	APPLICATION	ON F	OR	API	POIN	NTM	IEN	T AS	R	ESER\	/E C	F	THE AI	R F	OR	CE	:			C	MB N	10. 0	701-0	096
APPOIN	OR USAF WITHOUT COMPON APPOINTMENT AS A RESERVE FEDERAL RECOGNITION AN											APPOINTMENT AS A USAF MEMBER												
I - I	R OF THE AIR FOR							SERVE	ME	MBER OF	THE	AIF	RFORCE					VITHOU						
PRINCIPAL P USAFR) or in a ROUTINE USE	10 U.S.C. 591, Res URPOSE: Provide the USAF without o E: May specifically E: Disclosure is vol	es nece compor v be dis	essar nent. sclose	ry infoi Use o ed out	rmatio of SSN side ti	on to I is n he D	dete eces oD a	s; Exec ermine ssary to as a rou	cutiv if ap o ma utine	ve Order 9 oplicant m ake positiv e use purs	0397 ( neets /e ide suant	SS qua ntif to 5	N), as ame alifications ication of a 5 U.S.C. 55	estal in app 2a(b)	blist plica	ant a					serve	(ANC	GUS a	nd
existing data s burden estima Headquarters -3100 (0701-0	ng burden for this concess, gathering te or any other aspectives, Executive (196). Respondent of information if	and ma pect of e Servi ts shou	ainta this ices l uld be	iining t collect Directo e awar	the da tion of orate, re tha	ata no f info Infor t not	estima eede ormat rmati withs	ated to ed, and tion, in ion Mai standin	ave l cor clud nage	erage 20 mpleting a ding suggi ement Diverselvent Diverse	minute and re estion vision, provisi	es vie s fo 48	wing the correducing Mark C	se, ir ollect g the enter	tion bur Dri	of in den, ve, E	formato De to De East T	ation. Separtme Fower, S	end on nt of Suite	Defer 02G09	ents rense, W Se, Alex	egard /ashir (andri	ing thi ngton a, VA	s 22350
which you are Once recorded	form in two copies. applying. Upon ter d, the HOR may no	minatio	n fro	om acti	ive du	ıty, tr	avel	entitle	men	nts are ba	y sep sed o	ara n th	ne informat	ion yo	ou e		in ite	m 6, "H	ome	of Red				
1. TO :																	2	. SPECI	ALIY	1				
3. FROM: (Las	t, First, Middle Initia	al)									4. \$	SSI	N				5	. DATE	OF B	F BIRTH (YYYYMMDD)				
	6. HOME OF RECORD(HOR) (Include ZIP Code and 4 digit) (If a postal box include your street address)  7. PLACE OF BIRTH (City, State, Country)																							
8. MAILING ADDRESS (If other than HOR, include ZIP Code and 4 digit) (If a postal box include your street address)  9. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY (Name, relationship, and address)								ship,																
10. MARITAL S		NGLE						ARY M	_				D TO CIVII				_	RATED		_	ORCE		WIE	OOWED
(Other than sp	11. FAMILY MEMBERS (Other than spouse, number completely dependent upon you)  12. U.S. CITIZEN  YES  NO (If yes, check appropriate item)  BIRTH  NATURALIZED  IF YOU ARE U.S. CITIZEN BY OWN NATURALIZATION, STATE THE DATE, NUMBER OF CERTIFICATE, AND COURT								-															
	AND I AM BEING												C . 12					/A.E.						= \
To fill an active force requirement and agree to remain on active duty for the period My geographic preference of I will be available to enter					od sp	I do Require at least 30 days notice to enter active duty.																		
assignment is	ent is:  active duty on:  If do not active duty.																							
