1. Personal Data						
Last Name	First Name		Middle Name		Date of Birth	
Address			City			
State		Zip Code	Email Address		ail Address	
Phone Numbers						
Home		Cell		Work		

2. Military Affiliation			
Current Military Affiliation (if none, type N/A)			
Prior Military Affiliation (If none type N/A)			

3. Education		
Undergraduate		
Name of College (Bachelor)Location (City & State)		
Major	Minor	
Year Completed	GPA	
Graduate		
Name of College	Location (City & State)	
Degree Program	GPA	

4. Flying Data (If no previous flying experience, go to block 6)					
Single Engine Hours	Multi-Engine Hours	Jet Hours	Other Hours	Total Hours	
5. Pilot Certificates and Ratings					

6. Test Score	es			
AFOQT				
Pilot	Nav	Academic	Verbal	Quantitative
PCSM				
Score as of Date of Testing:				

7. Could you leave for training on short notice?

If no, how much notification do you require?

8. Have you ever been arrested and/or convicted of any offense, including drugs?

If yes, explain in detail, including the charge and disposition:

9. Do you plan to reside in the Atlantic City area? Yes No If no, explain your intentions:

10. Have you ever been eliminated from any flying or	r other	
training leading to a commission from any branch of	f the Arı	med
Forces?	Yes	No

If yes, explain: