PROCESSING PROC	GRAMS				BRI	FING ITE	MS ——					
Program	Subprogram	S	pecialty		V Bri	efed on the	Privacy	Act	Reg	jistered to	Vote & ST	Г
Health Professional	Medical Corps HP S	ch				DD Form	2644			DD Form	n 2645	
DEMOGRAPHICS												
	Lead Origination		1	Lead Sou	irce				G	ender	Verified S	
Lead Date 20121115	Recruiter Generated			Military							863-36-	3985
Prefix First Name			Name (if nor	ne enter NMI	·	ast Name				Suffix	DOB	Age
Ymcyu		NMN			H	bento						
Maiden Name / Alias Na	mes											
Citizenship			Racial Ca	tegory				Ethnic Cate	egory			
Hair Color	Eye Color Othe	er	Relig	gious Pre	ference							
1st Foreign Language	lone				2nd Fo	oreign Lang	guage No	one				
Selective Service Numb	er											
Home Phone 607426878	5 Work F	Phone			Cell Ph	one						
Current Address 342 C	she Oiiafp Fsynrq H	ouston GA	49801 US									
Home of Record												
Personal Email		Busine	ss Email 🛛				Presen	t Occupatio	n			
Valid Drivers License	Drivers Lie	cense #				State		EXP Dat	e			
BIRTH VERIFICATIO	N							_				
City of Birth		County		State	Count	У						
Naturalization #		INS # (Citi	zen Certifi	cate)		Alien R	egistratio	on #				
INTERVIEW								— ССМА	PPEDL	<b>OS</b> Verifica	ation	
REMARKS								YN	1			Y N
					<b></b>		Citize	nship		Prie	or Service	$\checkmark$
						Conscien		-			Education	
							N	Iorals 🗸		D	ependents	
								Age			Drugs	
							Ph	ysical			SSN	
						Dom	estic Vio	lence		Waiver(s)	Required	
					•							

Height/Weight H	istory						
Name:	Ymcyu NMN Ht	pento		<b>SSN:</b> 863-3	6-3985	Gender:	
MEPS Height:		MEPS	Weight:				
Open Data	Height (in)	Weight (Ibs)	Min. Weight	Max. Weight	BFM		Remarks
L		1	1	1		1	

_MARITAL STATUS		
Marital Status What docume	ent 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 th	le applicant's custody?	
_ DEPENDENTS		
Number of Adult Dependents Number of M	linor Dependents	
Expected Marital and/or Dependency Changes		
What document did you use to verify the Single Signa	ature Parental Consent?	

	FIRST NAME				RELATIC			
LAST NAME			MIDDLE NAME		RELATIC	INSHIP	DATE O	F BIRTH
ADDRESS		CITY	STATE	ZIP				SELFCARE
LAST NAME	FIRST NAME		MIDDLE NAME		RELATIC	NSHIP	DATE O	F BIRTH
ADDRESS	]L	CITY	STATE	ZIP				SELFCARE
LAST NAME	FIRST NAME		MIDDLE NAME		RELATIC	NSHIP	DATE O	F BIRTH
ADDRESS	JL	CITY	STATE	ZIP	COUNTRY			SELFCARE
LAST NAME	FIRST NAME		MIDDLE NAME		RELATIC	NSHIP	DATE O	F BIRTH
ADDRESS	JL	CITY	STATE	ZIP	COUNTRY			SELFCARE
LAST NAME	FIRST NAME		MIDDLE NAME		RELATIC	NSHIP	DATE O	F BIRTH
ADDRESS	JL	CITY	STATE	ZIP	COUNTRY			SELFCARE
AST NAME	FIRST NAME		MIDDLE NAME		RELATIC	NSHIP	DATE O	F BIRTH
ADDRESS	J	CITY	STATE	ZIP				SELFCARE
AST NAME	FIRST NAME		MIDDLE NAME		RELATIC	NSHIP	DATE O	F BIRTH
ADDRESS	]	CITY	STATE	ZIP	COUNTRY			SELFCARE
AST NAME	FIRST NAME		MIDDLE NAME		RELATIC	NSHIP	DATE O	F BIRTH
ADDRESS	Ji	CITY	STATE	ZIP	COUNTRY	DEPENDENT	CUSTODY	SELFCARE