INITIALS I fu																								
INITIALS I ha	have been briefed on my responsibility to participate in the Air Force Direct Deposit Program within 60 days of arrival at my first permanent duty station.																							
	ave been briefed o	n the c	onte	nts of	the a	pplic	ation	ı briefii	ng it	tem on se	parat	ion	policy											
14. EDUCATION TYPE OF SCHOOL NAME OF SCHOOL				DATES ATTENDED FROM (YMD) TO (YM			D) MAJOR SUBJECT				СТ			). YRS OMPL	GR Y	AD N		PE OF GREE						
SECONDARY AND OTHER																								
							—																	
COLLEGE, POST- GRADUATE,																								
INTERNSHIF	P,					+	—					+												
RESIDENCY FELLOWSHIF						+													+					
ETC.						+						-							+					
												$\dagger$												
MILITARY																								
15. OTHER SU	BJECTS SPECIALI	IZED IN	l (Inc	lude	certifi	icatio	on b	y Ame	rica	n Special	Ity Bo	arc	s and date	e of c	ert	ifica	tion)							

16. PHYSICIANS													
I DO			RE TRAINING IN A				-D.//OFO//	, ,	, , ,				
						T OF THE UNIFORMED SE ol (OTS), Health Professi							
DATES ATT		JOCI VO OIIIO	cr training crops	HIGHEST		RGANIZATION			ACTIVE DUTY				
FROM (YMD)		(D)		GRADE		pe and Service)	SF	PECIALTY	OR RESERVE				
(11112)	- (110				( )	,							
49 ADE VOLLCUE	DENTIN	/ A MEMBE	R OF ANY BRANCH	OF THE UNIE	DDMED SERVIC	ECO	10 WEDE	ALL DISCHA	DOES HONODARI ES				
	_					ES?		9. WERE ALL DISCHARGES HONORABLE?					
YES	NO	(If yes, pro	ovide branch of un	formed service	<del>(</del> )		Y	YES NO					
20. WERE YOU EV	/ER NOI	NSELECTED	FOR PROMOTION	TO AN OFFICE	ER GRADE IN A	NY BRANCH OF THE UNIT	FORMED SER	VICES?					
YES	NO	(If yes, pro	ovide branch of un	formed service	<del>:</del> )								
21 WERE YOU SE		FD OR ARE	YOU PENDING SE	PARATION FRO	OM ANY BRANC	CH OF THE UNIFORMED S	FRVICES FO	R CAUSE OR	WERE YOU				
						N ANY BRANCH OF THE I		•					
NONQUALIFIED,	NONSEL	ECT, OR D	EFERRAL PROMO	TION?									
		(15					- <b>f</b>	:f !: !- !- !	1				
YES					-	paration action, and date	•						
					•	JUSTMENT PAY, OR VOL			· ·				
	_	ENEFII(55)	B) PAY WHEN REL	EASED FROM A	ACTIVE DUTY O	R DISCHARGED FROM AN	NY UNIFORME	D SERVICE?					
YES	NO												
23. HAVE YOU PR	EVIOUS	LY MADE A	PPLICATION AND	BEEN REJECT	ED FOR COMM	ISSIONING BY ANY COM	PONENT OF T	HE UNIFORM	IED SERVICES?				
