
PRIVACY ACT STATEMENT

AUTHORITY: Collection of the information request by the recruiter and recorded on this form is authorized by Title 10 U.S. Code, Section 591.

PRINCIPAL PURPOSE: To provide such data as is requested by the recruiter to contact, process, and enlist prospects for Army service.

ROUTINE USES:

- a. Used by the recruiter to contact and process interested prospects.
- b. Used by the recruiter in making such routine contacts as may be necessary to verify information provided by the prospects.
- c. Used by the Army to transcribe data on application forms.
- d. Used by recruiting personnel in the formulation of market data to determine current recruiting tools.

EFFECT OF NOT PROVIDING INFORMATION: The disclosure, by the prospect, of the information request is entirely voluntary. Failure to provide this information, however, will result in discontinuance of processing.

INSTRUCTIONS

1. ADDRESSES: Need street address. P.O. boxes are unacceptable.
 2. If you run out of room in any section, continue on plan paper. Indicate section.
 3. Ensure all entries are legible and complete.
 4. The following documents should accompany sections XX through XX of this questionnaire:
 - a. Transcripts releases for all schools attended.
 - b. Copy of all health care licenses, registrations, and certifications both current and expired.
 - c. Copy of birth certificate.
 - d. For prior service applicants: DD Form 214. Your recruiter will also notify you of any other prior service documents needed, such as OER, NCOER, promotion orders, etc. MC needs all prior service records.
-

Section 1, Recruiter Zone (RZ)

Status: Lead to Applicant (add person)

NAME: _____ SOCIAL SECURITY NUMBER: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ COUNTRY: _____

PLACE OF BIRTH: _____ DATE OF BIRTH: _____

CITY COUNTY STATE COUNTRY

(YYYYMMDD)

CITIZENSHIP: Born in US _____ Born abroad of US parents _____ US National _____

Naturalized _____ Naturalization Certificate Number: _____ Derived: _____

Dual Citizenship: _____ Where: _____

Alien: _____ I-151 Number: _____ Date, Place, Court: _____

Current Citizenship: _____ Registration Number: _____

Date and Port of Entry: _____

RACE: American Indian/Alaskan Native: _____ Native Hawaiian or other Pacific Islander: _____

Black or African American: _____ Asian: _____ White: _____

CONTACT INFO: Please specify your preferred contact method and a convenient time to contact you.

Primary Email: _____ Other Email: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

LAST OR CURRENT SCHOOL INFO:

School Name: _____ Graduation Year: _____

Highest education level: _____ Years of education: _____

AMEDD APPLICANT QUESTIONNAIRE

(For use of this form see DCA Phase 1 user guide)

Section 2, Direct Commissioning and Accessioning System (DCA)

Prospect and Projection; 680-3A-E

Prior Service: _____ DIEUS: _____ DIERC: _____

Selective Service Classification: _____ Selective Service RBQ Number: _____

Middle Name 1: _____ Middle name 2: _____ Suffix: _____

Current Residence County: _____ Processing Option: RA IMA IRR NAAD TPU

Home of record: _____ City: _____ State: _____ Zip code: _____

Home of record County: _____ Country: _____ Phone: _____

Other address: _____ City: _____ State: _____ Zip code: _____

Other address County: _____ Country: _____ Phone: _____

Place of birth City: _____ State: _____ County: _____ Country: _____

Religion: _____ Drivers License Number: _____ Exp Date: _____ State: _____

Marital Status: _____ Total number of dependents: _____ Number of minor dependents (Custody): _____

Ethnic Category: Aleut: _____ Chinese: _____ Cuban: _____ Eskimo: _____ Filipino: _____ Indian: _____ Japanese: _____

Korean: _____ Latin American: _____ Melanesian: _____ None: _____ Other Asian: _____ Other Hispanic: _____ Polynesian: _____

Puerto Rican: _____ US/Canadian Indian: _____ Vietnamese: _____

Medical Insurer Information:

Name: _____ Street: _____ City: _____ State: _____

County: _____ Zip: _____ Country: _____

Medical Provider Information:

Name: _____ Street: _____ City: _____ State: _____

County: _____ Zip: _____ Country: _____

Corps: _____ AOC: _____ Requested Incentive(s): _____

Total Education Year/Degree: _____ / _____, _____ / _____, _____ / _____, _____ / _____

Total Profession Years of Employment: _____

PS Officer Years in same Corps: _____

PS Officer Time in Different Corps: _____

AMEDD APPLICANT QUESTIONNAIRE

(For use of this form see DCA Phase 1 user guide)

Section 3, Direct Commissioning and Accessioning System (DCA)

Alias Screen

1. Alias Last Name: _____, First Name: _____, Middle 1: _____, Middle 2: _____,

Suffix: _____, Used From: _____, To: _____,

Type: Alias, Former Married, Former Name, Maiden Name, Married, Nickname

2. Alias Last Name: _____, First Name: _____, Middle 1: _____, Middle 2: _____,

Suffix: _____, Used From: _____, To: _____,

Type: Alias, Former Married, Former Name, Maiden Name, Married, Nickname

3. Alias Last Name: _____, First Name: _____, Middle 1: _____, Middle 2: _____,

Suffix: _____, Used From: _____, To: _____,

Type: Alias, Former Married, Former Name, Maiden Name, Married, Nickname

Foreign Language Screen (other than English)

First Language: _____, Understand, Read, Write, Speak

Second Language: _____, Understand, Read, Write, Speak

AMEDD APPLICANT QUESTIONNAIRE

(For use of this form see DCA Phase 1 user guide)