The applicant has been shown the following films:	
Aptitude Index Film	
BMTS Film	
CCT/PJ Film	
COT Film	
MEPS Processing	
OTS/COT Film	
Security Forces Film	
EOD Film	
Peace Keepers Film	

## ALTERNATE EMAILS

Туре	Email

ALTERNATE PHON	IES
Туре	Email

Date	Morals Cat. Violation or Charge		Place/City	State	Court Type	Adjudication Disposition	UCN
Reduced Charge			Final or Current Disposition / Remarks	1	L	1	
Released on	Court Validation type	Pos	ssible Max Sentence				
Reduced			Final or Current				
Charge	Court		Disposition / Remarks				
	Validation type	Pos	sible Max Sentence				
Reduced Charge			Final or Current Disposition / Remarks				
	Court						
	Validation type	Pos	ssible Max Sentence		[	1	
Reduced			<b>Final 4.5 A</b> 1.5 <b>A</b>				
Charge			Final or Current Disposition / Remarks				
	Court Validation type	Bog	ssible Max Sentence				
Reduced							
Charge			Final or Current Disposition / Remarks				
	Court Validation type	Pos	sible Max Sentence				
Reduced Charge			Final or Current				
eleased on	Court		Disposition / Remarks				
	Validation type	Pos	sible Max Sentence				
			r				
Reduced Charge		]	Final or Current Disposition / Remarks				
	Court Validation type	Pos	sible Max Sentence				
Reduced Charge			Final or Current Disposition / Remarks				
	Court	P	aible Man Cantones				-
	Validation type		ssible Max Sentence				
Reduced			Final or Current				
Charge	Court		Disposition / Remarks				-
	Validation type	Pos	ssible Max Sentence				
Reduced Charge			Final or Current				
Gharye	Court		Disposition / Remarks				
	Validation type	Pos	sible Max Sentence				

	Date Filed					bankruptc	y coue:	
		Amount	Bankruptcy	Туре [	Docket/Acc	ount	Name of the court involved	
	•	ienced financial						
ŀ	From Date	To Date		Amount De			Descriptions	
pa	ast seven (7)	years have you f	ailed to file or p	oay Federal, s	tate, or ot	her taxes v	when required by law or ordinance?	
	Year	Туре		Amount			Reason	
				, warned, or d	isciplined	for violati	ng the terms of agreement for travel or	
Ca	Date	by your employe Nar		Amou	nt		Reason	
			iie	Aniou			Reason	
	•	y listed, have any 7) years, you hav		• • •	•	support pa	ayments.	
ne	past seven (	7) years, you had	d a judgement e	ntered agains	st you. (Ind	•••	cial obligations for which you were the	
		is those for whic 7) years, you had				r failing to	pay taxes or other debts. (Include	
							u were a cosigner or guarantor). which you are the sole debtor, as well as	2
		are a cosigner or		(include inia)			which you are the sole destor, as well as	3
D	ate Began	Debt Owe	d To Aco	count Number	r An	nount	Reason	
	an previousl	y listed, have any	v of the followin	a happened?	,			
th		7) years, you had	any possessior	ns or property	voluntaril		intarily repossessed or foreclosed?	
e	past seven (	igations for whic					which you were a cosigner or guarantor) ligations for which you were the sole	
le le	past seven ( financial ob	7) years, you def	aanoa on any c					
le le ne , a	past seven ( financial ob past seven ( as well as the	ose for which you	ı were a cosign				0 (Include financial chlinetiene feu 111	_
ie le ne , a	past seven ( financial ob past seven ( as well as the past seven (	ose for which you	ı were a cosign I bills or debts t	urned over to	a collecti	• •	? (Include financial obligations for which )	ı

