

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

OMB NO. 0701-0096  
Expires 31 August 2012

**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**

**PRIVACY ACT STATEMENT**

*AUTHORITY: 10 U.S.C. 591, Reserve Components Qualifications; Executive Order 9397 (SSN), as amended.  
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: 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."

<b>1. TO :</b>		<b>2. SPECIALTY</b>	
<b>3. FROM:</b> (Last, First, Middle Initial)		<b>4. SSN</b>	<b>5. DATE OF BIRTH</b> (YYYYMMDD)
<b>6. HOME OF RECORD(HOR)</b> (Include ZIP Code and 4 digit) (If a postal box include your street address)		<b>7. PLACE OF BIRTH</b> (City, State, Country)	
<b>8. MAILING ADDRESS</b> (If other than HOR, include ZIP Code and 4 digit) (If a postal box include your street address)		<b>9. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY</b> (Name, relationship, and address)	
<b>10. MARITAL STATUS</b>	<input 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
<b>11. FAMILY MEMBERS</b> (Other than spouse, number completely dependent upon you)	<b>12. U.S. CITIZEN</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO (If yes, check appropriate item)
	<input 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 what my MSO will be.
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.
INITIALS	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								
COLLEGE, POST-GRADUATE, INTERNSHIP, RESIDENCY, FELLOWSHIP, ETC.								
MILITARY								

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

<b>16. PHYSICIANS ONLY</b>					
<input type="checkbox"/> I DO <input type="checkbox"/> DO NOT DESIRE TRAINING IN AVIATION MEDICINE					
<b>17. CHRONOLOGICAL STATEMENT OF SERVICE AND TRAINING IN ANY COMPONENT OF THE UNIFORMED SERVICES</b> <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)				
<b>18. ARE YOU CURRENTLY A MEMBER OF ANY BRANCH OF THE UNIFORMED SERVICES?</b>				<b>19. WERE ALL DISCHARGES HONORABLE?</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If yes, provide branch of uniformed service)</i>				<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>20. WERE YOU EVER NONSELECTED FOR PROMOTION TO AN OFFICER GRADE IN ANY BRANCH OF THE UNIFORMED SERVICES?</b>					
<input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If yes, provide branch of uniformed service)</i>					
<b>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?</b>					
<input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If yes, provide branch of uniformed service, reason for separation action, and date of separation, if applicable)</i>					
<b>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?</b>					
<input type="checkbox"/> YES <input type="checkbox"/> NO					
<b>23. HAVE YOU PREVIOUSLY MADE APPLICATION AND BEEN REJECTED FOR COMMISSIONING BY ANY COMPONENT OF THE UNIFORMED SERVICES?</b>					
<input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If yes, please state when and where rejected, and cause)</i>					
<b>24. HAVE YOU EVER APPLIED FOR A COMMISSION OR POSITION WITH ANY BRANCH OF THE ARMED SERVICES OR FEDERAL GOVERNMENT? IF SO, PLEASE EXPLAIN.</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If additional space is required, continue in "REMARKS")</i>					
<b>25. CHRONOLOGICAL STATEMENT OF CIVILIAN EMPLOYMENT, INCLUDING PART-TIME POSITIONS.</b> <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>	MONTHLY SALARY
POSITION AND DUTIES			REASON FOR TERMINATION		
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>	MONTHLY SALARY
POSITION AND DUTIES			REASON FOR TERMINATION		
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>	MONTHLY SALARY
POSITION AND DUTIES			REASON FOR TERMINATION		
<b>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?</b>					
<input 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





AF FORM 24 CONTINUATION SHEET