

APPLICATION FOR COMMISSION IN THE U.S. NAVY/U.S. NAVY RESERVE

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 United States Code, Sections 591, 600, 2107, 2122, and 6019 which prescribes qualifications for appointment in the Armed Forces of the United States, information regarding your educational background, involvement with law enforcement agencies, juvenile, traffic, criminal, or other, including foreign countries, drug usage, physical problems or prior processing, whether for U.S. Navy or branches of the services not withstanding. Executive Order 9397 authorizes the solicitation of the Social Security Number (SSN).

PRINCIPAL PURPOSES: To determine the applicant's eligibility for appointment into the United States Navy. The information provided is FOR OFFICIAL USE ONLY and will become a permanent part of your service record and will be maintained and used in strict confidence in accordance with Federal Law and Regulations. The Social Security Number will be used to verify, identify and locate existing records.

ROUTINE USES: To obtain background information provided by the applicant and by a Selection Board to determine applicant's qualifications for commission.

DISCLOSURE: Disclosure is voluntary, however, failure to provide the requested information as well as the social security number may result in denial of appointment into the United States Navy. If, after you enlist, it is found that you concealed a record, you may be discharged from the U. S. Navy as a fraudulent appointment and may be subject to a fine and/or imprisonment.

I. GENERAL INFORMATION

1. NAME: Mr. Mrs. Ms. Miss Dr.
LAST NAME FIRST NAME MIDDLE NAME SUFFIX MAIDEN NAME

2. SOCIAL SECURITY NUMBER	3. DATE OF BIRTH (DD MMM YYYY)	4. AGE	5. PLACE OF BIRTH (city, state)	6. GENDER <input type="checkbox"/> M <input type="checkbox"/> F
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7. OFFICER PROGRAM PREFERENCES (list up to three programs, in order of preference) (Example: 03/23057)
1st Choice 2nd Choice 3rd Choice

8. SPECIALTY CODES (applicable Chaplain and medical programs only):

Code	Specialty Name
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9. DATE AVAILABLE TO COMMENCE OFFICER TRAINING (DD MMM YYYY):

10. CURRENT ADDRESS
Address City County State ZIP

11. MAILING ADDRESS (this address will be used to forward official correspondence and orders)
Address City County State ZIP

12. HOME OF RECORD (Cannot be a PO Box)
Address City County State ZIP

13. E-MAIL ADDRESS:

14. TELEPHONE NUMBERS: (Include area code and extension, if applicable)
 Home: _____ Work: _____ Alternate: _____

15. DEPENDENTS: Do you have any dependents? No Yes (Single and Dual Military applicants claiming dependents must complete the Family Care Plan Certificate (NAVPERS 1740/6) and the Family Care Plan Arrangements Form (NAVPERS 1740/7) with this application.)

Spouse Children #: _____ Other. If other, explain:
DEPENDENT TRAVEL STATEMENT OF UNDERSTANDING (review and initial if applying for any OCS program.)
 I understand that in the event I relocate my family to Pensacola, FL prior to receipt of commissioning orders, the Government will not reimburse me for their travel. I will be entitled to reimbursement only if their travel is initiated after receipt of commissioning orders or the commissioning action.

Applicant Initials: _____

16. RACE: (Mark as many as apply)
 A-American Indian/Native Alaskan B-Asian C-Black/African American
 D-Native Hawaiian/Other Pacific Islander E-Caucasian F-Discard to Respond

17. ETHNICITY: (Mark only one)

<input type="checkbox"/> 1-Hispanic	<input type="checkbox"/> 2-US/Canadian Indian	<input type="checkbox"/> 3-Asian	<input type="checkbox"/> 4-Puerto Rican
<input type="checkbox"/> 5-Filipino	<input type="checkbox"/> 6-Mexican	<input type="checkbox"/> 7-Eskimo	<input type="checkbox"/> 8-Aleut
<input type="checkbox"/> 9-Cuban	<input type="checkbox"/> D-Indian (from India)	<input type="checkbox"/> E-Melanesian	<input type="checkbox"/> G-Chinese
<input type="checkbox"/> J-Japanese	<input type="checkbox"/> K-Korean	<input type="checkbox"/> L-Polynesian	<input type="checkbox"/> Q-Other Pacific Islands
<input type="checkbox"/> S-Latin American Hispanic	<input type="checkbox"/> V-Vietnamese	<input type="checkbox"/> W-Micronesian	<input type="checkbox"/> X-Other - Not in Options
<input type="checkbox"/> Y-None	<input type="checkbox"/> Z-Did Not Respond		

18. CURRENT MILITARY STATUS
 Civilian Active Military Inactive Military (Indicate IRR or drilling reservist):
 Are you enlisted and scheduled to ship to RTC? Yes No If "Yes", provide ship date: _____

19. PREVIOUS OFFICER APPLICATION DATA
 Have you previously applied for a program leading to a commission in any service? No Yes (complete below)
 (i.e. OCS, ROTC, OIS, PLC, Service Academy, etc.) If "Yes", provide specific, detailed information in Remarks-Section VI of this form.

