (First, Full Middle, and Last Name) <i>Joseph Allen Smith</i>	DATE 20110119
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AF IMT 24 CONTINUATION SHEET

[The main body of the page contains extremely faint and illegible text, likely bleed-through from the reverse side of the paper. The text is too light to transcribe accurately.]