Personal Screening Questionnaire

1. Are you married?
2. Have you ever been married?
3. Have you ever been divorced?
4. Are you legally separated?
5. Have you fathered/mothered any children?
How Many?
6. Is anyone dependent upon you for financial support?
Total# of Dependents:
7. Do you have custody of any minor children?
How Many?
8. Are you now or have you ever been negligent in providing alimony or support for children?
How Many?
9. Have you served in any branch of Armed Services to include the National Guard?
10. Been rejected for military service (temporary or permanent) for medical or other reasons?
11. Do you have an immediate relative (father, mother, brother or sister) who: (1) is now a prisoner of war or is missing in action (MIA); or (2) died or became 100% permanently disabled while serving in the Armed Services?
12. Are you the only living child in your immediate family?
13. Have you ever been rejected for enlistment, reenlistment, or induction by any branch of the Armed Forces of the United States?
14. Have you ever been required to appear before a medical or state regulating authority, regardless of the result, concerning your health status as an impaired, hindered, or otherwise restricted practitioner?
15. Have you ever had a license to practice health care denied in any state?
16. Have you ever had a license to prescribe narcotics voluntarily or involuntarily refused, revoked, suspended, or denied or have you ever voluntarily surrendered a license to prescribe narcotics?
17. Have you ever had a professional privileges denied, withdrawn, or restricted by any health care facility?
18. Have you ever been asked to resign from a facility or organization staff or professional society?
19. Have you ever been denied membership or renewal or been subject to disciplinary procedures in any health care organization?
20. Do you currently have Malpractice Insurance?
21. Have you ever had Malpractice Insurance (other than current Malpractice Insurance)?
22. Are you currently a defendant in a Malpractice Claim?
23. Have you ever been a defendant in a Malpractice Claim (other than current Malpractice Claim)?

Explain all positive answers on a continuation page:

AMEDD APPLICANT QUESTIONNAIRE

(For use of this form see DCA Phase 1 user guide)

Physical Screening Questionnaire

Height: _____ Weight: _____ BF%: _____ Eye color: _____ Hair Color: _____

Have you ever had or have you now:

Asthma, wheezing or inhaler use

Dislocated joint, including knee, hip, shoulder, elbow, ankle, or other joint

Epilepsy, fits, seizures, or convulsions

Sleepwalking

Recurrent neck or back pain

Rheumatic Fever

Foot pain

A swollen, painful, or dislocated joint or fluid in a joint (knee, shoulder, wrist, elbow, etc.)

Double vision

Periods of unconsciousness

Frequent or severe headaches causing loss of time from work or school or taking medication to prevent frequent or severe headaches

Wear contact lenses (If so, bring your contact lens kit and solution so you can remove your contact when we test your vision at the MEPS; also, if you have a pair of eyeglasses, bring them with you no matter how old they are.)

Fainting spells or passing out

Head injury, including skull fracture, resulting in concussion, loss of consciousness, headaches, etc.

Back surgery

Seen a psychiatrist, psychologist, social worker, counselor or other professional for any reason (inpatient or outpatient) including counseling or treatment for school, adjustment, family, marriage or any other problem, to include depression, or treatment for alcohol, drug or substance abuse

Skin disease: Eczema

Skin disease: Psoriasis

Skin disease: Atopic Dermatitis

Irregular heartbeat, including abnormally rapid or slow heart rates

Allergic to bee, wasp, or other insects stings (itching/swelling all over and/or get short of breath)

Heart murmur, valve problem or mitral valve prolapse

Allergic to wool

Heart surgery

Been rejected for military service (temporary or permanent) for medical or other reasons

AMEDD APPLICANT QUESTIONNAIRE

(For use of this form see DCA Phase 1 user guide)

Any other heart problems

High blood pressure

Discharged from military service for medical reasons

Ulcer (stomach, duodenum, or other part of intestine)

Received disability compensation for an injury or other medical condition

Hepatitis (liver infection or inflammation)

Intestinal obstruction (locked bowels), or any other chronic or recurrent intestinal problem, including small intestine or colon problems, such as Crohn's disease or Colitis

Detached retina or surgery for a detached retina

Surgery to remove a portion of the intestine (other than the appendix)

Any other eye conditions, injury or surgery

Are you over 40? (If so, call the MEPS for information on special requirements for over-40 physicals)

Gall bladder trouble or gall stones

Jaundice

Missing a kidney

Allergy to common food (milk, bread, eggs, meat, fish, or other common food)

(Females only) Abnormal PAP smear or gynecological problem

(Males only) Missing a testicle, testicular implant, or undescended testicle

Broken bone requiring surgery to repair (with or without pins, plates, screws, or other metal fixation devices used in repair)

Ruptured or bulging disk in your back or surgery for a ruptured or bulging disk

Thyroid condition or take medication for your thyroid

Limitation of motion of any joint, including knee, shoulder, wrist, elbow, hip, or other joint

Drug or alcohol rehab

Kidney, urinary tract or bladder problems, surgery, stones, or other urinary tract problems

Sugar, protein, or blood in urine

Surgery on a bone or joint (knee, shoulder, elbow, wrist, etc.) including Arthroscopy with normal findings

Taking any medications

Pain or swelling at the site of an old fracture

Perforated ear drum or tubes in ear drum(s)

Anemia

Ear surgery, to include mastoidectomy or repair of perforated ear drum hearing loss or

AMEDD APPLICANT QUESTIONNAIRE

(For use of this form see DCA Phase 1 user guide)

need/use a hearing aid

Night blindness

Arthritis

Absence or disturbance of the sense of smell

Absence or removal of spleen, or rupture or tear of the spleen without removal

Anorexia or other eating disorder

Cracked bone or fracture(s)

Bursitis

Braces (If you wear or are planning on obtaining braces for your teeth, have the orthodontist submit a letter stating that braces will be removed before active duty date; release form and sample format can be found in the Recruiter's Medical Guide.)

