

APPLICATION INSTRUCTIONS

- 1. Download and save the <u>blank</u> application to your device <u>prior to filling out your information</u>. Please utilize ADOBE when filling out the form to ensure your information populates properly.
- Please completely fill out <u>ALL</u> blocks on the application. If the block does not apply, notate "N/A" in the block.
- 3. Once completed, <u>DO NOT</u> email the completed application to the recruiter. Your application contains sensitive Personal Identifying Information (PII), such as your social security number and home address. The U.S. Coast Guard utilizes <u>DOD Safe</u>, which is a secure website that encrypts your file so you can securely submit it to the recruiter. To utilize DOD Safe to submit your application you must have a "Request Code", which will be sent to you by the recruiter.
- 4. To receive a "Request Code", email Cory.J.Green@USCG.mil and for the subject line of your email use "USCG Application Request Code". In the body of your email please provide your full name and indicate that you have completed the application.
- 5. The recruiter will reply to your email with the request code, which is only valid for <u>14 days</u>. Follow the link in the email you receive back, which will direct you to DOD Safe.
- 6. Once on the DOD Safe website you will be prompted to create a passphrase. Once you have completed and returned the application via DODSAFE, please email your passphrase to Cory.J.Green@USCG.mil. Be sure to select the "Encrypt every file" check box on the DOD Safe website window. A drop-off request is valid for 14 days. Internet Explorer is not recommended.

If you have any questions regarding the application or the submission process, please feel free to contact me using my information below, or scan the QR code to add my contact information to your mobile phone.

MEC Cory Green Cell: (504) 402-0242

Email: <u>Cory.J.Green@USCG.mil</u>
Website: <u>https://flow.page/uscgcorygreen</u>





Prospect Ouestionnaire Instructions



Privacy Act Statement

AUTHORITY: 10 U.S.C. §§ 504, 1475-1480; 14 U.S.C. §§ 211, 350, 632; Homeland Security Presidential Directive (HSPD) 12; Executive Order 9397.

PURPOSE: To identify and process individuals interested in applying for enlistment or commission in the United States Coast Guard (CG) or CG Reserve.

ROUTINE USES: Authorized CG personnel will use this information to assess an individual's interest for enlistment and/or commissioning, to screen qualified applicants, and to initiate pay and benefits for new members. Any external disclosures of data within this record will be made in accordance with DHS/USCG-014, Military Pay and Personnel System of Records, 76 Federal Register 66,933, October 28, 2011.

DISCLOSURE: Disclosure is voluntary. However, failure to provide requested information may result in not being contacted by a recruiter and ultimately, prohibit enlistment or commissioning.

Paperwork Reduction Act Statement

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number.

The Coast Guard estimates that the average burden to complete this form is 30 minutes.

You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Commanding Officer, Coast Guard Recruiting Command, 2703 Martin Luther King Jr. Ave SE, Washington, DC 20593-7419 or Office of Management and Budget, Paperwork Reduction Project (1625-new), Washington DC 20503.

Instructions

- Complete the Prospect Questionnaire and return to a recruiter via mail, fax, or in person (please **do not email this form to your recruiter**). Locate your local recruiting office via our Find A Recruiter link: http://www.gocoastguard.com/about-us/find-recruiter.
- Complete the form completely and honestly. The Coast Guard uses a whole-person concept when evaluating eligibility. While the Coast Guard has some standards that cannot be waived, we can exercise discretion over others. However, intentionally inaccurate, omitted, or deceptive answers will likely prevent you from being accepted. You will be eventually subjected to a criminal background check, character check, and credit check if you continue the application process.
- If you have any questions about completing this form, contact your local recruiting office or an online recruiter. See www.GoCoastGuard.com.

Contact Details and Interest

- **1. Date Form Completed:** Self-explanatory.
- **2.** Name: Full legal name. If no maiden name, leave blank or write N/A (not applicable).
- 3. Current Address: Self-explanatory.
- **4. Email Address:** Enter primary email address, if applicable.
- **5. Phone Number:** Enter primary phone number, if applicable.
- **6. How did you hear about us?** Select one of the follow answers or provide your own: *Billboard; Career Fair; CG Member; Direct Mail; Friend / Relative; Internet Search / Link; Radio Ad;*

TV Ad; Magazine / Newspaper Ad; Movie Theater Ad; News Story; Promotional Item; School Counselor; Other (Specify).

- 7. Programs of Interest: Select one of the following:
 - enlisted, officer, both, unsure.
- **8. Component:** Select one of the following:

Part-Time (Reserve); Full-Time (Active-Duty); both; unsure.

Biographical Details

- **9.** Citizenship Status: Select one of the following:
 - *U.S.* Citizen Native Born; U.S. Citizen Naturalized; U.S. Citizen Born abroad to U.S. Citizen; Lawful Permanent Resident; Non-Immigrant Foreign National; Immigrant Alien.
- **10. Social Security Number:** If no SSN, leave blank or write N/A (not applicable)
- **11. Alien Registration "Green Card" Number:** Include only if lawful permanent resident. If not, leave blank or write N/A (not applicable).
- **12. Ethnicity:** Select one of the following:

Hispanic or Latino / Latina; Not Hispanic or Latino / Latina

13. Race #1: Select one of the following:

Alaska Native; American Indian; Asian; Black / African American; Multiple; Native Hawaiian; Other; Pacific Islander; White / Caucasian.