Program	Date (MMM YY)	Selected?	Reason for Disenrollment or Non-selection
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

NAME (LAST, FIRST MI): _____ SSN: _____

20a. No Yes Have you ever claimed or been granted a pension, disability allowance, disability compensation, or retired pay from the U.S. Government? If Yes, explain Remarks-Section VI.

20b. No Yes Are you presently receiving such compensation? If Yes, explain in Remarks-Section VI and initial statement below.

DUAL COMPENSATION STATEMENT AND WAIVER OF CLAIM

I understand that if I execute an enlistment into an Officer Candidate program or receive a commission in the U.S. Navy or Naval Reserve, I may not draw any of the compensation prescribed for active duty, active duty for training, or inactive duty training for the same period that I am drawing or claiming a pension, retired, or retainer pay, or disability compensation from the U.S. Government by virtue of prior military service. Therefore, I hereby voluntarily agree to waive the pension, retired, or retainer pay, or disability compensation I am receiving effective at the time I begin receiving any compensation for active duty, active duty for training, or inactive duty training.

Applicant Initials: _____

21. EYE SURGERY: Have you ever had eye surgery, to include Radial Keratotomy (RK), Photorefractive Keratectomy (PRK) or Laser in Situ Keratomileuisi (LASIK) procedures? No Yes
If "Yes", ensure pre-op, operative, and two post-op exams are included with physical.

22. SWIMMING ABILITY

- Yes No Can you swim 50 yards using the crawl, breast, side and back strokes?
 Yes No Can you remain afloat for 5 minutes (prone position) without submerging or grabbing the side of the pool?
 Yes No Can you jump from a 12 foot platform into a body of water?
 Yes No Can you tread water?

If any of the preceding questions are answered no, you must submit a plan in Remarks-Section VI, by which you will improve your swimming skills to meet the above standards prior to commencing officer training.

23. CURRENT PHYSICAL FITNESS PROGRAM

Activity	Frequency	Date Commenced (DD MMM YYYY)

NO FURTHER ENTRIES THIS PAGE

NAME (LAST, FIRST MI):

SSN:

II. EDUCATION / TRAINING/ ACTIVITIES INFORMATION

1. POST-SECONDARY EDUCATION & TRAINING - List all schooling and training attended since high school in reverse chronological order. Transcripts from all schools, including part-time, must be submitted. Transcripts must include an explanation of the grading system used.

Dates (MMM YY)		School / Institution	Major/Minor/Specialty	Degree & Date Earned or Expected (MMM YY)	GPA
From	To				

2. ENTRANCE EXAMINATION RESULTS (SAT, ACT, LSAT, MCAT, DAT, OAT, GRE, etc.) - Submit official results

Exam	Date (MMM YY)	Section	Score	%	Section	Score	%

3. EXTRACURRICULAR ACTIVITIES/ORGANIZATIONS/CLUBS (highlight most important) HS=High School / PC=Post College

Activity	Period	# Years	Offices Held
	<input type="checkbox"/> HS <input type="checkbox"/> College <input type="checkbox"/> PC		
	<input type="checkbox"/> HS <input type="checkbox"/> College <input type="checkbox"/> PC		
	<input type="checkbox"/> HS <input type="checkbox"/> College <input type="checkbox"/> PC		
	<input type="checkbox"/> HS <input type="checkbox"/> College <input type="checkbox"/> PC		
	<input type="checkbox"/> HS <input type="checkbox"/> College <input type="checkbox"/> PC		

4. SPORTS (to include school and non-school sponsored teams) HS=High School / PC=Post College

Sport/Team	When	# Yrs	Position	Awards/Scholarships
	<input type="checkbox"/> HS <input type="checkbox"/> College <input type="checkbox"/> PC			
	<input type="checkbox"/> HS <input type="checkbox"/> College <input type="checkbox"/> PC			
	<input type="checkbox"/> HS <input type="checkbox"/> College <input type="checkbox"/> PC			
	<input type="checkbox"/> HS <input type="checkbox"/> College <input type="checkbox"/> PC			
	<input type="checkbox"/> HS <input type="checkbox"/> College <input type="checkbox"/> PC			