Loss of finger, toe, or part thereof

Loss of the ability to fully flex (bend) or fully extend a finger, toe, or other joint

Shoulder, knee, or elbow problem (out of place)

Locking of the knee or other joint

Giving way of knee or other joint

Cataracts or surgery for cataracts

Eye surgery, including radical keratotomy, lens implant or other eye surgery to improve your vision

Collapsed lung or other lung condition

Bed wetting since age 12

Evaluation, treatment, or hospitalization for alcohol abuse, dependence, or addiction

Taken medication, drugs, or any substance to improve attention, behavior, or physical performance

Do you use any tobacco products

Evaluation, treatment, or hospitalization for substance use, abuse, addiction or dependence (including illegal drugs, prescription medications, or other substances)

Any illness, surgery, or hospitalization not listed above

Do you have a current insurance provider

Have you had a previous insurance provider

Do you have a primary care physician

Have you had a previous primary care physician

Painful or 'trick' joints or loss of movement in any joint

Tattoos or body piercing

AMEDD APPLICANT QUESTIONNAIRE

(For use of this form see DCA Phase 1 user guide)

Any deformities of, or missing fingers or toes

Impaired use of arms, legs, hands, and feet

Been hospitalized

Had or have you now any illness or injury including broken bones which required treatment by a physician/surgeon, hospitalization or a surgical operation

Other medical problems or defects of any kind

Have you ever processed for military service? SPF:

Allergies

Do you receive or have you applied for disability from any Federal Agency

Worn a Hearing Aid

Ear trouble or loss of hearing

Loss of vision in either eye

Eye trouble, injury or illness

Difficulty standing

Been addicted to drugs or alcohol

Had a mental condition

Been a sleepwalker

I completely and honestly disclosed all involvement with illegal drugs.

Explain all positive answers below or on a continuation page:

AMEDD APPLICANT QUESTIONNAIRE

(For use of this form see DCA Phase 1 user guide)

Moral Screening Questionnaire

Have you ever been charged with or convicted of any felony offense?
(Include those under Uniform Code of Military Justice)

Have you ever been subject to court martial or other disciplinary proceedings under the Uniform Code of Military Justice?
(Include non-judicial, Captain's mast, etc.)

Have you ever been charged with or convicted of a firearms or explosives offense?

Do you have any court actions of any kind (Civil)?

Have you ever been charged with or convicted of any offense(s) related to alcohol or drugs?

Do you have any open tickets or parking violations?

Have you ever been arrested, charged, cited, held, or detained in any way by any law enforcement agency (to include, Juvenile Authorities, Police Officers, Sheriff, Department of Natural Resources, Fish and Game Wardens, Military Police, etc.) regardless of disposition (whether the case resulted in no charges filed, fine, probation, dismissal, or other disposition)? (This includes traffic tickets.) Do not list any charges previously listed.

Have you ever been on probation or on early release?

Have you been told by anyone (judge, lawyer, any Army personnel, family, friends, etc.) that you do not have to list a charge because the charge(s) were dropped, dismissed, not filed, expunged, stricken from the record or were juvenile related?

Have you ever possessed/used any controlled substances or illegal drugs except as prescribed by a licensed physician?

Have you ever been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving or sale of any illegal drugs (to include Marijuana) for your own intended profit or that of another?

Have you EVER illegally used a controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; while possessing a security clearance; or while in a position directly and immediately affecting public safety?

Have you consulted with a mental health professional (psychiatrist, psychologist, counselor, etc.) or have you consulted with another health care provider about a mental health related condition?

Has your use of alcoholic beverages (such as liquor, beer, wine) resulted in any alcohol related treatment or counseling (such as for alcohol abuse or alcoholism)?

Explain all positive answers below or on a continuation page:

AMEDD APPLICANT QUESTIONNAIRE

(For use of this form see DCA Phase 1 user guide)

Citizenship

Citizenship: _____

Current or expired U.S. Passport number: _____ Issue Date: _____

Do you have Dual Citizenship? Y N Country: _____

Residence

List the different residences as well as a person who knew you at this residence for the last 7 years. Do not list your spouse, former spouse, or other relatives, and try not to list anyone listed elsewhere as a reference.

From: _____ To: _____

Street: _____

City: _____ State: _____ Zip: _____

County: _____ Country: _____

Directions for General Delivery or Rural Route:

Person Who Knows You at this Address and Telephone:

Last Name: _____ First: _____ Middle: _____ Suffix: _____

Home Phone: Cntry CD _____ Area Code and Number _____ Day or Night

Work Phone: Cntry CD _____ Area Code and Number _____ Day or Night

Street: _____

City: _____ State: _____ Zip: _____

County: _____ Country: _____

Directions for General Delivery or Rural Route:

From: _____ To: _____

Street: _____

City: _____ State: _____ Zip: _____

County: _____ Country: _____

Directions for General Delivery or Rural Route:

Person Who Knows You at this Address and Telephone:

Last Name: _____ First: _____ Middle: _____ Suffix: _____

Home Phone: Cntry CD _____ Area Code and Number _____ Day or Night

Work Phone: Cntry CD _____ Area Code and Number _____ Day or Night

AMEDD APPLICANT QUESTIONNAIRE

(For use of this form see DCA Phase 1 user guide)

Street: _____

City: _____ State: _____ Zip: _____

County: _____ Country: _____

Directions for General Delivery or Rural Route:

From: _____ To: _____

Street: _____

City: _____ State: _____ Zip: _____

County: _____ Country: _____

Directions for General Delivery or Rural Route:

