

PRIVACY ACT STATEMENT -- US AIR FORCE APPLICATION RECORD

AUTHORITY: 10 USC Sections 133, 265, 275, 504, 508, 510, 672(d), 678, 837, 1007, 1071 through 1480, 1553, 2105, 2107, 3012, 5031, 8013, 8033, 8496, and 9411; 32 USC 708; 44 USC 3101; and Executive Orders 9397, 10450, and 11652.

PURPOSE: To determine your mental, medical, and moral qualifications for entry into the US Air Force. This data is **FOR OFFICIAL USE ONLY** and will be maintained in strict confidence within the Department of Defense according to Federal law and regulation. If you are accepted and subsequently enter into a component of the Air Force, the information becomes a part of your military personnel records which is used to provide information for personnel management actions. If you are not accepted or do not subsequently enter a component of the Air Force, your records will be destroyed as specified by regulation.

ROUTINE USES: This information may be disclosed to the Social Security Administration and the Department of Treasury to establish a record of income; to federal, state, local or foreign law enforcement authorities for investigating or prosecuting a violation or potential violation of law; to federal, state, or local agencies to obtain information concerning hiring or retention of an employee, issuance of a security clearance, letting of a contract, or issuance of a license, grant or other benefit; to a federal agency in response to its request in connection with the hiring or retention of an employee, issuance of a security clearance, reporting of an investigation of an employee, letting of a contract, issuance of a license, grant, or other benefit by the requesting agency to the extent that the information is relevant and necessary to the requesting agency's decision on the matter; to a congressional office in response to their inquiry made at the request of the individual; to the Office of Management and Budget (OMB) in connection with review of private relief legislation as set forth in OMB Circular A19; to foreign law enforcement, security, investigatory, or administrative authorities to comply with requirements of international agreements and arrangements; to state and local taxing authorities in accordance with Treasury Fiscal Requirements Manual Bulletin 7607; to the Office of Personnel Management (OPM) concerning information on pay and leave, benefits, retirement deductions, and other information necessary for OPM to carry out its functions; to NARA for records management functions; and to the Department of Justice for pending or potential litigation.

DISCLOSURE IS VOLUNTARY: However, failure to furnish information needed to determine your mental, medical and moral qualifications for entry into the US Air Force will result in a denial of application.



175th AIR NATIONAL GUARD **APPLICANT WORKSHEET**

DATE: _____

PERSONAL INFORMATION

| | | | | |
|---|----------------------------|--------------------|----------------------------|---------------------------|
| Full Name (Last, First, Middle): | | Suffix: | SSN: | Age: |
| Date of Birth: | Driver's License #: | | Expiration Date: | Issued By (state): |
| Street Address: | | | Present Occupation: | |
| City: | | State: | Zip Code: | |
| Sex: | | Cell Phone: | | |
| E-Mail: | | Home Phone: | | |
| Religion: | | | | |
| Height: | Weight: | Hair Color: | Eye Color: | |

RACE

| | |
|--------------------------|---|
| <input type="checkbox"/> | American Indian or Alaska Native |
| <input type="checkbox"/> | Asian |
| <input type="checkbox"/> | White |
| <input type="checkbox"/> | Black or African American |
| <input type="checkbox"/> | Native Hawaiian or other Pacific Islander |

ETHNICITY

| | |
|--------------------------|------------------------|
| <input type="checkbox"/> | Hispanic or Latino |
| <input type="checkbox"/> | Not Hispanic or Latino |

MARITAL AND DEPENDENCY

1. What is your marital status? (Select one): _____
2. Number of adult dependents: _____ Minor Dependents: _____

CITIZENSHIP

| | |
|--|--|
| 1. What is the applicant's citizenship status/Place of Birth (City/State)? | |
| 2. If non-citizen, when does residency expire? | |
| a. Registration number: | |
| 3. Which language (other than English) are you proficient in (1st)? | |

EDUCATION

1. Number of years of education you successfully completed.
(High school - 12 yrs):

2. High School/GED/Home Schooling:

Start Date:

End Date:

Name of School:

State:

Zip Code:

Graduated:

COLLEGE

Graduated:

Start date:

End Date:

Type of Degree:

Name of School:

State:

Zip Code:

Major:

PRIOR SERVICE

1. Does the applicant have any prior active duty, guard or reserve service?

If yes, what branch? _____ RE-Code? _____

2. Member of the JROTC, CAP, Boy Scouts or Girl Scouts?

How many years? _____

Any awards? _____

Which one? _____

Additional Questions

1. Practice test: None APT PiCAT Score:

2. Have you ever taken the ASVAB? QT: M: A: G: E:

Test Date:

