REQUEST FOR EVALUATION AND INFORMATION	DATE	Form Approved OMB No. 0701-0079 Expires 31 Dec 2006
Public reporting burden for this collection of information is estimated to average 2 searching existing data sources, gathering and maintaining the data needed, and comments regarding this burden estimate or any other aspect of this collection of Department of Defense, Washington Headquarters Services, Directorate for Infor Highway, Suite 1204, Arlington, VA 22202-4302, Respondents should be aware this subject to any penalty for failing to comply with a collection of information if it doe RETURN your form to the above address. Return your completed form to:	completing and reviewing information, including sug- mation Operations and Ri at notwithstanding any other as not display a current va	g the collection of information. Send ggestions for reducing this burden, to eports, (0701-0079) 1215 Jefferson Davis eer provision of law, no person shall be lid OMB control number. Please DO NO1
TO F	ROM	
Your assistance is requested to enable this office to evaluate the applicant name Force. Your evaluation will be an important factor in establishing the applicant be helpful. Please complete Section III (on reverse) and return in the enclosed	's fitness for enlistment. I	d for enlistment in the United States Air Any information you consider relevant will
SECTION 1 TO BE COMPLETED BY REC	RUITER	
NAME AND ADDRESS OF APPLICANT		SSN
		DATE OF BIRTH
APPLICANT REVEALED THE FOLLOWING INFORMATION		
TYPED NAME AND GRADE OF RECRUITER S	SIGNATURE OF RECRUITS	R
SECTION II APPLICANT'S STATEM	IENT	
I AM AN APPLICANT FOR THE US AIR FORCE AND HAVE VOLUNTARILY THE DETAILS REQUESTED ON THE REVERSE OF THIS FORM, EVEN IF DETERMINING MY QUALIFICATION.	Y DISCLOSED THE INFO MY RECORD IS SEALED	RMATION ABOVE. PLEASE FURNISH D. THIS INFORMATION IS ESSENTIAL IN
DATE SIGNATURE OF APPLICANT		
AFRS IMT 1419, 20041101, V1	PREVIOUS EDIT	ION IS OBSOLETE

AFRS IMT 1419, 20041101, V1

DATE

SECTION III EVALUATION OF DESCRIPTION OF CO.	OF APPLICANT (To be completed by Law	Enforcement A	gency)	
BRIEF STATEMENT WITH DESCRIPTION OF O	TENSED INTE DATE(D) DOMINITED			
TYPE OF JUDICIARY (Juvenile/Civilian)	TERM(S) OF SENTENCE(S) IMPOS	ED	POSSIBLE MAXIMUM SENTENCE(S) IMPOSED	
TYPE OF JUDICIARY (Juverner Limiter)	12M(3) OF SENTENDERS IN SE			
DATES ENTERED AND RELEASED FROM CIV	III. CUSTODY (Enter NA if not applicable)	RESTITUTION	PAID	
DATES ENTENED AND RELEASED FROM OF			12-7	
	FROM ALL AND	NO NO	YES (If yes, specify amount \$) TO (Month and Year)	
	FROM (Month and Y	sar)	TO (more) and Tony	
Confinement				
Parole				
Probation				
Supervision				
CIVIL RESTRAINT				
DOES DOES NOT EXIST, TY	PE OF RESTRAINT:			
EVALUATION OF PROGRESS MADE BY APPL				
ADDITIONAL OR RELEVANT INFORMATION				
DATE TYPED OR F	PRINTED NAME AND TITLE OF EVALUATOR	SIGN	IATURE	
1.00000000	anemer revisional and areas of a restable standard Me Col.VI			