Person Who Knows You at this Address and Telephone:

Last Name: _____ First: _____ Middle: _____ Suffix: _____

Home Phone: Cntry CD _____ Area Code and Number _____ Day or Night

Work Phone: Cntry CD _____ Area Code and Number _____ Day or Night

Street: _____

City: _____ State: _____ Zip: _____

County: _____ Country: _____

Directions for General Delivery or Rural Route:

From: _____ To: _____

Street: _____

City: _____ State: _____ Zip: _____

County: _____ Country: _____

Directions for General Delivery or Rural Route:

Person Who Knows You at this Address and Telephone:

Last Name: _____ First: _____ Middle: _____ Suffix: _____

Home Phone: Cntry CD _____ Area Code and Number _____ Day or Night

Work Phone: Cntry CD _____ Area Code and Number _____ Day or Night

Street: _____

AMEDD APPLICANT QUESTIONNAIRE

(For use of this form see DCA Phase 1 user guide)

City: _____ State: _____ Zip: _____

County: _____ Country: _____

Directions for General Delivery or Rural Route:

From: _____ To: _____

Street: _____

City: _____ State: _____ Zip: _____

County: _____ Country: _____

Directions for General Delivery or Rural Route:

Person Who Knows You at this Address and Telephone:

Last Name: _____ First: _____ Middle: _____ Suffix: _____

Home Phone: Cntry CD _____ Area Code and Number _____ Day or Night

Work Phone: Cntry CD _____ Area Code and Number _____ Day or Night

Street: _____

City: _____ State: _____ Zip: _____

County: _____ Country: _____

Directions for General Delivery or Rural Route:

Employment

List the different employers for the last 7 years or 16th birthday whichever is shorter. List **ALL** Civil Service and Professional employment for AMEDD Applicants. Enter Military Employment under the Military Assignment Section.

Professional: Yes No

From: _____ To: _____ Employer _____

Position Title/Specialty: _____

Job Responsibilities: _____

Current Supervisor Name Last: _____ First: _____ Middle: _____ Suffix _____

Current Supervisor Title: _____

Employer Street: _____ City: _____ State: _____

Zip: _____ Country: _____

AMEDD APPLICANT QUESTIONNAIRE

(For use of this form see DCA Phase 1 user guide)

Area Code: _____ Phone: _____

Did you leave a position for favorable reasons such as: pursue education, transfer to another job, promotion, FMLA, humanitarian reason, or other? Yes No _____

Did any of the following happen to you: fired from job, quit a job after being told you'd be fired, left a job by mutual agreement following allegations of misconduct, left a job by mutual agreement following allegations of unsatisfactory performance or left a job for other reason under unfavorable circumstances? Yes No

Job Location (If Different from Employer) _____

Supervisor Location: (If Different From Job) _____

Have you worked for this organization previously? Yes No

If Yes When: _____

Employment

Professional: Yes No

From: _____ To: _____ Employer _____

Position Title/Specialty: _____

Job Responsibilities: _____

Current Supervisor Name Last: _____ First: _____ Middle: _____ Suffix _____

Current Supervisor Title: _____

Employer Street: _____ City: _____ State: _____

Zip: _____ Country: _____

Area Code: _____ Phone: _____

Did you leave a position for favorable reasons such as: pursue education, transfer to another job, promotion, FMLA, humanitarian reason, or other? Yes No _____

Did any of the following happen to you: fired from job, quit a job after being told you'd be fired, left a job by mutual agreement following allegations of misconduct, left a job by mutual agreement following allegations of unsatisfactory performance or left a job for other reason under unfavorable circumstances? Yes No

Job Location (If Different from Employer) _____

Supervisor Location: (If Different From Job) _____

AMEDD APPLICANT QUESTIONNAIRE

(For use of this form see DCA Phase 1 user guide)

Have you worked for this organization previously? Yes No

If Yes When: _____

Employment

Professional: Yes No

From: _____ To: _____ Employer _____

Position Title/Specialty: _____

Job Responsibilities: _____

Current Supervisor Name Last: _____ First: _____ Middle: _____ Suffix _____

Current Supervisor Title: _____

Employer Street: _____ City: _____ State: _____

Zip: _____ Country: _____

Area Code: _____ Phone: _____

Did you leave a position for favorable reasons such as: pursue education, transfer to another job, promotion, FMLA, humanitarian reason, or other? Yes No _____

Did any of the following happen to you: fired from job, quit a job after being told you'd be fired, left a job by mutual agreement following allegations of misconduct, left a job by mutual agreement following allegations of unsatisfactory performance or left a job for other reason under unfavorable circumstances? Yes No

Job Location (If Different from Employer) _____

Supervisor Location: (If Different From Job) _____

Have you worked for this organization previously? Yes No

If Yes When: _____

Employment

Professional: Yes No

From: _____ To: _____ Employer _____

AMEDD APPLICANT QUESTIONNAIRE

(For use of this form see DCA Phase 1 user guide)

Position Title/Specialty: _____

Job Responsibilities: _____

Current Supervisor Name Last: _____ First: _____ Middle: _____ Suffix _____

Current Supervisor Title: _____

Employer Street: _____ City: _____ State: _____

Zip: _____ Country: _____

Area Code: _____ Phone: _____

Did you leave a position for favorable reasons such as: pursue education, transfer to another job, promotion, FMLA, humanitarian reason, or other? Yes No _____

Did any of the following happen to you: fired from job, quit a job after being told you'd be fired, left a job by mutual agreement following allegations of misconduct, left a job by mutual agreement following allegations of unsatisfactory performance or left a job for other reason under unfavorable circumstances? Yes No

