

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.

**APPLICATION PROCESSING AND SUMMARY RECORD
(YOU MUST ENABLE JAVA TO COMPLETE THIS FORM)**

1. PERSONNEL INFORMATION

a. NAVCRUITDIST	b. Last Name	c. First Name	d. Middle Name or NMN	e. Suffix/Maiden				
f. SSN <input type="text"/>	g. Place of Birth (City/State or Foreign Country)	h. DOB	i. Age	j. Age waiver req.	k. Sex	l. Ht.		
m. Wt.	n. Body Fat	o. Race	p. Ethnic	q. Citizenship	r. If dual, list country	s. Enlisted	t. SKED to ship to RTC	u. Interview Scores <input type="text"/> <input type="text"/> <input type="text"/>
	Choice 1	Choice 2	Choice 3	Choice 4	Choice 5			
v. Program	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
w. NOBC/SSP	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			

2. MILITARY SERVICE

a. Current MIL Status	b. Branch	c. Paygrade	d. Prior Service	e. Branch	f. Paygrade	
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3. EDUCATIONAL STATUS - Most Current

a. Name of Educational Institution	b. Major (Continue in block 15)	c. Edu/Grad. Level	d. GPA	e. Grad Date
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4. TESTING

a. AQR	b. PFAR	c. FOFAR	d. OAR	e. Other Test :	f. Scores: Test Date	g. Avail date for OCS/ODS/SELRES.	h. Recon
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5. COMMISSIONING DATA

***** NRC USE ONLY*****

a. Commissioning Program	b. Grade	c. Date of Rank	d. Desig.	e. Type	f. Scroll Sub Date:	g. Scroll App Date:
h. Original Source Code:						
i. Current Source Code:						
j. Restrictions:	k. Restrictions:	l. Restrictions:	m. Restrictions:	n. Restrictions:	o. Restrictions:	

BUPERS USE ONLY

Authority:	PC:	Remarks
<input type="checkbox"/> OSD APP	<input type="checkbox"/> SECNAV APP	<input type="checkbox"/> Senate Confirmed
Date Approved	Null & Void Date	

6. COMPENSATION/ALLOWANCES AND PENSIONS

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 Navy 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/ retirement/ 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/ retirement/ 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's Initials: _____

NO **Yes** Enter additional remarks in block 15

- a. Have you ever claimed or been granted a pension/ disability allowance/ disability compensation/ or retirement pay from the U.S. Govt?
- b. Are you presently receiving such compensation? If Yes, explain in the Remarks section and initial statement in block 6.

7. EYE SURGERY

- a. Have you ever had eye surgery? (Include Radial Keratotomy (RK), Photorefractive Keratectomy (PRK) or Laser in Situ Keratomileuisi (LASIK) procedures) If "YES", ensure pre-op, operative, and two post-op exams are included with physical.

8. SWIMMING ABILITY

- a. Can you swim 50 yards using any combination of the crawl, breast, side and/or the back strokes?
- b. Abandon ship jump: Can you jump from a 12-ft tower to simulate abandoning ship?
- c. Can you remain afloat for 5 minutes (prone position)? Remain afloat (face down), utilizing survival-floating skills?
- d. Shirt and trouser inflation: Can you fill a shirt and pair of trousers with air to remain afloat?

If any of the preceding questions are answered no, ensure that you are issued the "Officer Candidate School/Officer Development School Third Class Swim Test Letter" and that you initial acknowledgement of the letter. Applicant's Initials: _____

9. ILLEGAL ACTIVITIES

- a. Have you ever been charged of a crime to include drug or alcohol use?
- b. Have you ever used illegal drugs?
- c. Have you ever been charged with domestic violence?
- d. Have you ever filed bankruptcy?

10. CURRENT PHYSICAL FITNESS PROGRAM (If none enter N/A)

Activity	Frequency	Date Commenced (YYYYMMDD)

11. PROFESSIONAL LICENSES (up to 4 licenses) (If none enter N/A)

License Name	Expiration Date	License Name	Expiration Date

12. FLYING EXPERIENCE (If none enter N/A)

License/Ratings	Model	Hours

13. FOREIGN LANGUAGE SKILLS (If none enter N/A)

Language	How Acquired (school, family, etc)	Language Proficiency

14. EXTRA CURRICULAR ACTIVITIES/ORGANIZATIONS/CLUBS/SPORTS HS = High School/C = College/PC= Post College

Activity	Period	# Years	Office Held

15. APPLICANT'S REMARKS (Limited to the visible area.)

16. APPLICANT'S MOTIVATIONAL STATEMENT (Limited to the visible area.)

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 accurately or promptly, or failure to accept an appointment tendered to me will subject my application or appointment to cancellation without further notice.

17. Applicant's Name	18. Applicant's Signature	19. Applicant's Tele. Number	20. Date
Applicant's Email			

21. OFFICER RECRUITER'S REMARKS (Limited to the visible area.)

Empty text area for Officer Recruiter's Remarks.

22. OFFICER PROCESSOR'S SUMMARY (Limited to the visible area.)

Empty text area for Officer Processor's Summary.

23. OFFICER PROGRAMS OFFICER'S REMARKS (Limited to the visible area.)

Empty text area for Officer Programs Officer's Remarks.

24. Based upon all available information, it is my opinion that the applicant is recommended as follows for appointment in the U.S. Navy or U. S. Navy Reserve for the programs listed above in order of preference listed. Highly Recommended Recommended Not Recommended

25. Recruiting Personnel Certification

I certify that the information contained on this document, to include my personal remarks, are true and accurate to the best of my ability. I also understand that information from this form will be used to create documents for the OFFICIAL PERSONNEL RECORD. ALL information provided in this document has been verified against the proper source documents (ie. Birth Certificates and SSN Cards) and is accurate to include the proper spelling of the applicant's complete name and SSN.

26. Date	27. Recruiter's Telephone Number (Include area code)	28. Recruiter's Name
29. Date	30. Processor's Telephone Number (Include area code)	31. Processor's Name
32. Date	33. OPO's Telephone Number (Include area code)	34. OPO's Name