



DEMOGRAPHICS

Prefix	First Name	Middle Name <i>(if none enter NMN)</i>	Last Name	Suffix	Preferred Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name / Alias Names					DOB
<input type="text"/>					<input type="text"/>
Citizenship	U.S. AT BIRTH		Height	Weight	
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	
Hair Color	Eye Color	Religious Preference			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
Marital & Dependency Status			Children		
<input type="text"/>			<input type="text"/>		
Home Phone	Work Phone	Cell Phone			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
Personal Email		Business Email		Present Occupation	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
Valid Drivers License	Drivers License #	State	EXP Date		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

BIRTH VERIFICATION

City of Birth	County	State	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Naturalization #	INS # (Citizen Certificate)	Alien Registration #	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

EDUCATION

Name & City of High School	Graduation Date	ROTC/CAP/Boy/Girl Scouts	College/Vo-Tech/ Credits
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
GED or Home Schooled		Current Employer	
<input type="text"/>		<input type="text"/>	
Have you ever taken the ASVAB or Physical for any other branch of the military? Y/N if yes when?			
<input type="text"/>			

LAW VIOLATIONS

Law Violations (charged, cited, arrested, or held - include childhood or minor traffic violations) Y/N

1) Charge _____ Fine \$ _____ Age at time of offense _____ Date and place of offense _____ Paid Y/N When _____

2) Charge _____ Fine \$ _____ Age at time of offense _____ Date and place of offense _____ Paid Y/N When _____

MEDICAL HISTORY

Medical History: Ever been Diagnosed or Evaluated for ADHD/ADD? Y/N Last prescribed Last Taken

Ever been hospitalized?

Y/N Asthma Y/N Broken Bones Y/N Surgeries Y/N Tattoos Y/N Prescribed Medications Y/N Chiropractor Y/N Allergies Y/N Eczema Y/N Gauged Ears Y/N

Any other illness not previously mentioned

DRUG USAGE

includes (used, sold, or transported any illegal drugs including Marijuana? Y/N What Drug(s) Number of times Last time used (date)

PREVIOUS INTERACTIONS

Previous Recruiter interactions: Have you ever spoken with any other recruiter before from the Air Force or any other branch?

If so, how far in the process did you go?

PRE-SCREEN

What adversities have you faced and how did you handle them?

Who inspires you?

Do you have any family or close friends in the Military? If so, what do they do in what branch?

Describe a time you had a positive impact on someone?

What shape are you currently in and what have you been doing to prepare?

What type of athletic background do you have, if any?

When did you become interested in Special Warfare and Why?

What value set you apart from your peers and why would Special Warfare want you?

What is your current living situation? (i.e. do parents/spouse/guardian/significant other support your decision, do you have time to train)

Have you researched the PAST requirements?

What Career are you interested in?

Tell me what you know about that Career



**Once Complete Email to
Erik.franz@us.af.mil**