Job Location (If Different from Employer) _____

Supervisor Location: (If Different From Job) _____

Have you worked for this organization previously? Yes No

If Yes When: _____

Employment

Professional: Yes No

From: _____ To: _____ Employer _____

Position Title/Specialty: _____

Job Responsibilities: _____

Current Supervisor Name Last: _____ First: _____ Middle: _____ Suffix _____

Current Supervisor Title: _____

Employer Street: _____ City: _____ State: _____

Zip: _____ Country: _____

AMEDD APPLICANT QUESTIONNAIRE

(For use of this form see DCA Phase 1 user guide)

Area Code: _____ Phone: _____

Did you leave a position for favorable reasons such as: pursue education, transfer to another job, promotion, FMLA, humanitarian reason, or other? Yes No _____

Did any of the following happen to you: fired from job, quit a job after being told you'd be fired, left a job by mutual agreement following allegations of misconduct, left a job by mutual agreement following allegations of unsatisfactory performance or left a job for other reason under unfavorable circumstances? Yes No

Job Location (If Different from Employer) _____

Supervisor Location: (If Different From Job) _____

Have you worked for this organization previously? Yes No

If Yes When: _____

Education

These pages captures all high school, under grad, and graduate types of education. All Internships, Residencies, Specialty Training and Fellowships are captured on the Advanced Education Page.

Is your Medical Degree from a foreign School? Yes No

Did you graduate from a High School? Yes No If Yes List High School First.

Have you ever enrolled in ROTC? Yes No

Do you have a guaranteed reserve forces duty or a remaining service obligation? Yes No

School Type: High School, Under Graduate, Graduate, Doctorate

School State: _____ School Name: _____

Street: _____ City: _____ State: _____

Zip: _____ Country: _____

From: _____ To: _____ Graduated: Yes No Grad Date: _____

Major Concentration: _____ Degree/Diploma/Other _____

Credit Hours: _____ Credit Type: Clep/Dante - Contact Hours - Quarter Hours - Semester Hours - Units

Have you ever been expelled from school or placed on probation? Yes No

Yes Explanation: _____

Have you ever been the recipient of special education honors, dean's list, awards or Scholarships? Yes No

Yes Explanation: _____

AMEDD APPLICANT QUESTIONNAIRE

(For use of this form see DCA Phase 1 user guide)

If this education was within the last three years list a person who knew you:

Last Name: _____ First: _____ Middle: _____ Suffix: _____

Home Phone: Cntry CD _____ Area Code and Number _____ Day or Night

Work Phone: Cntry CD _____ Area Code and Number _____ Day or Night

Use School Address Yes or Use Address Below

Street: _____

City: _____ State: _____ Zip: _____

County: _____ Country: _____

Education

School Type: High School, Under Graduate, Graduate, Doctorate

School State: _____ School Name: _____

Street: _____ City: _____ State: _____

Zip: _____ Country: _____

From: _____ To: _____ Graduated: Yes No Grad Date: _____

Major Concentration: _____ Degree/Diploma/Other _____

Credit Hours: _____ Credit Type: Clep/Dante - Contact Hours - Quarter Hours - Semester Hours - Units

Have you ever been expelled from school or placed on probation? Yes No

Yes Explanation: _____

Have you ever been the recipient of special education honors, dean's list, awards or Scholarships? Yes No

Yes Explanation: _____

If this education was within the last three years list a person who knew you:

Last Name: _____ First: _____ Middle: _____ Suffix: _____

Home Phone: Cntry CD _____ Area Code and Number _____ Day or Night

Work Phone: Cntry CD _____ Area Code and Number _____ Day or Night

Use School Address Yes or Use Address Below

Street: _____

AMEDD APPLICANT QUESTIONNAIRE

(For use of this form see DCA Phase 1 user guide)

City: _____ State: _____ Zip: _____

County: _____ Country: _____

Education

School Type: High School, Under Graduate, Graduate, Doctorate

School State: _____ School Name: _____

Street: _____ City: _____ State: _____

Zip: _____ Country: _____

From: _____ To: _____ Graduated: Yes No Grad Date: _____

Major Concentration: _____ Degree/Diploma/Other _____

Credit Hours: _____ Credit Type: Clep/Dante - Contact Hours - Quarter Hours - Semester Hours - Units

Have you ever been expelled from school or placed on probation? Yes No

Yes Explanation: _____

Have you ever been the recipient of special education honors, dean's list, awards or Scholarships? Yes No

Yes Explanation: _____

If this education was within the last three years list a person who knew you:

Last Name: _____ First: _____ Middle: _____ Suffix: _____

Home Phone: Cntry CD _____ Area Code and Number _____ Day or Night

Work Phone: Cntry CD _____ Area Code and Number _____ Day or Night

Use School Address Yes or Use Address Below

Street: _____

City: _____ State: _____ Zip: _____

County: _____ Country: _____

AMEDD APPLICANT QUESTIONNAIRE

(For use of this form see DCA Phase 1 user guide)

Education

School Type: High School, Under Graduate, Graduate, Doctorate

School State: _____ School Name: _____

Street: _____ City: _____ State: _____

Zip: _____ Country: _____

From: _____ To: _____ Graduated: Yes No Grad Date: _____

Major Concentration: _____ Degree/Diploma/Other _____

Credit Hours: _____ Credit Type: Clep/Dante - Contact Hours - Quarter Hours - Semester Hours - Units

Have you ever been expelled from school or placed on probation? Yes No

Yes Explanation: _____

Have you ever been the recipient of special education honors, dean's list, awards or Scholarships? Yes No

Yes Explanation: _____

If this education was within the last three years list a person who knew you:

