

OMB Control Number: 0704-TBD
OMB Approval Expires:

USMEPCOM FORM 680-3A-E (REQUEST FOR EXAMINATION)

AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information is estimated to average 10 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 of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 1155 Defense Pentagon, Washington, DC 20301-1155 (0704-TBD). 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.

PRIVACY ACT STATEMENT

AUTHORITY: Sections 505, 508, 510 of the 10 U.S. Code and HIPPA, Title 42 USC Section 1320, and Executive Order (SSN) 9397.

PRINCIPAL PURPOSES: This form is used to establish the applicant's Department of Defense (DoD) personal identity during entrance processing at a military entrance processing station (MEPS) location, to conduct background history screening, and determine examination requirements (aptitude, medical and conduct) for qualification to standards for enlistment into the Armed Forces. The applicant and sponsoring Military Service representative using authorized issued Federal, State and Local government identification documents complete and certify the accuracy of the self-disclosed personal information entries.

ROUTINE USES: None.

DISCLOSURE: Voluntary; however, failure to provide accurate personal identifier information and other solicited information will delay entrance processing for enlistment into the Armed Forces until resolved by the sponsoring Service or the MEPS. Your Social Security Number being requested pursuant to E.O. 9397. The SSN and other personal identifying data are needed to ensure positive identification with examination results for enlistment.

INSTRUCTIONS TO CIVILIAN APPLICANTS

PURPOSE.

This extremely important form is to be used by you to establish your examination requirements and initial military processing record for enlistment into the Armed Forces. After your personal identifiable information has been vetted, verified and biometrics collected MEPS will establish your DoD positive identification record. Your positive identification and processing records of examination results will follow you throughout your military career and/or eligibility period by law for enlistment into the Armed Forces; therefore, the information on this form could be archived for up to 26 years. This form is used by DoD to establish positive identification, prevent fraudulent entry, and to expedite qualification for enlistment into your Service of choice. Biometric modalities collected during entrance processing will be used for identification and digital signing of enlistment processing forms.

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GENERAL BACKGROUND STATEMENT.

The self-disclosed personal information provided on this form is vetted against the authoritative document source for validation; e.g., Social Security Agency will verify the Social Security Number provided, driver license number and related personal information against the issuing State motor vehicle bureau, the Defense Data Manpower Center will validate the prior Military Service information, citizenship status will be determined, etc. Discrepancies with information on this form will be provided to the sponsoring Service representative for resolution/correction before entrance processing continues. At the military entrance processing station (MEPS) location applicants will provide one or more biometric modalities; fingerprints, iris scan, and/or facial photograph that will be merged with the personal information on this form to establish an applicant DoD personal identity for enlistment into the Armed Forces. All items are applicable and subject to conduct background screening for prior processing history, law violations, medical insurer/provider history, credit history, etc. Conduct screening results will be measured against enlistment standards established by law, DoD, and the Armed Forces. All entrance processing examination and conduct results will be provided to your sponsoring Service representative for evaluation against enlistment standards for Military Service. Personal identification information capture and vetted on this form will be used to populate other entrance processing forms required for enlistment to reduce manual reentry of data. You may be provided the opportunity personally to explain, refute, or clarify any information on this form before a final decision on your qualification to enlistment standards.

IMPORTANT: This form is designed to capture essential personal identification information for validation, to establish positive identification, evaluate conduct background screening information, and to determine examination requirements for qualification to standards for enlistment into the Armed Forces. For additional uses of this form see USMEPCOM REG 680-3 (United States Military Integrated Resource System).

