

**PROCESSING PROGRAMS**

**BRIEFING ITEMS**

Program/Subprogram	Officer Type
EA NPS	

<input type="checkbox"/> Briefed on the Privacy Act	<input type="checkbox"/> Registered to Vote & ST
<input type="checkbox"/> Briefed on Separation Policy	<input type="checkbox"/> NPS Viewed BMT Film

**DEMOGRAPHICS**

Lead Date	Lead Origination	Lead Source	Gender	Verified SSN		
20121217		No Lead Source Detail	Male	320-88-8792		
Prefix	First Name	Middle Name (if none enter NMN)	Last Name	Suffix	DOB	Age
	Ppeeki	Qienpb	Ackfmbd		19930301	20
Maiden Name / Alias Names						
Citizenship	U.S. AT BIRTH	Racial Category	CA	Ethnic Category	NOT HISPANIC OR LATINO	
Hair Color	Brown	Eye Color	Brown	Religious Preference	00	
1st Foreign Language	None	2nd Foreign Language	None			
Selective Service Number	9211083895					
Home Phone	907-927-5400	Work Phone				
Cell Phone						
Current Address	8412 Acvly Si. Fairbanks Fairbanks North Star AK 99709 US					
Home of Record	8412 Acvly Si. Fairbanks Fairbanks North Star AK 99709 US					
Personal Email	py.hpd84@jgpnt.lvg	Business Email				
Present Occupation						
Valid Drivers License		Drivers License #			State	EXP Date

**BIRTH VERIFICATION**

City of Birth	County	State	Country
Fairbanks	Fairbanks North Star	AK	US
Naturalization #	INS # (Citizen Certificate)	Alien Registration #	

**INTERVIEW**

**CCMAPPEDDS Verification**

**REMARKS**

	Y	N		Y	N
Citizenship	<input type="checkbox"/>	<input type="checkbox"/>	Prior Service	<input type="checkbox"/>	<input type="checkbox"/>
Conscientious Objector	<input type="checkbox"/>	<input type="checkbox"/>	Education	<input type="checkbox"/>	<input type="checkbox"/>
Morals	<input type="checkbox"/>	<input type="checkbox"/>	Dependents	<input type="checkbox"/>	<input type="checkbox"/>
Age	<input type="checkbox"/>	<input type="checkbox"/>	Drugs	<input 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	DEPENDENT	CUSTODY	SELFCARE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	DEPENDENT	CUSTODY	SELFCARE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	DEPENDENT	CUSTODY	SELFCARE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	DEPENDENT	CUSTODY	SELFCARE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	DEPENDENT	CUSTODY	SELFCARE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	DEPENDENT	CUSTODY	SELFCARE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	DEPENDENT	CUSTODY	SELFCARE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	DEPENDENT	CUSTODY	SELFCARE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Have you ever been a party to any public record civil court actions?

**Civil Court**

Date Initiated	Organization Handling Case	Nature of Action	Names of Parties Involved

**Finance**

Type  Date Initiated  Date Satisfied  Organization   
Amount  Account Number  Bankruptcy Type  Status   
Name Action Occurred Under First  Last  Middle  Suffix

Type  Date Initiated  Date Satisfied  Organization   
Amount  Account Number  Bankruptcy Type  Status   
Name Action Occurred Under First  Last  Middle  Suffix

Type  Date Initiated  Date Satisfied  Organization   
Amount  Account Number  Bankruptcy Type  Status   
Name Action Occurred Under First  Last  Middle  Suffix

Type  Date Initiated  Date Satisfied  Organization   
Amount  Account Number  Bankruptcy Type  Status   
Name Action Occurred Under First  Last  Middle  Suffix

Type  Date Initiated  Date Satisfied  Organization   
Amount  Account Number  Bankruptcy Type  Status   
Name Action Occurred Under First  Last  Middle  Suffix

Type  Date Initiated  Date Satisfied  Organization   
Amount  Account Number  Bankruptcy Type  Status   
Name Action Occurred Under First  Last  Middle  Suffix

**EDUCATION**

Grade Relevance	Name of School	Accredited	From	To	No. Yrs Comp	Graduated	Qual Degree	Tier
	West Valley High School(Rcj)		20070801	20110501		Yes		
Major Code	Major	Other Major	Total Quality Points		Total Credit Hours	Total Semester Hrs		
School Type	Degree Title	Degree Type	Address	Apt	City	State	Zip	Country
Secondary or High		High School Diploma	9711 Ukndc Svpi		Fairbanks	Ak	99709	Us

Grade Relevance	Name of School	Accredited	From	To	No. Yrs Comp	Graduated	Qual Degree	Tier
Major Code	Major	Other Major	Total Quality Points		Total Credit Hours	Total Semester Hrs		
School Type	Degree Title	Degree Type	Address	Apt	City	State	Zip	Country

Grade Relevance	Name of School	Accredited	From	To	No. Yrs Comp	Graduated	Qual Degree	Tier
Major Code	Major	Other Major	Total Quality Points		Total Credit Hours	Total Semester Hrs		
School Type	Degree Title	Degree Type	Address	Apt	City	State	Zip	Country

Grade Relevance	Name of School	Accredited	From	To	No. Yrs Comp	Graduated	Qual Degree	Tier
Major Code	Major	Other Major	Total Quality Points		Total Credit Hours	Total Semester Hrs		
School Type	Degree Title	Degree Type	Address	Apt	City	State	Zip	Country

Highest Education Year Completed	<input type="text" value="12"/>	Total College Semester Hours	<input type="text"/>	Total College Quarter Hours	<input type="text"/>
Education Level	<input type="text" value="D"/>	MEPCOM	<input type="text" value="L"/>		

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

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

**MEDICAL OFFICER CREDENTIALS**

<input type="checkbox"/> Licensed	<input type="checkbox"/> Certified
<input type="checkbox"/> Registered	<input type="checkbox"/> 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"/>				

**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?



Physical Data

Source (TOSIP, DD FORM 2807-1)				Specify if Other					
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)				Specify if Other					
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)				Specify if Other					
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)				Specify if Other					
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)				Specify if Other					
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	



**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?