-In the past seven (7) years, you have been over 120 days delinquent on any debt not previously entered? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor) -You are currently over 120 days delinquent on any debt? (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor)

Date Began	Debt Owed To	Account Number	Amount	Reason

Grade Relevance	Name of Sc	hool		Accredited	From	Т	ō	No. Yrs	Comp	Grad	uated	Qual	Degree	Tier
Major Code Majo	or		Other Major			Total	Quality	Points T	otal Cr	edit H	ours	Total	Semeste	er Hrs
School Type	Degree Title	Degree Type	Addres	s		Apt	City			State	Zip		Country	
Grade Relevance	Name of Sc	hool		Accredited	From	T	ō	No. Yrs	Comp	Grad	uated	Qual	Degree	Tier
Major Code Majo	) pr		Other Major			Total	Quality	Points T	otal Cr	edit H	ours	Total	Semeste	er Hrs
School Type	Degree Title	Degree Type	Addres	S		Apt	City			State	Zip		Country	
				-							1			
Grade Relevance	Name of Sc	hool		Accredited	From	T	о	No. Yrs	Comp	Grad	uated	Qual	Degree	Tier
Major Code Majo	or		Other Major			Total	Quality	Points T	otal Cr	edit H	ours	Total	Semeste	er Hrs
						L								
School Type	Degree Title	Degree Type	Addres	s		Apt	City			State	Zip		Country	
Grade Relevance	Name of Sc	hool		Accredited	From	Т	о	No. Yrs	Comp	Grad	uated	Qual	Degree	Tier
Major Code Majo	or		Other Major		,	Total	Quality	Points T	otal Cr	edit H	ours	Total	Semeste	er Hrs
School Type	Degree Title	Degree Type	Addres	s		Apt	City			State	Zip		Country	
Highest Educatio	on Year Compl	eted	Total College	e Semester H	lours				Total	Colle	ege Qı	larter	Hours	
Highest Educatio	on Year Compl Education		Total College		lours COM				Total	Colle	ege Qı	larter	Hours	
Highest Educatio	Education	Level		MEP	сом		]		Tota	l Colle	ege Qı	larter	Hours	
	Education	Level		MEP	vith?		]			l Colle		larter	Hours	
What paramilitary o	Education	Level		MEP	vith?		] /r Award	led				larter	Hours	
What paramilitary o	Education	Level		MEF articipated v	vith? Y	<b>Y</b>	] /r Awarc					Jarter	Hours	
What paramilitary o	Education	Level		MEF Participated v Civil Air Pa Scout Aw	vith? Y	<b>Y</b>						Jarter	Hours	
What paramilitary o	Education	Level		MEF articipated v Civil Air Pa Scout Aw JR(	vith?	<b>Y</b>						Jarter	Hours	
What paramilitary o	Education organizations ( cy Me	Level		MEF articipated v Civil Air Pa Scout Aw JR(	vith? Y trol DTC	<b>Y</b>						Jarter	Hours	
What paramilitary of Degree/Residenc	Education organizations ( cy Me	Level		MEF articipated v Civil Air Pa Scout Aw JR(	vith?	<b>Y</b>						Jarter	Hours	

Form/Version	Date Tested	Pilot	Nav	AA	Verbal	Quantitative

 Other	Tests

Туре	Date	Version	Score
GRE			

ASVAB Test Date	Version	QT	М	Α	G	E	Test Location	GS	AR	wĸ	PC	мк	EI	AS	мс	AO	VE	NO	cs	Validation Date

