

PRIVACY ACT STATEMENT AUTHORITY: Sections 505, 508, 510 of Title 10 U.S. Code, and HIPPA, Title 42 USC Section 1320, and Executive Order 9397. PRINCIPAL PURPOSE: The requested information on this form will be used to properly process and identify the individual requesting an examination at a military entrance processing station (MEPS). ROUTINE USE: Record is maintained with other enlistment processing records. DISCLOSURE: Voluntary; however, failure to provide the requested information may result in denial of access to DOD information based systems and/or DOD facilities.

A. SERVICE PROCESSING FOR B. PRIOR SERVICE YES NO C. SELECTIVE SERVICE CLASSIFICATION D. SELECTIVE SERVICE REGISTRATION NUMBER

1. SOCIAL SECURITY NUMBER 2. NAME (Last, First, Middle Name (and Maiden, if any), Jr., Sr., etc.)

3. CURRENT ADDRESS (Street, City, County, State, ZIP Code, Country if outside the U.S.) 4. HOME OF RECORD ADDRESS (Street, City, County, State, ZIP Code, Country if outside the U.S.) (Not required if same as #3)

5. CITIZENSHIP (X One) 6. SEX (X One)

a. U.S. AT BIRTH (If this box is marked, also X (1) or (2)) a. MALE 7a. ETHNIC CATEGORY (X One)

(1) NATIVE BORN (2) BORN ABROAD OF U.S. PARENT(S) b. FEMALE (1) HISPANIC OR LATINO (2) NOT HISPANIC OR LATINO

b. U.S. NATURALIZED c. U.S. NON-CITIZEN NATIONAL d. IMMIGRANT ALIEN (Specify) e. NON-IMMIGRANT FOREIGN NATIONAL (Specify) 8. MARITAL STATUS (Specify) 7b. RACIAL CATEGORY (X One) or more

f. ALIEN REGISTRATION NUMBER (As applicable) 9. NUMBER OF DEPENDENTS (1) AMERICAN INDIAN/ALASKA NATIVE (2) ASIAN (3) BLACK OR AFRICAN AMERICAN (4) NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (5) WHITE

10. DATE OF BIRTH (YYYYMMDD) 11. RELIGIOUS PREFERENCE (Optional) 12. EDUCATION (Yrs/Highest Ed Gr Completed) 13. PROFICIENT IN FOREIGN LANGUAGE (X One) (If Yes, specify) YES NO 1st 2nd

14. VALID DRIVER'S LICENSE (X One) YES NO (If Yes) Expiration Date: Number: 16a. ASVAB REQUIRED TO ENLIST? (X One) YES NO (B300 WKID) b. MEDICAL REQUIRED TO ENLIST? (X One) YES NO (B0M0 WKID)

15. PLACE OF BIRTH (Street, City, County, State, ZIP Code, Country if outside the U.S.) 17a. PREVIOUS TEST VERSIONS Ver 1. Ver 2. 17b. DATE ELIGIBLE TO (RE) TEST (YYYYMMDD) 18a. RECRUITER IDENTIFICATION 18b. STATION ID

19a. DATE LAST HIGH SCHOOL TEST (YYYYMMDD) 19b. HIGH SCHOOL WHERE TESTED (SCHOOL) (CITY) (STATE) 19c. AUTH HS PULL (APPLICANT INITIALS)

20. APPLICANT'S SIGNATURE (In Presence of Test Administrator) 21. TEST ADMINISTRATOR'S SIGNATURE and ID

MEDICAL RECORDS RELEASE AUTHORITY: I request and authorize individuals/organizations listed below to release to the MEPS a complete transcript of my medical records. This release is for the purpose of further evaluation of my medical acceptability under military medical fitness standards. The medical records are to be obtained by this examinee at no cost to the Government and made available for review during the pre-enlistment physical.

22. APPLICANT'S CURRENT MEDICAL INSURER'S NAME (If none, sign your complete name to affirm you have no current medical insurer): 23. APPLICANT'S CURRENT MEDICAL PROVIDER'S NAME (If none, sign your complete name to affirm you have no current medical provider):

24. MEDICAL INSURER'S ADDRESS (Street, City, County, State, Country, ZIP Code) 25. MEDICAL PROVIDER'S ADDRESS (Street, City, County, State, Country, ZIP Code)

26. CERTIFICATION BY RECRUITING PERSONNEL/APPLICANT I certify I have properly identified this applicant in accordance with my Service directives, have reviewed the information provided for completeness and accuracy, and have witnessed the applicant's signature:

(Signature of Recruiter (or Rep, if auth)) (Printed/Typed Name of Recruiter or Rep) (Date) (Printed/Typed Name of Recruiter (if not recorded above)) (Recruiter ID) (Local Recruiting Activity) (Bn, NRD, Sq, or RS Location) (Signature of Applicant) (Date)

27. RIGHT THUMBPRINT RIGHT THUMBPRINT, FIRST ATTEMPT (AFFIX THUMBPRINT WITH THUMBNAIL POINTED TO THE LEFT) IF SECOND ATTEMPT IS REQUIRED, TURN FORM OVER (TOP OF FORM ON THE BOTTOM) AFFIX RIGHT THUMBPRINT ON UPPER RIGHT CORNER, THUMBNAIL POINTED TO THE LEFT

28. BIOMETRICALLY ENROLLED (X One) YES NO DO NOT KNOW 29. FINGERPRINT (10 Print) CAPTURED (X One) YES NO DO NOT KNOW

(FOLD HERE TO OBTAIN APPLICANT SIGNATURE IN #30 BELOW)

DRAFT COPY

30. APPLICANT'S SIGNATURE (In the presence of MEPS personnel)