

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="text"/> | <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="text"/> | <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="text"/> | <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="text"/> | <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="text"/> | <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="text"/> | <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="text"/> | <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="text"/> | <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 |
|--------------|-------------|-------|-----|----|--------|--------------|
| | | | | | | |
| | | | | | | |
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Other Tests

| Type | Date | Version | Score |
|------|------|---------|-------|
| | | | |
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| | | | |
| | | | |

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 | |
|-----------|---------|----|---|---|---|---|---------------|----|----|----|----|----|----|----|----|----|----|----|----|-----------------|--|
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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"/> | | | | |

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|-------------------|----------------------|--------------|----------------------|---------|----------------------|---------|----------------------|
| 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"/> | | | | |

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|-------------------|----------------------|--------------|----------------------|---------|----------------------|---------|----------------------|
| 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 |
|-------|-----|--------|-------|-------|----|---------|----------------------|----------|-----------|--------------------|
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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="text"/> | <input type="text"/> | <input type="text"/> | Special Medical Test | | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | <input type="text"/> | <input type="text"/> | <input checked="" type="checkbox"/> |
| M | <input type="text"/> | A | <input type="text"/> | G | <input type="text"/> | E | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | <input type="text"/> | <input type="text"/> | <input checked="" type="checkbox"/> |
| P | <input type="text"/> | U | <input type="text"/> | L | <input type="text"/> | H | <input type="text"/> | E | <input type="text"/> | S | <input type="text"/> | X | <input type="text"/> | <input type="text"/> |
| Special Education | | <input type="text"/> | <input type="text"/> | <input type="text"/> | Morals | | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | <input type="text"/> | <input type="text"/> | <input checked="" type="checkbox"/> |
| Normal Color Vision | | <input type="text"/> | <input type="text"/> | <input type="text"/> | Mandatory Tech School | | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | <input type="text"/> | <input type="text"/> | <input checked="" type="checkbox"/> |
| Depth Perception | | <input type="text"/> | <input type="text"/> | <input type="text"/> | Accession Category | | <input type="text"/> | | | | | <input type="text"/> | <input type="text"/> | <input checked="" type="checkbox"/> |
| Bonus AFSC | | <input type="text"/> | <input type="text"/> | <input type="text"/> | Stripes for | | <input type="text"/> | | | | | <input type="text"/> | <input type="text"/> | <input checked="" type="checkbox"/> |
| Incentive | | <input type="text"/> | | | | | | | | | | <input type="text"/> | <input type="text"/> | <input checked="" type="checkbox"/> |

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 | <input type="text"/> | CHANGE CAT | <input type="text"/> |
| TFCS | <input type="text"/> | TYSD | <input type="text"/> |
| TAFMS | <input type="text"/> | PAY DATE | <input type="text"/> |
| DAFSC | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| PAFSC | <input type="text"/> | <input type="text"/> | <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"/> | | |

ACCESSION DATA

| | | | | | | | | | |
|-----------------|----------------------|----------------------|----------------------|--|----------------------|----------------------|----------------------|-------------------|----------------------|
| PS > 84 DAYS | <input type="text"/> | (refer to help menu) | TRAINING CODE | <input type="text"/> | FORCE SHAPING | <input type="text"/> | | | |
| PS BRANCH | <input type="text"/> | RE CODE | NA | WAIVER CODE | <input type="text"/> | NON-PAY STATUS | <input type="text"/> | QUALITY POINT RIC | <input type="text"/> |
| RACIAL CATEGORY | <input type="text"/> | ADN | <input type="text"/> | ENLISTMENT / ASSIGNMENT / APPOINTMENT TYPE | <input type="text"/> | GAIN DATE | <input type="text"/> | EDCSA | <input type="text"/> |

AIRFORCE ACTIVE DUTY

| | | | | | | | |
|----------|----------------------|------------|----------------------|----------|----------------------|------------|----------------------|
| COT DATE | <input type="text"/> | OATH OUT | <input type="text"/> | EAD DATE | <input type="text"/> | COMMISSION | <input type="text"/> |
| DDA DATE | <input type="text"/> | ASSIGNMENT | <input type="text"/> | | | | |

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

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

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%

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?