

Admissions Participant Personnel Information

Form Approved -
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The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to Department of Defense, Washington Headquarters Services, Directorate of Information Operations and Reports (0702-3060), 1215 Jefferson Davis Highway, suite 1204, Arlington VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please DO NOT RETURN this form to the above address. Send your completed form to Admissions, USMA, Official Mail & Distribution Center, 646 Swift Road, West Point, NY 10996-1905. PRIVACY ACT STATEMENT AUTHORITY: Title 5 USC, Ch 301; Title 10 USC Ch 403 Sec 4346, Ch 503, Ch 505 Sec 5031, Ch 603 Sec 6958; Title 44 USC 3101; EO 9397. PRINCIPAL PURPOSE: Collection of data on prospective admissions participants. ROUTINE USE: To gather information on a prospective admissions participant to be used by the Admissions Office to determine suitability for the admissions field force. DISCLOSURE IS VOLUNTARY. However, failure to provide information could preclude appointment.

INSTRUCTIONS

Please complete this form and return it in the attached self-addressed envelope. Indicate any inapplicable paragraphs. Include in the remarks section any additional information not covered elsewhere. See below for definitions of the abbreviations used in this form.

1. NAME (Last, first, middle initial)		2. MILITARY BRANCH AND GRADE		3. DOR	
4. HOME ADDRESS (No. Street/Road, City, State, ZIP Code)				5. TELEPHONE (Include Area Code)	
6. BUSINESS ADDRESS (No. Street/Road, City, State, ZIP Code)				7. TELEPHONE (Include Area Code)	
8. OCCUPATION				9. SSN	
10. PREFERRED PLACE OF CONTACT <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS <input type="checkbox"/> EITHER			11. PREFERRED PLACE FOR MATERIALS TO BE SENT <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS <input type="checkbox"/> EITHER		
12. A. EDUCATIONAL BACKGROUND					
COLLEGES/UNIVERSITIES ATTENDED		LOCATION		YEAR GRADUATED	DEGREE
B. HIGHEST LEVEL OF MILITARY SCHOOL COMPLETED: SCHOOLING OR COURSE NAME					
13. DO YOU HAVE PERSONAL OR PROFESSIONAL CONTACT WITH YOUR REPRESENTATIVE IN CONGRESS? IF SO, INDICATE NATURE OF THE RELATIONSHIP. <input type="checkbox"/> YES <input type="checkbox"/> NO				14. CONGRESSIONAL DISTRICT IN WHICH YOU RESIDE	
15. IF YOU DESIRE TO BE AN ADMISSIONS PARTICIPANT IN A ZIP CODE AREA OTHER THAN THAT LISTED FOR YOUR RESIDENTS, PLEASE INDICATE HERE					
16. LIST THREE (3) REFERENCES ((include full names and addresses)					
17. RYE	18. ETS	19. DOB	20. SEX	21. RACE	22. SSI/PMOS
23. PEBD					
24. REMARKS					
25. SIGNATURE				26. DATE	
DEFINITIONS OF ABBREVIATIONS:					
DOR - Date of rank		RYE - Retirement year ending		PMOS - Permanent military occupation specialty	
SSI - Special skill identifier		DOB - Date of Birth		ETS - Estimated time of separation from the Army	
PEBD - Pay entrance basic date - when did you enter active duty the first time?					