FOR USE OF THIS FORM, SEE USMEPCOM REG 680-3		REQUEST FOR EXAMINATION THE INFORMATION PROVIDED CONSTITUTES AN OFFICIAL STATEMENT		FOR OFFICIAL USE ONLY	
A. SERVICE PROCESSING FOR		B. PRIOR SERVICE <input type="checkbox"/> YES <input type="checkbox"/> NO		C. SELECTIVE SERVICE CLASSIFICATION	
NUMBER OF DAYS					
1. SOCIAL SECURITY NUMBER		2. NAME (Last, First, Middle Name (and Maiden, if any), Jr., Sr., etc.)			
3. CURRENT ADDRESS <small>(Street, City, County, State, ZIP Code, Country if outside the U.S.)</small>			4. HOME OF RECORD ADDRESS <small>(Street, City, County, State, ZIP Code, Country if outside the U.S.) (Not required if same as #3)</small>		
5. CITIZENSHIP (X One)		6. SEX (X One)		7a. ETHNIC CATEGORY (X One)	
<input type="checkbox"/> a. U.S. AT BIRTH (If this box is marked, also X (1) or (2))		<input type="checkbox"/> a. MALE		<input type="checkbox"/> (1) HISPANIC OR LATINO	
<input type="checkbox"/> (1) NATIVE BORN		<input type="checkbox"/> b. FEMALE		<input type="checkbox"/> (2) NOT HISPANIC OR LATINO	
<input type="checkbox"/> (2) BORN ABROAD OF U.S. PARENT(S)		8. MARITAL STATUS (Specify)			
<input type="checkbox"/> b. U.S. NATURALIZED		<input type="checkbox"/> (1) AMERICAN INDIAN/ALASKA NATIVE		<input type="checkbox"/> (4) NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	
<input type="checkbox"/> c. U.S. NON-CITIZEN NATIONAL		<input type="checkbox"/> (2) ASIAN		<input type="checkbox"/> (5) WHITE	
<input type="checkbox"/> d. IMMIGRANT ALIEN (Specify)		9. NUMBER OF DEPENDENTS		<input type="checkbox"/> (3) BLACK OR AFRICAN AMERICAN	
<input type="checkbox"/> e. NON-IMMIGRANT FOREIGN NATIONAL (Specify)					
<input type="checkbox"/> f. ALIEN REGISTRATION NUMBER (As applicable)					
10. DATE OF BIRTH (YYYYMMDD)		11. RELIGIOUS PREFERENCE (Optional)		12. EDUCATION (Yrs/Highest Ed or Completed)	
				13. PROFICIENT IN FOREIGN LANGUAGE (X One) (If Yes, specify)	
<input type="checkbox"/> YES <input type="checkbox"/> NO				1st 2nd	
14. VALID DRIVER'S LICENSE (X One) <input type="checkbox"/> YES <input type="checkbox"/> NO		Number:		1st 2nd	
(If Yes) Expiration Date:					
15. PLACE OF BIRTH (Street, City, County, State, ZIP Code, Country if outside the U.S.)		16a. ASVAB REQUIRED TO ENLIST? (X One) <input type="checkbox"/> YES <input type="checkbox"/> NO (B300 WKID)			
		b. MEDICAL REQUIRED TO ENLIST? (X One) <input type="checkbox"/> YES <input type="checkbox"/> NO (B0M0 WKID)			
17a. PREVIOUS TEST VERSIONS		17b. DATE ELIGIBLE TO (RE) TEST (YYYYMMDD)		18a. RECRUITER IDENTIFICATION	
Ver 1. Ver 2.				18b. STATION ID	
19a. DATE LAST HIGH SCHOOL TEST (YYYYMMDD)		19b. HIGH SCHOOL WHERE TESTED		19c. AUTH HS PULL	
		(SCHOOL) (CITY) (STATE)		(APPLICANT INITIALS)	
20. APPLICANT'S SIGNATURE (In Presence of Test Administrator)			21. TEST ADMINISTRATOR'S SIGNATURE and ID		
<p>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.</p>					
22. APPLICANT'S CURRENT MEDICAL INSURER'S NAME <small>(If none, sign your complete name to affirm you have no current medical insurer):</small>			23. APPLICANT'S CURRENT MEDICAL PROVIDER'S NAME <small>(If none, sign your complete name to affirm you have no current medical provider):</small>		
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:					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
_____ <small>(Signature of Recruiter (or Rep, if auth))</small>		_____ <small>(Printed/Typed Name of Recruiter or Rep)</small>		_____ <small>(Date)</small>	
_____ <small>(Printed/Typed Name of Recruiter (if not recorded above))</small>					
_____ <small>(Recruiter ID)</small>		_____ <small>(Local Recruiting Activity)</small>		_____ <small>(Bn, NRD, Sq, or RS Location)</small>	
_____ <small>(Signature of Applicant)</small>					
_____ <small>(Date)</small>					
28. BIOMETRICALLY ENROLLED (X One) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DO NOT KNOW			29. FINGERPRINT (10 Print) CAPTURED (X One) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DO NOT KNOW		
(FOLD HERE TO OBTAIN APPLICANT SIGNATURE IN #30 BELOW)					
DRAFT COPY					
30. APPLICANT'S SIGNATURE (In the presence of MEPS personnel)					

USMEPCOM Form 680-3A-E, (Date)

Replaces USMEPCOM Form 680-3A-E OCT 05 which is obsolete.