APPLICATION FOR APPOINTMENT AS RESERVE OF THE AIR FORCE OR USAF WITHOUT COMPONENT								-	OMB NO. 0701-0096 Expires 31 August 2012												
	MENT AS A RE			F	EDER	AL RECOG	INITION	I AND	) APP	OINTN							ENT AS	ΑU	SAF	-	
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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									ng this ngton Ilay a												
commander as a Complete this for which you are ap Once recorded, t	m in two copie plying. Upon t	erminatio	on from	active duty	y, trave	el entitleme	n each ents are	copy base	ed on	rately. the in	forma	tion yo	ou ente								
1. TO :	ne nok may		angeu.		arspac			IIIIUe	<u>; 111 110</u>	<u>, 11 33,</u>	, iten				2. SPE	CIAL	ТҮ				
3. FROM: (Last, F	First, Middle In	itial)							4. S	4. SSN 5. DATE OF					BIRTH (YYYYMMDD)						
6. HOME OF REC your street addre		Include Z	IP Coa	le and 4 dig	git) (If a	a postal bo	ox inclue	de	7. PI	LACE	OF BI	RTH ((	City, St	ate, C	Country	)					
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)								lationship,													
10. MARITAL ST		SINGLE	Μ	IARRIED T	O MILI					IED TO					ARATE	D	DIV	OR	CED		WIDOWED
(Other than spou	11. FAMILY MEMBERS (Other than spouse, number         12. U.S. CITIZEN         YES         NO (If yes, check appropriate item)         BIRTH         NATURALIZED																				
completely dependent upon you) 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       I will be available to enter       I do       Require at least 30 days notice to enter																					
assignment is: active duty on: I do not active duty.																					
INITIALS I furth	o fill an authorized position vacancy in the Ready Reserve.  LS / 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	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	INITIALS         I have been briefed on the contents of the application briefing item on separation policy																				
14. EDUCATION TYPE OF						DATES A		DED									NO. YRS		GRA	П	TYPE OF
SCHOOL	NA	AME OF S	SCHOC	DL	FR	OM (YMD)		(YME	)		N	AJOF	R SUBJ	ECT			COMPL		Y I	Ň	DEGREE
SECONDARY																		+	-		
AND OTHER																_			_	_	
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COLLEGE,																		_	-	_	
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45. 07055 005			1 // /			h., A						4.4 *		- 4 <sup>1</sup> :	,						
15. OTHER SUBJ	ECTS SPECIA	ALIZED IN	(Inclu	ide certific	ation l	<i>y Americ</i>	an Spe	cialty	у Воа	ras ar	nd dai	te of c	ertific	ation	)						

I DO D	O NOT DESIRE TRAINING I	N AVIATION MEDICI	NE							
				OF THE UNIFORMED SERV			lemies and			
				ol (OTS), Health Professions	Scholarsh					
DATES ATTENDED		HIGHEST		GANIZATION	SF	ECIALTY	ACTIVE DUTY			
FROM (YMD) TO (Y	MD)	GRADE	(1)	e and Service)	-		OR RESERVE			
18. ARE YOU CURRENTL	Y A MEMBER OF ANY BRAN		MED SERVIC	ES?	19. WERE	ALL DISCHARG	ES HONORABLE?			
	) (If yes, provide branch of									
20. WERE YOU EVER NO	NSELECTED FOR PROMOT	ION TO AN OFFICER	GRADE IN AI	IY BRANCH OF THE UNIFOR	MED SER	VICES?				
YES NO	O (If yes, provide branch of	uniformed service)								
21. WERE YOU SEPARA	ED OR ARE YOU PENDING	SEPARATION FROM	ANY BRANC	H OF THE UNIFORMED SER	VICES FOR	R CAUSE, OR WE	REYOU			
				ANY BRANCH OF THE UNI						
NONQUALIFIED, NONSE	LECT, OR DEFERRAL PRO	MOTION?								
	) (If yoo provide brench of	uniformed convice r	agoon for oor	aration action, and date of s	operation	if applicable)				
		,	1		, ,	11 ,				
	-			USTMENT PAY, OR VOLUN			FIVE(VSI) OR			
	. ,	ELEASED FROM ACT		R DISCHARGED FROM ANY	JNIFORME	D SERVICE?				
YES NO	)									
23. HAVE YOU PREVIOU	SLY MADE APPLICATION AI	ND BEEN REJECTED	FOR COMMI	SSIONING BY ANY COMPO	NENT OF T	HE UNIFORMED	SERVICES?			