Last Name: _____ First: _____ Middle: _____ Suffix: _____

Home Phone: Cntry CD _____ Area Code and Number _____ Day or Night

Work Phone: Cntry CD _____ Area Code and Number _____ Day or Night

Use School Address Yes or Use Address Below

Street: _____

City: _____ State: _____ Zip: _____

County: _____ Country: _____

AMEDD APPLICANT QUESTIONNAIRE

(For use of this form see DCA Phase 1 user guide)

Education

School Type: High School, Under Graduate, Graduate, Doctorate

School State: _____ School Name: _____

Street: _____ City: _____ State: _____

Zip: _____ Country: _____

From: _____ To: _____ Graduated: Yes No Grad Date: _____

Major Concentration: _____ Degree/Diploma/Other _____

Credit Hours: _____ Credit Type: Clep/Dante - Contact Hours - Quarter Hours - Semester Hours - Units

Have you ever been expelled from school or placed on probation? Yes No

Yes Explanation: _____

Have you ever been the recipient of special education honors, dean's list, awards or Scholarships? Yes No

Yes Explanation: _____

If this education was within the last three years list a person who knew you:

Last Name: _____ First: _____ Middle: _____ Suffix: _____

Home Phone: Cntry CD _____ Area Code and Number _____ Day or Night

Work Phone: Cntry CD _____ Area Code and Number _____ Day or Night

Use School Address Yes or Use Address Below

Street: _____

City: _____ State: _____ Zip: _____

County: _____ Country: _____

AMEDD APPLICANT QUESTIONNAIRE

(For use of this form see DCA Phase 1 user guide)

Advanced Education

School Type: Fellowship - Internship - Residency - Specialty Training

From: _____ To: _____

Specialty: _____

Hospital / School Name: _____

Street Address: _____ City: _____

State: ____ Zip: _____ Country: _____ Phone: _____

Board Eligible: Yes No Board Certification Name: _____

Board Certified: Yes No Certification Date: _____

Advanced Education

School Type: Fellowship - Internship - Residency - Specialty Training

From: _____ To: _____

Specialty: _____

Hospital / School Name: _____

Street Address: _____ City: _____

State: ____ Zip: _____ Country: _____ Phone: _____

Board Eligible: Yes No Board Certification Name: _____

Board Certified: Yes No Certification Date: _____

AMEDD APPLICANT QUESTIONNAIRE

(For use of this form see DCA Phase 1 user guide)

Character References

List three people who know you well and live in the United States. They should be good friends, peers, colleagues, college roommates, etc., whose combined association with you covers, as well as possible, the last 7 years. Do not list your spouse, former spouse, or other relatives, and **try not to list anyone listed elsewhere as a reference.**

Personal Reference:

Last Name: _____ First: _____ Middle: _____ Suffix: _____

Home Phone: Cntry CD _____ Area Code and Number _____ Day or Night

Work Phone: Cntry CD _____ Area Code and Number _____ Day or Night

Street: _____

City: _____ State: _____ Zip: _____

County: _____ Country: _____

Personal Reference:

Last Name: _____ First: _____ Middle: _____ Suffix: _____

Home Phone: Cntry CD _____ Area Code and Number _____ Day or Night

Work Phone: Cntry CD _____ Area Code and Number _____ Day or Night

Street: _____

City: _____ State: _____ Zip: _____

County: _____ Country: _____

Personal Reference:

Last Name: _____ First: _____ Middle: _____ Suffix: _____

Home Phone: Cntry CD _____ Area Code and Number _____ Day or Night

Work Phone: Cntry CD _____ Area Code and Number _____ Day or Night

Street: _____

City: _____ State: _____ Zip: _____

County: _____ Country: _____

AMEDD APPLICANT QUESTIONNAIRE

(For use of this form see DCA Phase 1 user guide)

Family & Associates

1) Include only foreign national relatives not listed in 1-16 with whom you or your spouse are bound by affection, obligation or close and continuing contact.

2) Include only foreign national associates with whom you or your spouse are bound by affection, obligation or close and continuing contact.

Mother - Mandatory Entry (If you were adopted, you should list your adoptive mother. If you do not know who your biological parents are, you may enter "UNK" in the first name and omit the remaining data. Using "UNK" is applicable for other relatives as well.)

Father - Mandatory Entry (If you were adopted, you should list your adoptive father. If you do not know who your biological parents are, you may enter "UNK" in the first name and omit the remaining data. Using "UNK" is applicable for other relatives as well.)

Relationship _____ Dependent Deceased

Maiden Name _____

Name Last: _____ First: _____ Middle Name: _____ Suffix: _____

Use my current address _____ Use my home of record address _____

Street Address: _____ City: _____ State: ___ Zip: _____

Country: _____ Country of Citizenship: _____

Citizenship Document: _____

Relationship _____ Dependent Deceased

Maiden Name _____

Name Last: _____ First: _____ Middle Name: _____ Suffix: _____

Use my current address _____ Use my home of record address _____

Street Address: _____ City: _____ State: ___ Zip: _____

Country: _____ Country of Citizenship: _____

Citizenship Document: _____

Relationship _____ Dependent _____ Deceased _____

Maiden Name _____

Name Last: _____ First: _____ Middle Name: _____ Suffix: _____

Use my current address _____ Use my home of record address _____

Street Address: _____ City: _____ State: ___ Zip: _____

Country: _____ Country of Citizenship: _____

Citizenship Document: _____

AMEDD APPLICANT QUESTIONNAIRE

(For use of this form see DCA Phase 1 user guide)