Date	Specialty			Туре		Overall	
Pull-Ups	Count	Sit-Ups	Count	Underwater Swim 1	Surface Swim	Min	Sec
Push-Ups	Count			Underwater Swim 2	Run	Min	Sec
Date	Specialty			Туре		Overall	
Pull-Ups	Count	Sit-Ups	Count	Underwater Swim 1	Surface Swim	Min	Sec
Push-Ups	Count			Underwater Swim 2	Run	Min	Sec
Date	Specialty			Туре		Overall	
Pull-Ups	Count	Sit-Ups	Count	Underwater Swim 1	Surface Swim	Min	Sec
Push-Ups	Count			Underwater Swim 2	Run	Min	Sec
Date	Specialty			Туре		Overall	
Pull-Ups	Count	Sit-Ups	Count	Underwater Swim 1	Surface Swim	Min	Sec
Push-Ups	Count	L	L	Underwater Swim 2	Run	Min	Sec

***	E a d	Duanah	01-1-	Queda			Oberester of Comise	4500/1100	Lab Title	Grade
Start	End	Branch	State	Grade	RE	SPD/SPN	Character of Service	AFSC/MOS	Job Title	Relevanc
Condit	tional Rele	ease (DD Fo	orm 368) i	required a	and su	bmitted.				
Date Init	liated 308	Date Rece	erved 308	Date FC	orward	led Unit Ph	ione #			
	368 cont	to Unit Nam	е	Ado	iress			City	State Zip	Code

– DRUGS –

Type of Drug	First Used	Last Used	Age at Use	How Drug Was Used & Frequency of Use	Times Used