YES N	) (If yes, please state when	and where rejected	and cause)							
			,							
		OR POSITION WITH	ANY BRANCI	I OF THE ARMED SERVICES	OR FEDE	RAL GOVERNME	ENT? IF SO, PLEASE			
YES	NO (If additional space	e is required, continue	e in "REMAR	KS")						
25. CHRONOLOGICAL S	TATEMENT OF CIVILIAN EN	IPLOYMENT, INCLUD	DING PART-T	ME POSITIONS. (If additional	space is re	auired. continue in	"REMARKS" section)			
				ME POSITIONS. (If additional ude ZIP Code and 4 digit)			,			
				ME POSITIONS. (If additional ude ZIP Code and 4 digit)	FULL FULL	PART TIME	MONTHLY SALARY			
					FULL		MONTHLY SALARY			
					FULL	PART TIME	MONTHLY SALARY			
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FROM (YMD) TO					FULL TIME	PART TIME (Hrs per week)	MONTHLY SALARY			
FROM (YMD) TO					FULL TIME	PART TIME (Hrs per week)	MONTHLY SALARY			
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26a. HAVE YOU EVER BEE	EN CONVICTED OF A DUI OR A (If yes, submit a statement involvement has not been re	in your own words	describing the		• • •			
OFFENSE	DATE (YYYYMMDD)	PLACE	AGE	DISPOSITION		COURT		
			_					
participation in war in a	NTIOUS OBJECTOR? (A conso ny form or to bearing of arms							
	VE YOU EVER BEEN AFFILIAT							
BY UNCONSTITUTIONAL	MEANS, OR SYMPATHETICAL (If yes, please describe.)							
	ER UNFAVORABLE INCIDENT					E UNITED STATES		
	YOUR ABILITY TO PERFORM (If yes, please describe.)	THE DUTIES WHIC	H YOU MAY I	BE CALLED UPON TO UNI	DERTAKE?			
30. HEALTH CARE PRACT	TITIONERS AND JUDGE ADVO	CATE APPLICANTS	ONLY					
	R FEDERAL BAR LICENSES							
STATE IN WHICH LICENS	ED DATE LICENSED	EXPIRATION D	ATE STA	TE IN WHICH LICENSED	DATE LICENSED	EXPIRATION DATE		
	INITIAL EACH QUESTION							
(1) HAVE YOU EVE			,	D OR REVOKED? plain in "REMARKS.")				
(2) HAVE YOU EVE	(Initials) YI			. ,	ELICENSES?			
(_)				plain in "REMARKS.")				
	ER HAD ANY MEDICAL CLAIM PEN CHARGES OF INAPPRO	PRIATE, UNETHIC	AL, UNPROF	ESSIONAL, OR SUBSTAN				
	(Initials) YI			plain in "REMARKS.")	BY ANY HEALTH CARE			
		R HAVE YOU EVER	VOLUNTARI	LY SURRENDERED YOUR				
		ES NO (If y	es, please ex	plain in "REMARKS.")				
(5) ARE YOU BOAF	(Initials)			olain in "REMARKS.")				
(6) ARE YOU BOAI			o, piease exp					
(-)		ES NO (If n	o, please exp	olain in "REMARKS.")				
(7) HAVE YOU EVE	ER TAKEN THE WRITTEN AN		ON OF YOUR	BOARD OR BAR EXAMIN	IATION AND FAILED?			
			-	plain in "REMARKS.")				
(8) DO YOU PLAN				N IN THE FUTURE?				
31 AEOOT SCOPES (Opt	(Initials) YI		es, when?	rosl	please explain in "R	EMARKS.")		
	DATE TESTED PILOT	1	NAV TECH	AA	VERBAL	QUANTITATIVE		
		ľ	NAVIECH		VERDAL	QUANTIATIVE		
32. SECURITY CLEARAN	CE (X as applicable)			I	I	I		
	G: DATE INITIATED (YYYYMME	D)	GRAN	TED: TYPE:	DATE	GRANTED		
33. REMARKS (If additional	al space is needed, continue o	on page 4. Be sure	to identify ite	m 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, L	ast Name) (Typed or Printed)	s	GIGNATURE (/	First, Full Middle, and Last	Name)	DATE		
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	ADDITIONAL COMMENTS OR EXPLANATIONS						
ITEM NO.	IDENTIFY THE ITEM NUMBER AND EXPLAIN IN THIS SPACE (If additional space is required, use full sheets of paper. Write your name and SSN on each sheet.)						
	1. "I have read and understand HQ USAFRS FS (initial)						
	2. Short Notice Orders						
	"I have been briefed on and understand the following":						
	a. Shipment of household goods is dependent upon receipt of my active duty orders and availability of a common carrier arranged through a local military Traffic Management Office ( <i>TMO</i> ) ( <i>initial</i> )						
	b. If I receive my active duty orders less than 30 days from entering active duty, I may not be able to ship household goods prior to my departure for training at Maxwell/Gunter Air Force Base, Alabama, or my permanent duty station. If this causes undue hardship, I understand that a change to my reporting date may be requested (initial)						
	c. Should I need to return to my current residence to ship household goods or pickup Family Members, I will be responsible for any travel expenses above those associated with traveling from Maxwell/Gunter Air Force Base, Alabama, to my permanent duty station. Also, any additional time taken over authorized travel time will be charged as leave (initial)						

AF FORM 24 CONTINUATION SHEET