

Minnesota Air National Guard

Thank you for considering serving your community, state and country in the MN Air National Guard. During our first meeting, we will be collecting a lot of information about you to determine whether you are eligible to join, and to prepare paperwork for your test/physical. By providing us this information in advance, it will save approximately 30 minutes of time during your interview, and will allow us to have your paperwork prepared in advance. This is an optional form, and you will still be allowed to meet with us, regardless of whether you choose to complete this form. All information is confidential and covered by the Privacy Act of 1974. If you choose not to join, your information will be safely destroyed.

FULL NAME: _____
FIRST MIDDLE LAST

E-MAIL ADDRESS: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____ AGE: _____

PLACE OF BIRTH: _____
CITY STATE COUNTRY

MAILING ADDRESS: _____
STREET CITY STATE ZIP COUNTY

HOME PHONE: _____ PUT OFF PHONE: _____ CELL PHONE: _____

MARITAL STATUS: **Married** **Single** **Divorced** # OF DEPENDENTS: _____

IS THERE ANYONE DEPENDENT UPON YOU FOR SUPPORT? TO INCLUDE PARENT, GRANDPARENT, SIBLING, ETC: _____

ARE YOU THE ONLY LIVING CHILD IN YOUR IMMEDIATE FAMILY? YES NO

NAME AND LOCATION OF LAST/ CURRENT HIGH SCHOOL:

DID YOU GRADUATE? YES NO

IF YES, LIST YEAR AND MONTH: _____

IF NO, WHAT GRADE/YEAR ARE YOU IN? JUNIOR SENIOR

IF NO, DO YOU HAVE A GENERAL EQUIVALENCY DIPLOMA? YES NO

IF YES, LIST FROM WHICH STATE AND YEAR RECEIVED: _____

LIST ANY COLLEGES ATTENDED AND CREDITS/DEGREES(S) EARNED:

DO YOU HAVE AN IMMEDIATE FAMILY MEMBER WHO (1) IS NOW A POW OR MIA, or (2) DIED OR BECAME 100% PERMANENTLY DISABLED WHILE SERVING IN THE ARMED FORCES? YES NO

HAVE YOU EVER BEEN PROCESSED FOR ANY BRANCH OF THE MILITARY BEFORE? YES NO

IF YES, WERE YOU DISQUALIFIED FOR ENTRY? YES NO

IF YES, WHY? _____

HAVE YOU EVER BEEN IN ANY BRANCH OF THE MILITARY (INCLUDING GUARD OR RESERVE)? YES NO

IF YES, LIST BRANCH, DOD DATE, DOD LAST RANK, MOS/AFSC AND REASON FOR SEPARATION:

HAVE YOU TAKEN THE ASVAB TEST OR A MILITARY PHYSICAL IN THE LAST 2 YEARS? YES NO

IF YES, WHERE AND FOR WHAT BRANCH OF THE SERVICE: _____

IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN EMPLOYED BY THE US GOVERNMENT? YES NO

IF YES, LIST YOUR EMPLOYER AND COMPANY YOU WORK(ED) FOR?

HAVE YOU EVER BEEN IN CIVIL AIR PATROL, JROTC, OR ROTC? YES NO

IF YES, LIST WHICH, DATE, AND AWARDS EARNED: _____

HAVE YOU EVER BEEN CHARGED, ARRESTED, CITED, OR HELD FOR ANY LAW VIOLATION TO INCLUDE TRAFFIC OR VEHICLE INFRACTIONS INCLUDING SEALED RECORDS? (EVEN IF YOU WERE TOLD THAT YOU DIDN'T HAVE TO DISCLOSE) YES NO

IF YES, GIVE DATES, REASON, LOCATIONS, FEES IMPOSED AND FINAL DISPOSITIONS:

- 1) _____
- 2) _____
- 3) _____

HAVE YOU EVER USED, SOLD, POSSESSED, EXPERIMENTED, OR TRAFFICKED ANY ILLEGAL DRUG TO INCLUDE MARIJUANA? YES NO

IF YES, WHICH AND WHAT? _____

IF YES, NUMBER OF TIMES USED: _____

HAVE YOU EVER FILED FOR BANKRUPTCY OR ARE YOU PLANNING TO? YES NO

HAVE YOU EVER BEEN TREATED OR UNDERGONE REHABILITATION FOR ANY DRUG OR ALCOHOL ABUSE/DEPENDENCY? YES NO

IF YES, GIVE DATES AND REASONS: _____

HAVE YOU EVER BEEN TREATED BY A MENTAL HEALTH PROFESSIONAL? YES NO

IF YES, DATES AND REASON: _____

ARE YOU A CONSCIENTIOUS OBJECTOR? (DO YOU OR YOUR MORAL BELIEFS PREVENT YOU FROM BEARING FIREARMS FOR THE DEFENSE OF YOUR COUNTRY) YES NO

DO YOU HAVE A RELIGIOUS PREFERENCE? YES NO

IF YES, PLEASE LIST: _____

WHICH RACE DO YOU CONSIDER YOURSELF? ~~TO BE~~ ~~OF~~ ~~THE~~ ~~U.S.~~ ~~OR~~ ~~AFRICAN~~ ~~AMERICAN~~ ~~OR~~ ~~ASIAN~~ ~~OR~~ ~~PACIFIC~~ ~~ISLANDER~~ ~~OR~~ ~~AMERICAN~~ ~~INDIAN~~ ~~OR~~ ~~ALASKAN~~ ~~NATIVE~~

AFRICAN AMERICAN WHITE/CAUCASIAN ASIAN/PACIFIC ISLANDER
AMERICAN INDIAN/ALASKAN NATIVE



OTHER (LIST): _____

WHAT COLOR ARE YOUR EYES? BLUE BROWN GREEN OTHER: _____

WHAT COLOR IS YOUR HAIR? BLONDE BROWN RED BLACK OTHER: _____

ARE YOU HISPANIC/LATINO? YES NO

ARE YOU PROFICIENT IN ANY FOREIGN LANGUAGE(S)? (SPEAK, READ AND WRITE) YES NO

IF YES, SPECIFY: _____

DO YOU HAVE ANY TATOOS? YES NO

IF YES PLEASE LIST WHERE AND DESCRIBE THEM:

1. _____

2. _____

3. _____

DO YOU HAVE OR HAVE YOU EVER HAD ANY MEDICAL/PHYSICAL PROBLEMS? YES NO

IF YES, LIST: _____

HAVE YOU EVER HAD ANY SURGERY? YES NO

ARE YOU CURRENTLY TAKING ANY MEDICATIONS? YES NO

IF YES, LIST WHAT TYPE AND FOR WHAT CONDITIONS:

WHAT IS YOUR: HEIGHT (IN INCHES) _____ WEIGHT _____

DO YOU HAVE NORMAL COLOR VISION? YES NO

DO YOU CURRENTLY HAVE A VALID DRIVER'S LICENSE OR STATE ID? YES NO

IF YES, LIST: _____

IF NO, PLEASE EXPLAIN WHY:

WHAT PROMPTED YOU TO CONSIDER THE AIR NATIONAL GUARD?

NEWSPAPER OTHER PRINT AD RADIO INTERNET TV REFERAL DISPLAY OTHER

PLEASE LIST SPECIFIC SOURCE/PERSON/WEBSITE: _____