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 Date       Physical Type       Specify if Other         Physical Location       Physical Keight       Specify if Other         Physical Keight       Physical Keight       Specify if Other         Physical Keight       Physical Keight       Specify if Other         Pull       L       H       E       S         Uncorrected distant vision for left eye 20/       right eye 20/       Corrected near vision for left eye 20/       right eye 20/         Dese the applicant have unsetricted use of all fingers on both hands?       Explain       Does the applicant have a speech impediment?       Does the applicant have a fear of heights?       Explain         Source (TOSIP, DD FOM 2807-1)       Physical Veight       Physical Veight       Physical Veight       Physical Veight         P       U       L       H       E       S       X       Corrected distant vision for left eye 20/       right eye 20/         Obes the applicant have unsetricted use of all fingers on both hands?       Explain       Drug Use       Does the applicant have unsetricted use of all fingers on both hands?       Explain       Drug Use         Does the applicant have unsetricted use of all fingers on both hands?       Explain       Drug Use       Does the applicant have unsetricted use of all fingers on both hands?       Explain       Drug Use       Does the applicant have unsetricted use o	— Physical Data ——————————————————————————————————		
Physical Location       Location Type       Specify if Other         Physical Height       Physical Weight       Pistical Weight       Pistical Weight         P       U       L       H       E       S       X         Uncorrected distant 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?       Des 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 speech impediment?       Specify if Other         Physical Joate       Physical Weight       P       U       L       H       E       S         Physical Joate       Physical Weight       Uncorrected near vision for left eye 20/       right eye 20/       Corrected near vision for left eye 20/       right eye 20/         Uncorrected mist vision for left eye 20/       right eye 20/       Corrected near vision for left eye 20/       right eye 20/         Uncorrected with glasses, or contacts?       Color Vision Passed?       Des the applicant have a speech impediment?       Does the applicant have a speech impediment?         Does the applicant have a speech impediment?       Does the applicant have a speech impediment?       Does the applicant have a fear of heights? <td></td> <td>Specify if Oth</td> <td>per</td>		Specify if Oth	per
Physical Height       Physical Weight         P       U       L       H       E       S       X         Uncorrected distant vision for left eye 20/       right eye 20/       Corrected near vision for left eye 20/       right eye 20/         Uncorrected distant vision for left eye 20/       right eye 20/       Corrected near vision for left eye 20/       right eye 20/         Dees the applicant have unestricted use of all fingers on both hands?       Explain       Drug Use         Dees the applicant have a speech impediment?       Does the applicant have a fear of heights?       Explain         Source (TOSIP, DD FORM 2807-1)       Physical Use       Specify if Other         Physical Location       Physical Vision Type       Specify if Other         Physical Location for left eye 20/       right eye 20/       corrected distant vision for left eye 20/       right eye 20/         Uncorrected distant vision for left eye 20/       right eye 20/       corrected near vision for left eye 20/       right eye 20/         Uncorrected mear vision for left eye 20/       right eye 20/       corrected near vision for left eye 20/       right eye 20/         Does the applicant have unerstricted use of all fingers on both hands?       Explain       Drug Use         Does the applicant have unerstricted use of all fingers on both hands?       Explain       Drug Use			
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/         Source (TOSIP, DD FORM 2807-1)       Does the applicant have unrestricted use of all fingers on both hands?       Explain       Does the applicant have unrestricted use of all fingers on both hands?       Explain         Source (TOSIP, DD FORM 2807-1)       Physical Type       Specify if Other       Physical Height       Physical Weight         P       U       L       H       E       S       X       BFM%         Uncorrected distant vision for left eye 20/       Corrected near vision for left eye 20/       Corrected fistant vision for left eye 20/       Fight eye 20/         Uncorrected instant vision for left eye 20/       right eye 20/       Corrected near vision for left eye 20/       right eye 20/         Uncorrected distant vision for left eye 20/       right eye 20/       Corrected near vision for left eye 20/       right eye 20/         Does the applicant have a speech impediment?       Does the applicant have a fear of heights?       Explain         Does the applicant have a speech impediment?       Does the applicant have a fear of heights?       Explain         Source (TOSIP, DD FORM 2807-1)       Physical Zeplain       Drug Use       Does the applic			
Uncorrected distant vision for left eye 20/ Uncorrected distant vision for left eye 20/ In right eye 20/ Corrected near vision for left eye 20/ Iright eye 20/ Does the applicant have a speech impediment?       Corrected near vision for left eye 20/ Iright eye 20/ Corrected with glasses, or contacts?       Color Vision Passed?         Does the applicant have a speech impediment?         Source (TOSIP, DD FORM 2807-1)       Physical Type       Specify if Other         Physical Location       Physical Type       Specify if Other         Physical Height       Physical Weight       P         P       U       L       H       E         Si vision corrected distant vision for left eye 20/ Uncorrected distant vision for left eye 20/ Iright eye 20/ Corrected near vision for left eye 20/ Ingit eye 20/ Corrected near vision for left eye 20/ Ingit eye 20/ Does the applicant have a speech impediment?       Does the applicant have a speech impediment?         Source (TOSIP, DD FORM 2807-1)       Physical Type       Specify if Other         Physical Date       Physical Type       Specify if Other         Physical Date       Physical Type       Specify if Other         Physical Location       Location Type       Specify if Other         Physical Height       Physical Type       Specify if Other         Physical Lo			
Uncorrected near vision for left eye 20/       right eye 20/       Color Vision Passed?       Depth Perception Passed?         Does the applicant have unestricted use of all fingers on both hands?       Explain       Drug Use         Does the applicant have unestricted use of all fingers on both hands?       Explain       Drug Use         Source (TOSIP, DD FORM 2807-1)       Physical 2807-1)       Specify If Other         Physical Date       Physical Yupe       Specify If Other         Physical Location       Location Type       Specify If Other         Physical Ideation vision for left eye 20/       right eye 20/       Corrected distant vision for left eye 20/         Uncorrected distant vision for left eye 20/       right eye 20/       Corrected near vision for left eye 20/         Uncorrected distant vision for left eye 20/       right eye 20/       Corrected near vision for left eye 20/         Uncorrected distant vision for left eye 20/       right eye 20/       Corrected near vision for left eye 20/         Does the applicant have unerstricted use of all fingers on both hands?       Explain       Drug Use         Does the applicant have unerstricted use of all fingers on both hands?       Explain       Drug Use         Source (TOSIP, DD FORM 2807-1)       Physical Type       Physical Type       Physical Type         Physical Date       Physical Yipe       Corrected distant visio		or left eve 20/	right eve 20/
Is vision corrected with glasses, or contacts? Color Vision Passed? Depth Perception Passed? Depth Perception Passed? Does the applicant have a speech impediment? Physical Date Physical Vision Prove Provide		-	
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 Location       Specify if Other         Physical Location       Physical Weight       Physical Keight       Specify if Other         Physical Keight       Physical Veight       Specify if Other       Specify if Other         Physical Location       Incorrected distant vision for left eye 20/       right eye 20/       Corrected near vision for left eye 20/       right eye 20/         Uncorrected distant vision for left eye 20/       right eye 20/       Corrected near vision for left eye 20/       right eye 20/         Does the applicant have a speech impediment?       Does the applicant have a fear of heights?       Explain       Drug Use         Does the applicant have a speech impediment?       Does the applicant have a fear of heights?       Explain       Drug Use         Does the applicant have a speech impediment?       Does the applicant have a fear of heights?       Explain       Drug Use         Source (TOSIP, DD FORM 2807-1)       Physical Veight       P       U       L       H       E       S       X       Explain       Drug Use       Does the applicant have a speech impediment?       Does the appli			
Does the applicant have a speech impediment?       Does the applicant have a fear of heights?       Explain         Source (TOSIP, DD FORM 2807-1)       Physical Type       Specify if Other         Physical Location       Location Type       Specify if Other         Physical Height       Physical Weight       BFW%       'right eye 20/         Uncorrected near vision for left eye 20/       right eye 20/       Corrected near vision for left eye 20/       'right eye 20/         Does the applicant have unrestricted use of all fingers on both hands?       Color Vision Passed?       Depth Perception Passed?         Does the applicant have unrestricted use of all fingers on both hands?       Explain       Specify if Other         Physical Hold       Physical Type       Specify if Other       Provide ear vision for left eye 20/         Source (TOSIP, DD FORM 2807-1)       Physical Type       Specify if Other       Specify if Other         Physical Location       Physical Type       Specify if Other       Specify if Other         Physical Location       Physical Type       Specify if Other       Specify if Other         Physical Location       Physical Type       Specify if Other       Specify if Other         Physical Location       Physical Type       Specify if Other       Specify if Other         Does the applicant have unrestricted use of all fingers on		Deptin	
Source (TOSIP, DD FORM 2807-1)			
Physical Date       Physical Type       Specify if Other         Physical Location       Specify if Other       Specify if Other         Physical Height       P       U       L       H       E       S       X         Uncorrected distant vision for left eye 20/       right eye 20/       Corrected distant vision for left eye 20/       right eye 20/       Corrected near vision for left eye 20/       right eye 20/         Uncorrected with glasses, or contacts?       Color Vision Passed?       Depth Perception Passed?       Depth Perception Passed?         Does the applicant have a speech impediment?       Does the applicant have a speech impediment?       Does the applicant have a speech impediment?       Explain         Source (TOSIP, DD FORM 2807-1)       Physical Weight       Physical Weight       Physical Weight       Physical Weight         P       U       L       H       E       S       X       Specify if Other         Physical Height       Physical Weight       Physical Weight       Physical Weight       Physical eye 20/       Corrected distant vision for left eye 20/       right eye 20/         Uncorrected with glasses, or contacts?       Color Vision Passed?       Depth Perception Passed?       Depth Perception Passed?         Does the applicant have unservicted use of all fingers on both hands?       Explain       Drug Use	Does the applicant have a speech impediment?	E)	kplain
Physical Location       Location Type       Specify if Other         Physical Height       Physical Weight       Fight eye 20/       Corrected distant vision for left eye 20/       right eye 20/         Uncorrected distant vision for left eye 20/       right eye 20/       Corrected near vision for left eye 20/       right eye 20/         Uncorrected 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         Source (TOSIP, DD FORM 2807-1)       Depth Physical Weight       P       U       L       H       E       S       X         P U U L H E S X       X       BFM%       Specify if Other       Specify if Other       Specify if Other         Physical Date       Physical Weight       P       U       L H E S X       BFM%       Uncorrected distant vision for left eye 20/       right eye 20/       Corrected near vision for left eye 20/       right eye 20/       Corrected near vision for left eye 20/       right eye 20/       Corrected near vision for left eye 20/       right eye 20/       Corrected near vision for left eye 20/       right eye 20/       Corrected near vision for left eye 20/       right eye 20/       Corrected near vision for left eye 20/       right eye 20/       Corrected near vision for left eye 20/       right eye 20/       Cor	Source (TOSIP, DD FORM 2807-1)		
Physical Location       Location Type       Specify if Other         Physical Height       Physical Weight       Fight eye 20/       Corrected distant vision for left eye 20/       right eye 20/         Uncorrected distant 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         Source (TOSIP, DD FORM 2807-1)       Physical Veight       Physical Veight       Physical Veight         Physical Location       Location Type       Specify if Other       Specify if Other         Physical Location       Puication       Location Type       Specify if Other         Physical Veight       Physical Weight       Physical Veight       Physical Veight         P       U       L       H       E       S       X         Uncorrected distant vision for left eye 20/       right eye 20/       Corrected near vision for left eye 20/       right eye 20/         Uncorrected with glasses, or contacts?       Color Vision Passed?       Depth Perception Passed?       Depth Perception Passed?         Does the applicant have unrestricted use of all fingers on both hands?       Explain       <	Physical Date Physical Type	Specify if Oth	ner
Physical Height       Physical Weight       BFM%         P       U       L       H       E       S       X       BFM%         Uncorrected distant vision for left eye 20/       right eye 20/       Corrected 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?       Depth Perception Passed?         Does the applicant have unrestricted use of all fingers on both hands?       Explain       Drug Use         Source (TOSIP, DD FORM 2807-1)       Physical Type       Physical Type       Specify if Other         Physical Height       Physical Weight       P       Specify if Other       Physical Weight         P       U       L       H       E       S       X       Specify if Other         Physical Height       Physical View 20/       right eye 20/       Corrected distant vision for left eye 20/       right eye 20/       If eye 20/       I		Specify if Oth	ner
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/         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 Location       Location 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 near vision for left eye 20/       right eye 20/         Uncorrected mear 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?       Depth Perception Passed?         Does the applicant have a speech impediment?       Does the applicant have a fear of heights?       Explain <td></td> <td></td> <td></td>			
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PROGRAM	JOB CHOICES		
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Date Availa	ble for Training	Proposed EAD Date	
Bonus	AFSC Qualified Y	Incentive	HPSPA Alternate Number
Rem	arks		
AFSC PRE	FERENCES		
1st AFSC (	Choice		
2nd AFSC C	Choice		
3rd AFSC C	Choice		
4th AFSC C	Choice		
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COURSES			
Algebra	Geometry	Physics	S
Trigonometry	Biology	Chemistry	/
Typing	English Composition	Compute	r
English	Mathematics	General Science	9
OTHER JOB QUALIFIERS			
SJC Code			
Does the applicant have a fea	ar of insects or Spiders?		
Does the applicant have a fe	ar of blood?		
Does the applicant have a feature	ar of guns?		
Does the applicant have a fe	ar of fire?		
Does the applicant have a his	story of emotional instability?		
Does the applicant have a his	story of conviction for embezzlement?		
Does the applicant have a his	story of confinement?		
Does the applicant have a his	story of claustrophobia?		
Does the applicant speak dis			
Have you ever been in the Po	-		
•	story of Temporomanibular Joint Disorder		
	ed of a crime of domestic violence?		