

PROCESSING PROGRAMS

Enlistment	Assignment	Appointment

BRIEFING ITEMS

Briefed on the Privacy Act Registered to Vote & ST

Briefed on Separation Policy NPS Viewed BMT Film

DEMOGRAPHICS

Lead Date	20140131	Lead Origination	Recruiter Generated	Lead Source	Air Show	Gender		Verified SSN	999-99-9999				
Prefix	GG	First Name		Middle Name (if none enter NMN)	NMN	Last Name	GG	Suffix		DOB		Age	
Maiden Name / Alias Names													
Citizenship				Racial Category				Ethnic Category					
Hair Color				Eye Color				Religious Preference					
1st Foreign Language						2nd Foreign Language							
None						None							
Selective Service Number													
Home Phone				Work Phone				Cell Phone					
212-444-5555													
Current Address													
123 New York New York NY 10024 US													
Home of Record													
Personal Email				Business Email				Present Occupation					
Valid Drivers License				Drivers License #				State				EXP Date	
YES													

BIRTH VERIFICATION

City of Birth	County	State	Country
Naturalization #	INS # (Citizen Certificate)	Alien Registration #	

INTERVIEW

CCMAPPEDDS Verification

REMARKS

	Y	N		Y	N
Citizenship	<input type="checkbox"/>	<input type="checkbox"/>	Prior Service	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Conscientious Objector	<input type="checkbox"/>	<input type="checkbox"/>	Education	<input type="checkbox"/>	<input type="checkbox"/>
Morals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Dependents	<input type="checkbox"/>	<input type="checkbox"/>
Age	<input type="checkbox"/>	<input type="checkbox"/>	Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Physical	<input type="checkbox"/>	<input type="checkbox"/>	SSN	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence	<input type="checkbox"/>	<input type="checkbox"/>	Waiver(s) Required	<input type="checkbox"/>	<input type="checkbox"/>
Gov Credit Card	<input type="checkbox"/>	<input type="checkbox"/>	UIF	<input type="checkbox"/>	<input type="checkbox"/>
Malpractice	<input type="checkbox"/>	<input type="checkbox"/>	Sec. Clearance Req'd	<input type="checkbox"/>	<input type="checkbox"/>

MARITAL STATUS

Marital Status What document did you use to verify the Marital Status?

MILITARY SPOUSE

Spouse's SSN:

Spouse's paygrade:

Spouse's branch of service:

Spouse's current duty station:

Is military spouse the step-parent of any children in the applicant's custody?

DEPENDENTS

Number of Adult Dependents Number of Minor Dependents

Expected Marital and/or Dependency Changes

What document did you use to verify the Single Signature Parental Consent?

RELATIVES (Check the relatives which are dependents)

LAST NAME	FIRST NAME	MIDDLE NAME	RELATIONSHIP	DATE OF BIRTH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ADDRESS	CITY	STATE	ZIP	COUNTRY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			DEPENDENT <input type="checkbox"/>	CUSTODY <input type="checkbox"/>
				SELFCARE <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ADDRESS	CITY	STATE	ZIP	COUNTRY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			DEPENDENT <input type="checkbox"/>	CUSTODY <input type="checkbox"/>
				SELFCARE <input type="checkbox"/>

MORALS

Date	Morals Cat.	Violation or Charge	Place/City	State	Court Type	Adjudication Disposition	UCMJ
							<input type="checkbox"/>
Reduced Charge						Final or Current Disposition / Remarks	<input type="checkbox"/>
Released on		Court					<input type="checkbox"/>
		Validation type		Possible Max Sentence			
							<input type="checkbox"/>
Reduced Charge						Final or Current Disposition / Remarks	<input type="checkbox"/>
		Court					<input type="checkbox"/>
		Validation type		Possible Max Sentence			
							<input type="checkbox"/>
Reduced Charge						Final or Current Disposition / Remarks	<input type="checkbox"/>
		Court					<input type="checkbox"/>
		Validation type		Possible Max Sentence			
							<input type="checkbox"/>
Reduced Charge						Final or Current Disposition / Remarks	<input type="checkbox"/>
		Court					<input type="checkbox"/>
		Validation type		Possible Max Sentence			
							<input type="checkbox"/>
Reduced Charge						Final or Current Disposition / Remarks	<input type="checkbox"/>
		Court					<input type="checkbox"/>
		Validation type		Possible Max Sentence			
							<input type="checkbox"/>
Reduced Charge						Final or Current Disposition / Remarks	<input type="checkbox"/>
Released on		Court					<input type="checkbox"/>
		Validation type		Possible Max Sentence			
							<input type="checkbox"/>
Reduced Charge						Final or Current Disposition / Remarks	<input type="checkbox"/>
		Court					<input type="checkbox"/>
		Validation type		Possible Max Sentence			
							<input type="checkbox"/>
Reduced Charge						Final or Current Disposition / Remarks	<input type="checkbox"/>
		Court					<input type="checkbox"/>
		Validation type		Possible Max Sentence			
							<input type="checkbox"/>
Reduced Charge						Final or Current Disposition / Remarks	<input type="checkbox"/>
		Court					<input type="checkbox"/>
		Validation type		Possible Max Sentence			
							<input type="checkbox"/>
Reduced Charge						Final or Current Disposition / Remarks	<input type="checkbox"/>
		Court					<input type="checkbox"/>
		Validation type		Possible Max Sentence			

EDUCATION

Grade Relevance	Name of School	Accredited	From	To	No. Yrs Comp	Graduated	Qual Degree	Tier
<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Major Code	Major	Other Major		Total Quality Points	Total Credit Hours	Total Semester Hrs		
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>		
School Type	Degree Title	Degree Type	Address	Apt	City	State	Zip	Country
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Grade Relevance	Name of School	Accredited	From	To	No. Yrs Comp	Graduated	Qual Degree	Tier
<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Major Code	Major	Other Major		Total Quality Points	Total Credit Hours	Total Semester Hrs		
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>		
School Type	Degree Title	Degree Type	Address	Apt	City	State	Zip	Country
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Grade Relevance	Name of School	Accredited	From	To	No. Yrs Comp	Graduated	Qual Degree	Tier
<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Major Code	Major	Other Major		Total Quality Points	Total Credit Hours	Total Semester Hrs		
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>		
School Type	Degree Title	Degree Type	Address	Apt	City	State	Zip	Country
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Grade Relevance	Name of School	Accredited	From	To	No. Yrs Comp	Graduated	Qual Degree	Tier
<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Major Code	Major	Other Major		Total Quality Points	Total Credit Hours	Total Semester Hrs		
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>		
School Type	Degree Title	Degree Type	Address	Apt	City	State	Zip	Country
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Highest Education Year Completed Total College Semester Hours Total College Quarter Hours

Education Level MEPCOM

What paramilitary organizations (JROTC/CAP/Scouts) has the lead participated with?

Degree/Residency	Medical Specialty	Y	N	Award Type
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	Civil Air Patrol Yr Awarded
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scout Award Yr Awarded
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	JROTC
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	ROTC

MEDICAL OFFICER CREDENTIALS

Licensed Certified

Registered Board Certified

AFOQT

Form/Version	Date Tested	Pilot	Nav	AA	Verbal	Quantitative

Other Tests

Type	Date	Version	Score

ASVAB

Test Date	Version	QT	M	A	G	E	Test Location	GS	AR	WK	PC	MK	EI	AS	MC	AO	VE	NO	CS	Validation Date	

Other Tests

Date	<input type="text"/>	Specialty	<input type="text"/>	Type	<input type="text"/>	Overall	<input type="text"/>
Pull-Ups	<input type="text"/>	Count	<input type="text"/>	Sit-Ups	<input type="text"/>	Count	<input type="text"/>
Underwater Swim 1	<input type="text"/>	Surface Swim	<input type="text"/>	Min	<input type="text"/>	Sec	<input type="text"/>
Underwater Swim 2	<input type="text"/>	Run	<input type="text"/>	Min	<input type="text"/>	Sec	<input type="text"/>
Push-Ups	<input type="text"/>	Count	<input type="text"/>				

Date	<input type="text"/>	Specialty	<input type="text"/>	Type	<input type="text"/>	Overall	<input type="text"/>
Pull-Ups	<input type="text"/>	Count	<input type="text"/>	Sit-Ups	<input type="text"/>	Count	<input type="text"/>
Underwater Swim 1	<input type="text"/>	Surface Swim	<input type="text"/>	Min	<input type="text"/>	Sec	<input type="text"/>
Underwater Swim 2	<input type="text"/>	Run	<input type="text"/>	Min	<input type="text"/>	Sec	<input type="text"/>
Push-Ups	<input type="text"/>	Count	<input type="text"/>				

Date	<input type="text"/>	Specialty	<input type="text"/>	Type	<input type="text"/>	Overall	<input type="text"/>
Pull-Ups	<input type="text"/>	Count	<input type="text"/>	Sit-Ups	<input type="text"/>	Count	<input type="text"/>
Underwater Swim 1	<input type="text"/>	Surface Swim	<input type="text"/>	Min	<input type="text"/>	Sec	<input type="text"/>
Underwater Swim 2	<input type="text"/>	Run	<input type="text"/>	Min	<input type="text"/>	Sec	<input type="text"/>
Push-Ups	<input type="text"/>	Count	<input type="text"/>				