Location:

3. Have you ever been examined at MEPS/undergone the physical?

Date:

Reason:

Outcome:

CUI (when filled in)

| | | | | | |
|---|--|------------------------|--|--|----|
| LAST NAME – FIRST NAME – MIDDLE INITIAL (<i>Suffix</i>) | | SOCIAL SECURITY NUMBER | | DoD ID NUMBER (<i>If applicable</i>) | |
| SECTION III - MEDICAL HISTORY | | | | | |
| 1. Medications: any prescription or over the counter medication(s) taken regularly or as needed (<i>list each and explain in SECTION IV</i>) | | | 2. Allergies: reaction to food(s), insect bites/stings, medication(s) or other substances (<i>list each and explain in SECTION IV</i>) | | |
| Read each of the following questions and answer by checking "YES" or "NO". Every question must be answered. Every "YES" answer must be explained in SECTION IV. Explain each item to the best of your ability. Your medical records may be requested to clarify your medical history. | | | | | |
| HAVE YOU EVER HAD OR DO YOU NOW HAVE: | | YES | NO | HAVE YOU EVER HAD OR DO YOU NOW HAVE: | |
| YES | | NO | YES | | NO |
| EYES/VISION: | | | UPPER EXTREMITIES: (<i>Continued</i>) | | |
| 3. Double vision | | | 60. Dislocated shoulder, elbow, or wrist | | |
| 4. Detached retina or surgery to repair a detached retina | | | LOWER EXTREMITIES: | | |
| 5. Keratoconus, glaucoma, cataracts or surgery for cataracts | | | 61. Foot conditions such as plantar fasciitis, heel spur, or painful bunions | | |
| 6. Vision correction procedure such as Lasik, PRK, or lens implant | | | 62. Knee injury resulting in ligament/cartilage tear, instability, or locking | | |
| 7. Night blindness | | | 63. Any pain, swelling, weakness, numbness, or stiffness of the hip, knee, ankle, foot, or toes | | |
| 8. Any other eye condition, injury, or surgery/procedure | | | 64. Dislocated hip, knee, ankle, or foot | | |
| EARS/HEARING: | | | MISCELLANEOUS CONDITIONS OF THE EXTREMITIES: | | |
| 9. Cholesteatoma | | | 65. Bone, muscle, or joint deformity, injury, or persistent pain/swelling | | |
| 10. Ear drum perforation or tubes inserted into the ear drum(s) in the past 12 months | | | 66. Impaired use of arms, hands, fingers, legs, feet, or toes (<i>any reason</i>) | | |
| 11. Any other ear surgery or procedure including mastoidectomy | | | 67. Joint swelling/inflammation such as arthritis, gout, or bursitis | | |
| 12. Loss of balance or vertigo | | | 68. Compartment syndrome, shin splints, or stress reaction/fracture | | |
| 13. Hearing loss or use of hearing aid(s) | | | 69. Any surgery of the bone or joint such as placing a screw, plate, rod, pin, prosthetic/graft or arthroscopy | | |
| NOSE, SINUSES, MOUTH, AND LARYNX: | | | 70. Any use of prescribed corrective/prosthetic devices such as a brace, back support, heel lift, or orthotic inserts | | |
| 14. Ear, nose, or throat conditions such as vocal cord dysfunction | | | VASCULAR: | | |
| 15. Recurrent nose bleeds, chronic sinus infections, or sinus surgery | | | 71. Abnormal (<i>high or low</i>) blood pressure | | |
| 16. Absence of, or disturbance of sense of smell | | | 72. Pale, blue, or numb fingers or toes with exposure to cold such as Raynaud's phenomenon/ disease | | |
| 17. Any surgery of the face, throat, or jaw | | | 73. Kawasaki disease | | |
| DENTAL: (<i>If you wear braces/aligners, then you must submit a letter from your orthodontist stating that active orthodontic treatment will be completed before beginning active duty</i>) | | | SKIN: | | |
| 18. Braces or aligners | | | 74. Acne that required prescription medication(s) | | |
| 19. Any tooth or gum problems | | | 75. Skin rash such as atopic dermatitis, eczema, or psoriasis | | |
| LUNGS, CHEST WALL, PLEURA, AND MEDIASTINUM: | | | 76. Any other skin condition such as recurrent hives, abscesses (<i>hidradenitis</i>), pilonidal cyst, or cancer (<i>melanoma</i>) | | |
| 20. Asthma, asthmatic bronchitis, wheezing, shortness of breath, or other breathing problems worsened by exercise, weather, pollens, etc. | | | BLOOD AND BLOOD FORMING SYSTEM: | | |
| 21. Prescription for an inhaler, steroids, or any other medication for breathing problem | | | 77. Anemia such as iron deficiency, sickle cell, or thalassemia | | |
| 22. Pneumonia | | | 78. Blood clot(s), a clotting disorder, or history of taking a blood thinner | | |
| 23. Chronic cough or frequent coughing at night | | | 79. Absence or removal of the spleen | | |
| 24. Collapsed lung or other lung condition(s) | | | 80. Prolonged bleeding such as after an injury or dental procedure | | |
| 25. History of chest, chest wall, or breast surgery | | | 81. Any other blood or circulation condition | | |
| HEART: | | | SYSTEMIC: | | |
| 26. Heart murmur or valve problem(s) | | | 82. Severe allergic reaction to any substance requiring emergency care | | |