Relationship _____ Dependent Deceased

Maiden Name _____

Name Last: _____ First: _____ Middle Name: _____ Suffix: _____

Use my current address _____ Use my home of record address _____

Street Address: _____ City: _____ State: ___ Zip: _____

Country: _____ Country of Citizenship: _____

Citizenship Document: _____

Relationship _____ Dependent Deceased

Maiden Name _____

Name Last: _____ First: _____ Middle Name: _____ Suffix: _____

Use my current address _____ Use my home of record address _____

Street Address: _____ City: _____ State: ___ Zip: _____

Country: _____ Country of Citizenship: _____

Citizenship Document: _____

Relationship _____ Dependent Deceased

Maiden Name _____

Name Last: _____ First: _____ Middle Name: _____ Suffix: _____

Use my current address _____ Use my home of record address _____

Street Address: _____ City: _____ State: ___ Zip: _____

Country: _____ Country of Citizenship: _____

Citizenship Document: _____

Relationship _____ Dependent Deceased

Maiden Name _____

Name Last: _____ First: _____ Middle Name: _____ Suffix: _____

Use my current address _____ Use my home of record address _____

Street Address: _____ City: _____ State: ___ Zip: _____

Country: _____ Country of Citizenship: _____

Citizenship Document: _____

AMEDD APPLICANT QUESTIONNAIRE

(For use of this form see DCA Phase 1 user guide)

Spouse

YOUR SPOUSE (Current Marriage or Widowed)

- Note: If divorced, complete the section under "YOUR FORMER SPOUSE (Divorced)," below.

Current Marital status (circle one):

1) Never married (Go to Mod 9)	4) Legally separated
2) Married	5) Widowed
3) Separated	

Current Name: _____
First Middle Last suffix*

Birth date: _____ (YYYY/MM/DD)

City/State of Birth: _____

Country of Birth: _____

SSN (if none, type UNK on the EPSQ): _____

Maiden Name (Include first, middle, and last names, if applicable): _____

Date of Marriage: _____ Place of Marriage: _____
(YYYY/MM/DD) (City, State/Country)

Address (Not applicable if same as yours or if spouse is deceased): _____

Other Names Used By Spouse (Include first, middle, and last names, if applicable):

Spouse's Citizenship: _____

ANSWER ONLY IF APPLICABLE:

Alien # / Naturalization #: _____

If separated, date of separation? _____ (YYYY/MM/DD)

City/State/Country where Separation Records are located: _____

Is the above individual deceased? (Y / N) If yes, Widowed Date: _____ (YYYY/MM/DD)

YOUR FORMER SPOUSE (Divorced)

Current Name: _____
First Middle Last suffix*

Birth date: _____ (YYYY/MM/DD)

City/State of Birth: _____

Country of Birth: _____

Date of Marriage: _____ Place of Marriage: _____
(YYYY/MM/DD) (City, State/Country)

Divorce Date: _____ (YYYY/MM/DD)

City/State/Country of Divorce: _____

Former Spouse's Address/Phone # (Omit if former spouse is deceased): _____

Former Spouse's Citizenship: _____

Other marriages? Yes No Use the Continuation Space at the end of this worksheet.

AMEDD APPLICANT QUESTIONNAIRE

(For use of this form see DCA Phase 1 user guide)

Spouse Alias

Spouse Alias Last Name: _____, First Name: _____, Middle 1: _____, Middle 2: _____,

Suffix: _____, Used From: _____, To: _____,

Type: Alias, Former Married, Former Name, Maiden Name, Married, Nickname

Spouse Alias Last Name: _____, First Name: _____, Middle 1: _____, Middle 2: _____,

Suffix: _____, Used From: _____, To: _____,

Type: Alias, Former Married, Former Name, Maiden Name, Married, Nickname

Investigation

Has the United States Government ever investigated your background and/or granted you a security clearance? Yes No

To your knowledge have you ever had a clearance or access authorization denied, suspended, or revoked, or have you ever been debarred from government employment? (Note: An administrative downgrade or termination of a security clearance is not a revocation.) Yes No

Are you a male born after December 31, 1959?

If yes, have you registered with the Selective Service System? Yes No Selective Service Number _____

Government and Military

Are you now or have you ever been a deserter from any branch of the armed forces of the United States?

Have you ever been employed by the United States Government?

Are you now drawing, or do you have an application pending, or approval for: retired pay, disability allowance, severance pay, or pension from any agency of the government of the United States?

Are you now or have you ever been a conscientious objector? (That is, do you have, or have you ever had, a firm, fixed, and sincere objection to participation in war in any form or to the bearing of arms because of religious belief or training?)

Have you ever been discharged by any branch of the Armed Forces of the United States for reasons pertaining to being a conscientious objector?

Is there anything which would preclude you from performing military duties or participating in military activities whenever necessary (i.e., do you have any personal restrictions or religious practices which would restrict your availability?)

Have you ever been an officer or a member or made a contribution to an organization dedicated to the violent overthrow of the United States Government and which engages in illegal activities to that end, knowing that the organization engages in such activities with the specific intent to further such activities?

AMEDD APPLICANT QUESTIONNAIRE

(For use of this form see DCA Phase 1 user guide)

Have you ever knowingly engaged in any acts or activities designed to overthrow the United States Government by force?

Have you ever applied and not been selected for appointment in Regular Army as a commissioned officer?

Have you ever applied and not been selected for appointment in Regular Army as a warrant officer?

Have you ever applied and not been selected for appointment in Reserve component (USAR/ARNG) as a commissioned officer?

Have you ever applied and not been selected for appointment in Reserve component (USAR/ARNG) as a warrant officer?

Have you ever applied and not been selected for OCS?

Have you ever applied and not been selected for ROTC?

Have you ever resigned or been asked to resign in lieu of elimination proceedings; been discharged in lieu of elimination, furloughed, or placed on inactive status while serving in the US Armed Forces; or, have you ever resigned or been asked to resign from position while in government or private employment?