Date	<input type="text"/>	Specialty	<input type="text"/>	Type	<input type="text"/>	Overall	<input type="text"/>
Pull-Ups	<input type="text"/>	Count	<input type="text"/>	Sit-Ups	<input type="text"/>	Count	<input type="text"/>
Underwater Swim 1	<input type="text"/>	Surface Swim	<input type="text"/>	Min	<input type="text"/>	Sec	<input type="text"/>
Underwater Swim 2	<input type="text"/>	Run	<input type="text"/>	Min	<input type="text"/>	Sec	<input type="text"/>
Push-Ups	<input type="text"/>	Count	<input type="text"/>				

PRIOR SERVICE

Start	End	Branch	State	Grade	RE	SPD/SPN	Character of Service	AFSC/MOS	Job Title	Grade Relevance

Conditional Release (DD Form 368) required and submitted.

Date Initiated 368 Date Received 368 Date Forwarded Unit Phone #

DD Form 368 sent to Unit Name

Address

City

State

Zip Code

Accessions Interview

What AFSC is the applicant enlisting / training into? (DAFSC)

Is this a Critical AFSC?

Is member fully qualified for the AFSC?

What PAS Code / Unit will the applicant be accessing into?

What Position number will the applicant be placed into?

Enter Date of Appointment

Enter Date of Enlistment

Enter Enlistment Pay Grade

Did applicant attend the Air Force Academy?

ACCESSION INFORMATION

Requirements				Qualified			Requirements				Qualified			Requirements				Qualified										
				Y	N	N/A					Y	N	N/A					Y	N	N/A								
AFQT For Program				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special Medical Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>								
M	<input type="checkbox"/>	A	<input type="checkbox"/>	G	<input type="checkbox"/>	E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Driver's License				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>											
P	<input type="checkbox"/>	U	<input type="checkbox"/>	L	<input type="checkbox"/>	H	<input type="checkbox"/>	E	<input type="checkbox"/>	S	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	U.S. Citizenship				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
Special Education				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Morals				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
Normal Color Vision				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mandatory Tech School				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
Depth Perception				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accession Category				<input type="text"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Bonus AFSC				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stripes for				<input type="text"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Incentive				<input type="text"/>																								

BLOCKING INFORMATION

UNIT	<input type="text"/>	ASGN GRADE	<input type="text"/>
PAS CODE	<input type="text"/>	DOR	<input type="text"/>
AUTH GRADE	<input type="text"/>	POSITION #	<input type="text"/>
SRC OF COMSN	<input type="text"/>	COMP CAT	<input type="text"/>
TAFCS D	<input type="text"/>	CHANGE CAT	<input type="text"/>
TFCS D	<input type="text"/>	TYSD	<input type="text"/>
TAFMS D	<input type="text"/>	PAY DATE	<input type="text"/>

BMT INFORMATION

QUOTA #	<input type="text"/>	TECH START	<input type="text"/>
QUOTA DATE	<input type="text"/>	TECH ADD	<input type="text"/>
BMT RPRT	<input type="text"/>	TECH GRAD	<input type="text"/>
BMT START	<input type="text"/>		

DAFSC Search

PAFSC Search

ACCESSION DATA

PS > 84 DAYS (refer to help menu) TRAINING CODE FORCE SHAPING

PS BRANCH RE CODE NA WAIVER CODE NON-PAY STATUS QUALITY POINT RIC

RACIAL CATEGORY ADN ENLISTMENT / ASSIGNMENT / APPOINTMENT TYPE GAIN DATE

EDCSA

AIRFORCE ACTIVE DUTY

COT DATE OATH OUT EAD DATE COMMISSION

DDA DATE ASSIGNMENT

ORIGINAL E-DATA RECORD (READ ONLY)