| 27. Palpitations, skipped/abnormal heartbeats, or pounding heart | | | 83. Tested positive for tuberculosis (<i>skin or blood test</i>), or lived with someone who had it | | |
| 28. Chest pain/pressure or an abnormal electrocardiogram (EKG) | | | 84. Immune system condition such as rheumatoid arthritis, lupus, multiple sclerosis, or AIDS | | |
| 29. Heart surgery | | | 85. Sexually transmitted disease such as herpes, syphilis, gonorrhea, chlamydia, or HIV | | |
| 30. Any other heart condition | | | 86. Rhabdomyolysis | | |
| ABDOMEN AND GASTROINTESTINAL SYSTEM: | | | ENDOCRINE AND METABOLIC: | | |
| 31. Problems of the stomach, esophagus, or intestine such as ulcer(s) | | | 87. Thyroid conditions such as goiter or hypo/hyperthyroidism | | |
| 32. Frequent indigestion/heartburn, difficulty swallowing, or eosinophilic esophagitis | | | 88. Diabetes or hypoglycemia (<i>low blood sugar</i>) | | |
| 33. Gallbladder disease or gallstones | | | 89. Any other endocrine (<i>hormone</i>) condition such as growth hormone deficiency, adrenal insufficiency, or hypo/hyperparathyroidism | | |
| 34. Hepatitis or jaundice (<i>except neonatal jaundice</i>) | | | NEUROLOGIC: | | |
| 35. Hernia | | | 90. Stroke, aneurysm, or bleeding in or around the brain | | |
| 36. Any abdominal surgery/endoscopy such as appendectomy, bowel resection, hernia repair, or colonoscopy | | | 91. Frequent or severe headaches such as migraines, cluster, or tension | | |
| 37. Weight loss surgery such as gastric bypass or lap banding | | | 92. A head injury, concussion, or skull fracture | | |
| 38. Chronic or recurrent intestinal disease such as irritable bowel syndrome, inflammatory bowel disease, or celiac disease | | | 93. Infection of the brain or spinal cord such as abscess, meningitis, or encephalitis | | |
| 39. Anorectal disease, blood from the rectum, or hemorrhoids | | | 94. Seizures, epilepsy, or convulsions | | |
| FEMALES ONLY: | | | 95. Syncope or fainting spells | | |
| 40. First day of the last menstrual period (YYYYMMDD) | | | 96. Any other neurologic condition such as paralysis, myasthenia gravis, Tourette's, or memory loss | | |
| 41. A change in menstrual pattern (<i>other than pregnancy</i>) | | | SLEEP: | | |
| 42. Pregnancy | | | 97. Sleep apnea | | |
| 43. Any abnormal PAP test | | | 98. Sleepwalking, narcolepsy, or difficulty with sleep such as falling/staying asleep | | |
| 44. Endometriosis, uterine fibroid, or ovarian cyst | | | LEARNING, PSYCHIATRIC, AND BEHAVIORAL: | | |
| 45. Any other gynecological disorder that required evaluation, treatment, or surgery | | | 99. Attention Deficit or Hyperactivity disorder (<i>ADD/ADHD</i>), dyslexia, autism spectrum, or other learning disorder | | |
| MALES ONLY: | | | 100. A behavioral/mental health condition such as anxiety/panic attacks, depression, adjustment disorder, PTSD, personality disorder, addiction, or drug/substance abuse including alcohol | | |
| 46. Undescended/absent testicle(s), or testicular implant | | | 101. Evaluation or treatment either with medication or counseling for any behavioral/mental health condition | | |
| 47. Any scrotal mass, swelling, or pain | | | 102. Eating disorder such as anorexia or bulimia | | |
| 48. Prostate problems | | | 103. Self-inflicted injury such as cutting or burning | | |
| URINARY SYSTEM: | | | 104. Suicidal thoughts, gesture, or attempt | | |
| 49. Absence of, or a congenital abnormality of a kidney such as horseshoe kidney | | | 105. Admission to a hospital for any behavioral/mental health condition | | |
| 50. Blood or protein in urine | | | TUMORS AND MALIGNANCIES: | | |
| 51. Painful or difficult urination | | | 106. Any cancer, malignancy, tumor, or cyst | | |
| 52. Kidney stone | | | MISCELLANEOUS: | | |
| 53. Kidney or urinary tract disease, surgery, or infection | | | 107. Cold/heat intolerance or injury such as frostbite or heatstroke | | |
| 54. Bedwetting or treatment for bedwetting in the past 12 months | | | SUPPLEMENTAL QUESTIONS: | | |
| SPINE AND SACROILIAC JOINTS: | | | 108. Prosthetic body part or joint | | |
| 55. Back or neck pain, or herniated disc | | | 109. Any medical treatment/surgery from a Hospital, Emergency Room, Surgical Center or Urgent Care | | |
| 56. Abnormal curvature of any part of the spine | | | 110. Previous medical disqualification for Military Service | | |
| 57. Vertebral fracture or stress injury of the spine such as spondylolysis | | | 111. Discharge from Military Service for any reason (<i>provide reason, date, and type of discharge</i>) | | |
| 58. Back or neck surgery | | | 112. Disability award or compensation for an injury or other medical condition | | |
| UPPER EXTREMITIES: | | | | | |
| 59. Any pain, swelling, weakness, numbness, or stiffness of the shoulder, elbow, wrist, hand, or fingers | | | | | |