- 14. Race #2: Same choices as Race #1. Select if applicable.
- **15. Birth Info:** Self-explanatory.
- **16.** Marital Status: Select one of the following:

Married; Never Married; Legally Separated; Divorced, Not Remarried; Annulled, Not Remarried; Widow / Widower.

- 17. Number of Dependent Children: Number of children legally dependant on you for support.
- 18. Height / Weight / Hair Color / Eye Color: Self-explanatory.
- 19. Education (Highest Attained): Select one of the following:

In high school; in home school; high school graduate; GED or alt. credential; home school graduate; Some college; professional certificate; Associates Deg.; Bachelors Deg.; Masters Deg. or PH.D.; Other (Specify).

- 20. High School (Last Attended): Self-explanatory.
- 21. School / Community Activity #1 & #2: Clubs, sports, or organizations in which you were involved.
- 22. College (Current / Last Attended): Self-explanatory.
- **23. Degree Type:** If applicable (earned or in progress), select the highest:

A.A.; A.A.S.; M.A.; M.S.; Ph.D.; M.D.; J.D. / LL.M; Other (Specify).

24. Current GPA (Most recent education): GPA at most recent education level (on a 4.0 scale).

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Note: A+ or >97% = 4.33; A or 93-96% = 4.00; A- or 89-92% = 3.67; B+ or 87-88% = 3.33; B or 83-86% = 3.00; B- or 79-82% = 2.67; C+ or 77-78% = 2.33; C or 73-76% = 2.00; C- or 69-72% = 1.67; D+ or 67-68% = 1.33; D or 63-66% = 1.00; D- or 59-62% = 0.67;
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- **25. Major** (**If applicable**): College major; highest attained or in progress.
- **26. Current Education Status:** Select one of the following:

Not in school nor pursuing a degree; In school or pursuing a degree

27. Current Employment Status: Select one of the following:

Employed – Full Time; Employed – Part Time; Not Employed.

- **28.** Number of College Credits: Self-explanatory.
- 29. Total Year of Education (including High School): Years spent in school.
- **30.** Driver's License Number, State, Expiration: Self-explanatory. If no license, leave blank or write N/A.
- 31. Selective Service Number: For men only. Obtain your number at www.sss.gov.

Military and ASVAB Information

- **32.** Have you ever talked to a Coast Guard Recruiter: Select either Yes: No.
- **33. If yes, where and where:** If applicable, give approximate date you spoke with a Coast Guard recruiter and which recruiting office.
- 34. Have you served or are you currently serving in another military branch: Select either Yes; No.
- **35. Branch:** If you have served or are serving, select one of the following:

Coast Guard; Army; Navy; Air Force; Marines; Nat'l Guard; Foreign Military; N/A.

36. Component: If you have served or are serving, select one of the following:

- *Active Duty; Reserve; Both; N/A.* **37. Remaining Service Obligation:** Enter only if currently serving in a military branch.
- **38. Anticipated Separation Date:** Enter only if currently serving in a military branch.
- **39. Date of Separation Date:** Enter only if you have been discharged from service in a military branch.

- **40. Type of Discharge / Character of Service:** If you have been discharged from service in a military branch, select one of the following:
 - Honorable; General; Other than Honorable; Bad Conduct; Dishonorable.
- **41. RE Code:** If you have been discharged from military service, enter the reenlistment code from your DD-214.
- **42. Pay Grade at Separation:** If you have been discharged from service in a military branch, enter in your pay grade at discharge (for example: E-3, W-2, or O-4).
- **43. Time in Service:** Enter in total time in service, if you have served or are serving in the military.
- **44. Highest Pay Grade Achieved:** If you have served or are serving in the military, enter the highest pay grade at which you served (for example: E-3, W-2, or O-4).
- **45.** Rate / MOS / Job: If you have served or are serving in the military, describe your assignment (for example: Surface warfare, medic, cook, boatswain's mate). Use plain language to describe.
- 46. Have you ever been rejected from joining another military service: Select either Yes; No.
- **47. If yes, which branch, what was the reason, and where did it happen:** Provide the branch that rejected you for service, the reason they gave for the rejection, and where the recruiting office was.
- **48. ASVAB Test**: If you have taken an ASVAB, enter in the test details.