5. FOREIGN LANGUAGE SKILLS

Language	How Acquired (School, Family, etc.)	Read			Speak			Understand		
		Exe	Good	Fair	Exe	Good	Fair	Exe	Good	Fair
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. SCHOLARSHIPS, HONORS AND AWARDS (list the most important)

Type of Award	Reason Awarded	Date of Award (MMM YY)

7. FLYING EXPERIENCE

License/Ratings	Model	Hours

8. SPECIAL TRAINING/EXPERIENCE/KNOWLEDGE (Experience that might be of value to the Navy)

NO FURTHER ENTRIES THIS PAGE

NAME (LAST, FIRST MI):

SSN:

III. PROFESSIONAL INFORMATION

1a. EMPLOYMENT INFORMATION (list all employers, including part-time for the last 3 years beginning with most recent)

Dates (MMM YY) From To	Employer (name & address)	Reference or Supervisor (name & phone number)
	Position(s) Held	Description of Duties and Responsibilities/Number of Personnel Supervised
	Salary (specify annual or hourly)	Reason for Termination
Dates (MMM YY) From To	Employer (name & address)	Reference or Supervisor (name & phone number)
	Position(s) Held	Description of Duties and Responsibilities/Number of Personnel Supervised
	Salary (specify annual or hourly)	Reason for Termination
Dates (MMM YY) From To	Employer (name & address)	Reference or Supervisor (name & phone number)
	Position(s) Held	Description of Duties and Responsibilities/Number of Personnel Supervised
	Salary (specify annual or hourly)	Reason for Termination
Dates (MMM YY) From To	Employer (name & address)	Reference or Supervisor (name & phone number)
	Position(s) Held	Description of Duties and Responsibilities/Number of Personnel Supervised
	Salary (specify annual or hourly)	Reason for Termination
Dates (MMM YY) From To	Employer (name & address)	Reference or Supervisor (name & phone number)
	Position(s) Held	Description of Duties and Responsibilities/Number of Personnel Supervised
	Salary (specify annual or hourly)	Reason for Termination

1b. No Yes In the last seven years, have you been fired from or left a job under unfavorable circumstances? If Yes, explain in Remarks-Section VI.

2a. PROFESSIONAL, OCCUPATIONAL, BUSINESS OR TRADE LICENSE(S)

Type of License	First License Yr.	Most Recent Yr	City, State or Territory

2b. No Yes Have you ever had an application or a professional license suspended or revoked? If Yes, explain in Remarks-Section VI, including dates and reason.

3. PROFESSIONAL AFFILIATIONS - List affiliations with professional organizations, academic appointments or other professional activities to be considered.

NO FURTHER ENTRIES THIS PAGE

NAME (LAST, FIRST MI):

SSN:

IV. SECURITY INFORMATION

1. Citizenship

a. Applicant's Citizenship

<input type="checkbox"/> US	Citizenship Type (check one of the following)	<input type="checkbox"/> Born in the U.S.	<input type="checkbox"/> Born Abroad of U.S. citizens
<input type="checkbox"/> Other	Country of Citizenship:	<input type="checkbox"/> Naturalized	<input type="checkbox"/> Dual citizen
	Certificate #	Location	Date

b. Are you now, or have you ever been a citizen of a country other than the US?

No

Yes - explain in remarks

c. Citizenship of Others - Complete for all members of your immediate family (to include spouse/parents/guardians, etc.) as well as any adults with whom you live.

Name	Relation	Country of Citizenship	Citizenship Type (utilize pull down menu)	Naturalization Date

If any immediate family members are not U.S. citizens, use Remarks-Section VI to discuss the extent of their foreign ties such as possession of foreign property, business connections, financial interests; employment or consultation for a foreign government, firm or agency; contact with a foreign government, its establishments or representatives other than on official US government business; issuance of an active foreign passport in the last 7 years, etc.

2. Police Record - Do you have a police record? No Yes - If yes, include all offenses, categorized by type (Felony, Firearms/Explosives, Alcohol/Drug, Military Court, Traffic, Other), include pending charges. Provide explanations of each offense in Remarks-Section VI.