Have you been employed by the US Army as a Dietitian, Occupational or Physical Therapist? (If yes, give dates)

Have you ever been passed over for a military promotion?

Date of Last ADL Promotion: _____

I understand that, if I am selected for appointment, I will be expected to accept such assignments as are in the best interest of the reserves regardless of my marital status and/or responsibility for dependants; and it is my responsibility to make appropriate arrangements for the care of my dependents should I be required to perform duty in an area where dependents are not permitted. Yes No

Source of Current Commission _____

Military Awards _____

Financial

Have you filed a petition under any chapter of the bankruptcy code (to include Chapter 13)?

Have you had your wages garnished or had any property repossessed for any reason?

Have you had a lien placed against your property for failing to pay taxes or other debts?

Have you had any judgments against you that have not been paid?

Is there any court order or judgment in effect that directs you to provide alimony and/or child support?

Have you been over 180 days delinquent on any debt(s)?

Are you currently over 90 days delinquent on any debt(s)?

Do you have foreign property, business connections, or financial interests?

AMEDD APPLICANT QUESTIONNAIRE

(For use of this form see DCA Phase 1 user guide)

Foreign Activities

Are you now or have you ever been employed by or acted as a consultant for a foreign government, firm, or agency?

Have you ever had any contact with a foreign government, its establishments (embassies or consulates), or its representatives, whether inside or outside the U.S., other than on official U.S. Government business? (Does not include routine visa applications and border crossing contacts.)

Have you traveled outside the United States on other than official U.S. Government orders in the last 7 years? (Travel as a dependent or contractor must be listed.) Do not repeat travel covered in modules 4, 5, and 6. (Lived, worked, attended school)

In the past 7 years, have you had an active passport that was issued by a foreign government?

Include short trips to Canada or Mexico. If you have lived near a border and have made short (one day or less) trips to the neighboring country, you do not need to list each trip. Instead, provide the time period, the purpose, the country, and a note ("Many short trips").

Military Assignment History

List all of your military service below, including service in the Reserve, National Guard, U.S. Merchant Marine and Foreign Military Service. Start with the most recent period of service and work backward. If you had a break in service, each separate period should be listed.

FROM: _____ TO: _____ Branch of Service: _____
Country: _____ (Foreign Service) Grade: _____ (Current or one held at end of svc. -
Merchant Marine list a 3 char grade)
Status: _____ (Active, Active Reserve, Inactive)
State: _____ (For National Guard) Service Number: _____ (i.e. SSN)
Discharge Type _____ RE Code (on DD214) _____ Separation Code _____
PMOS _____ ASI _____
Unit Name _____
Street _____
City _____ State _____ Zip _____
Supervisor Name/Rank _____

FROM: _____ TO: _____ Branch of Service: _____
Country: _____ (Foreign Service) Grade: _____ (Current or one held at end of svc. -
Merchant Marine list a 3 char grade)
Status: _____ (Active, Active Reserve, Inactive)
State: _____ (For National Guard) Service Number: _____ (i.e. SSN)
Discharge Type _____ RE Code (on DD214) _____ Separation Code _____

AMEDD APPLICANT QUESTIONNAIRE

(For use of this form see DCA Phase 1 user guide)

PMOS _____ ASI _____

Unit Name _____

Street _____

City _____ State _____ Zip _____

Supervisor Name/Rank _____

FROM: _____ TO: _____ Branch of Service: _____

Country: _____ (Foreign Service) Grade: _____ (Current or one held at end of svc. -
Merchant Marine list a 3 char grade)

Status: _____ (Active, Active Reserve, Inactive)

State: _____ (For National Guard) Service Number: _____ (i.e. SSN)

Discharge Type _____ RE Code (on DD214) _____ Separation Code _____

PMOS _____ ASI _____

Unit Name _____

Street _____

City _____ State _____ Zip _____

Supervisor Name/Rank _____

FROM: _____ TO: _____ Branch of Service: _____

Country: _____ (Foreign Service) Grade: _____ (Current or one held at end of svc. -
Merchant Marine list a 3 char grade)

Status: _____ (Active, Active Reserve, Inactive)

State: _____ (For National Guard) Service Number: _____ (i.e. SSN)

Discharge Type _____ RE Code (on DD214) _____ Separation Code _____

PMOS _____ ASI _____

Unit Name _____

Street _____

City _____ State _____ Zip _____

Supervisor Name/Rank _____

REMARKS: _____

Have you ever received *other than an honorable* discharge from the military? (Y / N)

Discharge Date: _____

Type of Discharge: _____

AMEDD APPLICANT QUESTIONNAIRE

(For use of this form see DCA Phase 1 user guide)

Any Lost Time: _____

REMARKS: _____

Service Schools

List all military schools you have attended and received military credit for. I.e. duty position schools (AIT, ASI, etc), advanced schools (WLC, BNCOC, etc).

FROM: _____ TO: _____ Course: _____

Is this the highest level school attended? _____

Extension course? _____ Series # _____

City _____ State _____

Completed? _____

FROM: _____ TO: _____ Course: _____

Is this the highest level school attended? _____

Extension course? _____ Series # _____

City _____ State _____

Completed? _____

FROM: _____ TO: _____ Course: _____

Is this the highest level school attended? _____

Extension course? _____ Series # _____

City _____ State _____

Completed? _____

FROM: _____ TO: _____ Course: _____

Is this the highest level school attended? _____

Extension course? _____ Series # _____

City _____ State _____

Completed? _____

AMEDD APPLICANT QUESTIONNAIRE

(For use of this form see DCA Phase 1 user guide)

Remarks: _____