Additional Background Information

- **49. Have you ever been arrested, charged, or convicted of a crime**: Enter in all arrest, charges, or convictions. Include the reason, whether you were convicted, and when this occurred.
- **50.** Have you had any traffic tickets in the last 5 years: Enter in all traffic tickets, parking tickets, traffic violations, or other similar offenses. Enter in any DUI/DWI offenses. Describe the ticket, whether you were convicted, and when this occurred.
- **51. Do you have any legal action pending**: Enter in any expected, pending, or ongoing legal action, including lawsuits, other court cases, child support or custody adjudications, etc. Describe which, if any, are ongoing.
- **52.** Have you ever used, possessed, or experimented with illegal drugs: Include all illegal drug use, including marijuana. List the substances, how often used, and when last used.
- **53. Do you have any tattoos, piercings, gages, brandings, or mutilations**: List any of these and describe their appearance, size, and location.
- **54. Finances: Have you had any of the Following**: Self-explanatory.
- **55. List all debts**: Self-explanatory.
- **56.** Do you object to carrying firearms / weapons to perform Coast Guard Duties: Select Yes; No; Unsure.
- 57. Do you have any religious or other beliefs that prevent you from being available for duty 24/7: Select Yes; No; Unsure.
- **58. Are you afraid of the water:** Self-explanatory.
- **59. Rate your swimming ability:** Select: Can't Swim; Weak; Moderate; Strong.
- **60.** Have you participated in any of the following activities: Select all that apply.

Medical Information

61. Please list any current or past medical conditions: List all conditions (such as orthopedic, mental health, surgeries, allergies, or asthma) and any prescription medications you have taken. For past conditions, please provide estimated dates.

Optional Additional Explanations

62. Use this space to complete responses that could not fit in the space given in the main part of the form. Indicate which questions you are explaining.



United States Coast Guard Prospect Questionnaire



This is an application for the United States Coast Guard, part of the U.S. Department of Homeland Security. This form is necessary to assign you to a recruiter who will assist you in the application process. The following questions on the application are the Coast Guard's minimum standards. If anything is found to be falsified on this document, it will be an automatic disqualification for processing.

ALL FIELDS ARE REQUIRED TO BE COMPLETED.

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			Additional I	Backg	round Informa	ation				
Have you ever been arrested, charged, or convicted of a crime (whether as a juvenile or				If y	If yes, please briefly explain. Include appx dates:					
an adult), including cases which are expunged or pending?										
Have you had any tickets in the last 5 years,					If yes, please list violations by type. Including appx dates:					
including parking, traffic violations, sticker/										
registration violations, DUI/DWI, etc?										
How Many: Do you have any legal action pending, including										
court cases, lawsu adjudications, etc	iits, c	_	<u> </u>	g II y	es, please explai	n:				
Have you ever used, possessed, If yes, please lis				st whi	ch substances:		How many	Appx Date		
or experimented with illegal							times?	Last Used?		
drugs?										
Do you have any Piercings, Gages, or Mutilations?			If yes, please des	cribe ((include size, cor	itent, and I	ocation on pag	e 7) :		
Finances. Have			erdue/late paymen		Declared	Do you p	oay child suppo	ort or alimony?		
you had any of accounts currently in collection					1 0					
the following: List by company Include					How Much (per month): e what the debt is for, total owed, & monthly payment					
List all debts.		1:	company. meru	uc Wii	at the debt is for	, total ow	cu, & montmy	payment		
Include credit card	s,	2:								
car payment, 3:										
mortgage, student 4:										
loans, cell phone, etc. 5:										
6: Do you object to carrying firearms/weapons to p				norfoi	rm Coast Guard	l duties?				
Do you have any				-			duty 24/7?			
Are you afraid of			ther beliefs prev		Rate your swimn					
Have you particip			of the following a							
Boy Scouts		rl Scouts	_		Police Expl		Sea Explo	rers		
Civil Air Patrol Naval Sea Cadet Corps					Coast Guard Auxiliary ROTC/JROTC					

Medical Information

Please list any current or past* chronic medical conditions (such as orthopedic, mental health, surgeries, allergies, or asthma) and any prescription medications you have taken. *For past conditions, please provide estimated dates.

Recruiter Section

Recruiter Assigned:
Screening/Interview Date (and who if different from Assigned Recruiter):
Comments /
Notes:

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. §§ 504, 1475-1480; 14 U.S.C. §§ 211, 350, 632; Homeland Security Presidential Directive (HSPD) 12.

PURPOSE: To identify and process individuals interested in applying for enlistment or commission in the United States Coast Guard (CG) or CG Reserve.

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DISCLOSURE: Disclosure is voluntary. However, failure to provide requested information may result in not being contacted by a recruiter and ultimately, prohibit enlistment or commissioning.

 Optional Additional Explanations				
You may use this space to explain any of the above answers more fully, if necessary.				

TATTOO SCREENING FORM, CG-6052 (1-05) Privacy Act Statement AUTHORITY: Collection of this information is authorized per 10 USC, sections 503, 505, 12102, and Executive Order 9397 PRINCIPAL PURPOSE: Information collected will be used to assist in the qualification process ROUTINE USES: Blanket routine use of disclosures as described in CIM 1020.6 (series) and CI 1000.1A. DISCLOSURE: Voluntary, however, failure to provide the information may delay the enlistment process or initiate action for discharge. **APPLICANT/MEMBER NAME:** Mark all tattoos, brands, body piercing, intentional scarring, or mutilations on the above diagram with a number and describe below. 1. 2. **3.** 4. 5. 6. 7. 8. 9. 10. **APPROVED: UNIT: SIGNATURE:** DATE: **DISAPPROVED:**