Date	Location	Category	Nature of Offense	Disposition

3. Drug and Alcohol Activity - Expand on all Column II answers in Remarks-Section VI.

- No Yes a. In the last 7 years, has your use of alcoholic beverages or drugs resulted in treatment, rehabilitation or counseling?
- No Yes b. Since age 16 or in the last 7 years, whichever is shorter, have you illegally used any controlled substance?
- No Yes c. Have you ever illegally used any controlled substance while employed in a sensitive position?
- No Yes d. In the last 7 years, have you been involved in illegal drug activity for your own profit or the profit of another?
- No Yes e. Have you ever been arrested for illegal drug use?
- Yes No f. Do you fully recognize the negative influence of drug abuse and do you reject future use of illegal drugs?

g. Illegal Drug Use Activity - If you answered "No" to all the above questions - enter "NONE" below.

Drug(s) used: _____

Number of times used: _____

Date(s) over which taken: _____

Circumstances under which drug use occurred: _____

4. Miscellaneous - Expand on all Column II answers in Remarks-Section VI.

- No Yes a. In the last 7 years, have you been fired from or left a job under unfavorable circumstances?
- No Yes b. Do you have any foreign property, business connections or financial interests?
- No Yes c. Are you now or have you ever been employed by or acted as a consultant for a foreign government, firm or agency?
- No Yes d. Have you had contact with a foreign government, its establishments or representatives other than on official U.S. government business?
- No Yes e. In the last 7 years, have you had an active passport that was issued by a foreign government?
- No Yes f. In the last 7 years, have you traveled outside the US? List all countries visited, including dates and purpose of travel.
- Yes No g. Have you registered with the Selective Service System? (response not required for females)
- No Yes h. Has the US government ever investigated your background and/or granted you a security clearance?
- No Yes i. Have you ever had a clearance or access denied, suspended or revoked, or been debarred from gov't employment?
- No Yes j. In the last 7 years, have you been a party to any public record civil court actions not otherwise listed in this application?
- No Yes k. Have you ever been associated with or contributed to an organization dedicated to the violent overthrow of the US gov't?
- No Yes l. Have you ever knowingly engaged in any activities designed to overthrow the US government by force?
- No Yes m. In the last 7 years, have you filed for bankruptcy, had your wages garnished, had any property repossessed, had a tax lien placed against your property, or been over 90 days delinquent on any debt?

I certify that the information contained above is correct and detailed to the best of my abilities. (Signature) _____

NO FURTHER ENTRIES THIS PAGE

NAME (LAST, FIRST MI):

V. MILITARY SERVICE SUMMARY

THIS SECTION IS ONLY REQUIRED IF APPLICANT HAS PRIOR MILITARY SERVICE

1. Military Service History (List both Active and Reserve time)

Net Active Service Years Months

Branch	Pay Grade	Entry Date	Sep Date	Separation Type	Character of Service

Branch	Pay Grade	Entry Date	Sep Date	Separation Type	Character of Service

2. Current Reserve Information

Command / Unit	UIC	NEC/MOS

3. Duty Assignment History (last 5 commands)

Dates (From/To)	Position (Primary Duty)	Command

4. Personal Awards (List 5 highest)

Award	Command	Date Awarded

5. Service Schools (continue in Remarks-Section VI, if necessary)

Name and Location of School Attended	Dates (DD MMM YY)		Class Standing
	From	To	

6. Qualifications (list most significant only; continue in Remarks-Section VI, if necessary)

Qualification	Command	Date Earned

7. Performance Evaluations

Attach copies of performance evaluations submitted from the 3 most recent regular reporting periods. Frocking and Transfer evaluations may be included, but should not count as one of the 3 required unless submitted concurrently with regular reporting requirements.

NO FURTHER ENTRIES THIS PAGE

NAME (LAST, FIRST MI):

SSN:

VI. REMARKS

Use this section to elaborate/amplify as needed on any questions answered on this form. Refer to related question by listing item number preceding comment.

If not selected for the programs requested in the United States Navy, I do NOT wish for my application to be reviewed by other Department of Defense agencies.

VII. CERTIFICATION

I certify that all statements made in this application and any additional statements pertaining thereto are entirely true and complete to the best of my knowledge and belief. I understand that failure to answer any correspondence promptly or to accept appointment tendered me will subject my application or appointment to cancellation without further notice.

Typed/Printed Name of Applicant	Signature of Applicant	Date

NAME (LAST, FIRST MI):

SSN:

VIII. MOTIVATIONAL STATEMENT

Utilizing the space provided, in 400 words or less, state why you are seeking a commission.

[Large empty rectangular box for writing the motivational statement]

I certify that all statements made in this application and any additional statements pertaining thereto are entirely true and complete to the best of my knowledge and belief. I understand that failure to answer any correspondence promptly or to accept appointment tendered me will subject my application or appointment to cancellation without further notice.

Typed/Printed Name of Applicant	Signature of Applicant	Date