Full Name	Gender	Citizenship	Date Of Birth	SSN	Ethnic	Race	Total Dependents
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Name	Last Name		Suffix Name			
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>			
Street	City	State	Zip				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Work Phone	Home Phone	Marital Status	HS Year	POP			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
MIRS Code	School Street Address	School City	School State	School Zip			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
AF Recruitment District	Recruitment Potential Flag	POCC	Base Active Service Date	Reserve Flag	DOD Civ Flag	TAFMS Months	Pay Grade Months
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Prior Service Branch	<input type="text"/>	Military Grade	<input type="text"/>	Security Clearance	<input type="text"/>
Reenlistment Eligibility Code	<input type="text"/>	Assignment Limit Code 1	<input type="text"/>	Military Unit	<input type="text"/>
Separation Program Designator	<input type="text"/>	Assignment Limit Code 2	<input type="text"/>	Retiree Status Flag	<input type="text"/>
Military Service Characterization	<input type="text"/>	Assignment Limit Code 3	<input type="text"/>	Reserve Component	<input type="text"/>
UIF	<input type="text"/>	Assignment Action Code 1	<input type="text"/>	Reserve Component Category	<input type="text"/>
UIF Expire Date	<input type="text"/>	Assignment Action Code 2	<input type="text"/>	Air Force Education Level	<input type="text"/>
Base Code (Servicing MPF)	<input type="text"/>	Assignment Action Code 3	<input type="text"/>	Education Grad Date	<input type="text"/>
Interservice Separation Code	<input type="text"/>	Assignment Availability Reason	<input type="text"/>		

Date of Rank	<input type="text"/>	Total Service Commitment	<input type="text"/>	TAFMSD	<input type="text"/>
Pay Date	<input type="text"/>	Expiration Term of Obligation	<input type="text"/>	EDCSA	<input type="text"/>
Pay Entry Base Date	<input type="text"/>	Expiration Term Of Service	<input type="text"/>	EDIGS	<input type="text"/>
Separation Date	<input type="text"/>	TAFCS D	<input type="text"/>		

PAFSC	<input type="text"/>	2nd AFSC	<input type="text"/>	ASVAB Date	<input type="text"/>	M	<input type="text"/>	A	<input type="text"/>	G	<input type="text"/>	E	<input type="text"/>	AFQT	<input type="text"/>
DAFSC	<input type="text"/>	3rd AFSC	<input type="text"/>	ASVAB Ver.	<input type="text"/>									AFQT-CAT	<input type="text"/>

Physical Data

Source (TOSIP, DD FORM 2807-1)

Physical Date Physical Type Specify if Other

Physical Location Location Type Specify if Other

Physical Height Physical Weight

P U L H E S X BFM%

Uncorrected distant vision for left eye 20/ right eye 20/ Corrected distant vision for left eye 20/ right eye 20/

Uncorrected near vision for left eye 20/ right eye 20/ Corrected near vision for left eye 20/ right eye 20/

Is vision corrected with glasses, or contacts? Color Vision Passed? Depth Perception Passed?

Does the applicant have unrestricted use of all fingers on both hands? Explain Drug Use

Does the applicant have a speech impediment? Does the applicant have a fear of heights? Explain

Source (TOSIP, DD FORM 2807-1)

Physical Date Physical Type Specify if Other

Physical Location Location Type Specify if Other

Physical Height Physical Weight

P U L H E S X BFM%

Uncorrected distant vision for left eye 20/ right eye 20/ Corrected distant vision for left eye 20/ right eye 20/

Uncorrected near vision for left eye 20/ right eye 20/ Corrected near vision for left eye 20/ right eye 20/

Is vision corrected with glasses, or contacts? Color Vision Passed? Depth Perception Passed?

Does the applicant have unrestricted use of all fingers on both hands? Explain Drug Use

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Source (TOSIP, DD FORM 2807-1)

Physical Date Physical Type Specify if Other

Physical Location Location Type Specify if Other

Physical Height Physical Weight

P U L H E S X BFM%

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Physical Date Physical Type Specify if Other

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Physical Height Physical Weight

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Uncorrected near vision for left eye 20/ right eye 20/ Corrected near vision for left eye 20/ right eye 20/

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Does the applicant have unrestricted use of all fingers on both hands? Explain Drug Use

Does the applicant have a speech impediment? Does the applicant have a fear of heights? Explain

COURSES

Algebra

Geometry

Physics

Trigonometry

Biology

Chemistry

Typing

English Composition

Computer

English

Mathematics

General Science

OTHER JOB QUALIFIERS

SJC Code

Does the applicant have a fear of insects or Spiders?

Does the applicant have a fear of blood?

Does the applicant have a fear of guns?

Does the applicant have a fear of fire?

Does the applicant have a history of emotional instability?

Does the applicant have a history of conviction for embezzlement?

Does the applicant have a history of confinement?

Does the applicant have a history of claustrophobia?

Does the applicant speak distinct English?

Have you ever been in the Peace Corps?

Does the applicant have a history of Temporomandibular Joint Disorder (TMJ), jaw locking or jaw pain?

Have you ever been convicted of a crime of domestic violence?