SECTION III - APPLICANT COMMENTS. Explain all "Yes" answers to questions 1 - 164 above.
Begin with the Item Number. Describe answer(s) fully: provide date(s) of problem(s)/condition(s); provide names of Health Care Providers (HCPs), Clinic(s) and/or Hospital(s) along with the City and State; explain what was done (e.g., evaluation and/or treatment); and describe your current medical status. Attach additional sheet(s) if necessary and sign and date each additional page. Obtain and attach copies of applicable medical evaluation and treatment records.

Question #:

What happened:

When did it happen:

Where was it treated (with clinic, city, and state):

How was it treated (prescription, surgery, etc.):

Any complications:

Question #:

What happened:

When did it happen:

Where was it treated (with clinic, city, and state):

How was it treated (prescription, surgery, etc.):

Any complications:

Question #:

What happened:

When did it happen:

Where was it treated (with clinic, city, and state):

How was it treated (prescription, surgery, etc.):

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Any complications:

Question #:

What happened:

When did it happen:

Where was it treated (with clinic, city, and state):

How was it treated (prescription, surgery, etc.):

Any complications:

Question #:

What happened:

When did it happen:

Where was it treated (with clinic, city, and state):

How was it treated (prescription, surgery, etc.):

Any complications:

DRUG/LAW VIOLATIONS

1. Have you ever illegally used **any** drugs to include marijuana? _____
2. If yes, how many times? _____

LAW VIOLATIONS

List all violations, regardless of disposition (sealed, expunged, removed from record) or severity

1. Have you ever been party to any public record civil court action? _____

2. Have you EVER been charged, cited, arrested, or held by any law enforcement agency to include minor traffic or juvenile violations, regardless of the disposition? _____

| | | | |
|----------------|--|----------|--|
| Date Occurred: | | Offense: | |
| Action Taken: | | | |
| City: | | Court: | |
| Date Occurred: | | Offense: | |
| Action Taken: | | | |
| City: | | Court: | |
| Date Occurred: | | Offense: | |
| Action Taken: | | | |
| City: | | Court: | |
| Date Occurred: | | Offense: | |
| Action Taken: | | | |
| City: | | Court: | |

| | |
|---|--|
| TATTOOS/BODY MODIFICATIONS: | |
| If yes, size and location: | |
| FINANCIAL ISSUES: (Bankruptcy, Delinquent Account, etc.) | |
| If yes, explain: | |
| HOW DID YOU HEAR ABOUT US? | |

// END OF DOCUMENT //

PLEASE REVIEW AND SEND BACK PROMPTLY

Continuation Space

(Use this space if you need to elaborate on something further)