YES	NO	(If yes, ple	ase state when an	d where rejecte	ed, and cause)								
24 HAVE VOLLEY		, , ,				H OF THE ARMED SERVI	CES OB EEDE	DAL COVED	NMENTS IE SO DI EASE				
FYPI AIN -	_	_					CES OR FEDE	KAL GOVER	NIMENT? IF 30, PLEASE				
YE YE	S	NO (If a	additional space is	required, conti	inue in "REMAF	RKS")							
25. CHRONOLOG	ICAL ST	ATEMENT (	OF CIVILIAN EMPL	OYMENT, INCL	UDING PART-1	IME POSITIONS. (If addition	onal space is re	quired, continu	ue in "REMARKS" section)				
FROM (YMD)	TO (	YMD)	EMPLOYED BY (	Give name and	d address to inc	lude ZIP Code and 4 digit	) FULL	PART TIME	MONTHLY SALARY				
							TIME	(Hrs per we	eek)				
DOOLTION AND D	LITIEO						55400						
POSITION AND D	UTIES						REASO	N FOR TERM	IINATION				
FROM (YMD)	TO (	YMD)	EMPLOYED BY (	Give name and	address to inc	ude ZIP Code and 4 digit	) FULL	PART TIME	MONTHLY SALARY				
- ,	- 1		- (				TIME	(Hrs per we					
POSITION AND D	UTIES						REASO	N FOR TERM	IINATION				
FROM (YMD)	TO (	YMD)	EMPLOYED BY (	Give name and	d address to inc	lude ZIP Code and 4 digit	) FULL	PART TIME	MONTHLY SALARY				
( )		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,				TIME	(Hrs per we					
POSITION AND D	UTIES						REASO	N FOR TERM	IINATION				
00 1141/5 1/011 51	ED DEE	NI INIVOLVE	D ADDECTED IN	NOTED OF CO	NIVIOTED (INC.)	UDING DESTRUM DIVE	DC(OA)) FOR	ANIV VIOL AT	ION OF ONE				
						. <i>UDING PRETRIAL DIVE</i> E 15 OF THE UCMJ, OR M	-						
	-					st you regardless of final							
	NIO .	ii yes, piea				has been ordered sealed			ions where the				
YES	NO (	involver			y or the record	I	or expunged	by the court.	I				
YES	NO (	involven				B	0= 011:- 0-		00::				
	NO (		DATE YYMMDD)	PLACE	AGE	DISPOSITION	OF CHARGE		COURT				
YES	NO (		DATE		AGE	DISPOSITION	OF CHARGE		COURT				
YES	NO (		DATE		AGE	DISPOSITION	OF CHARGE		COURT				
YES	NO (		DATE		AGE	DISPOSITION	OF CHARGE		COURT				
YES	NO (		DATE		AGE	DISPOSITION	OF CHARGE		COURT				
YES	NO (		DATE		AGE	DISPOSITION	OF CHARGE		COURT				

YES NO	EN CONVICTED OF A DUI OR  (If yes, submit a statemen involvement has not been in	t in your own words	describing the d		• • •	
OFFENSE	DATE (YYYYMMDD)	PLACE	AGE	DISPOSITION C	OF CHARGE	COURT
	(TTTTMINIDD)					
	NTIOUS OBJECTOR? (A cons any form or to bearing of arms					
BY UNCONSTITUTIONAL	NVE YOU EVER BEEN AFFILIA MEANS, OR SYMPATHETICA (If yes, please describe.)					
GOVERNMENT OR UPON	ER UNFAVORABLE INCIDENT I YOUR ABILITY TO PERFORM (If yes, please describe.)					UNITED STATES
30. HEALTH CARE PRAC	TITIONERS AND JUDGE ADV	CATE APPLICANTS	SONLY			
A. LIST ALL STATE ( STATE IN WHICH LICENS	OR FEDERAL BAR LICENSES SED DATE LICENSED	1		1	DATE LICENSED	EVDIDATION DATE
STATE IN WHICH LICENS	DATE LICENSED	EXPIRATION D	JATE STATE	IN WHICH LICENSED	DATE LICENSED	EXPIRATION DATE
	T INITIAL EACH QUESTION ER HAD ANY OF THE ABOVE	STATE LICENSE	S) SHEDENDED	OD DEVOKEDS		
(1) TIAVE 100 EV		`	*	ain in "REMARKS.")		
(2) HAVE YOU EV	ER VOLUNTARILY SURREND			· · · · · · · · · · · · · · · · · · ·	LICENSES?	
	` ′ ′			ain in "REMARKS.")		
` '	ER HAD ANY MEDICAL CLAIM PEN CHARGES OF INAPPRO	PRIATE, UNETHIC	AL, UNPROFES	SIONAL, OR SUBSTAN	,	
	(Initials) YER HAD YOUR PROFESSION CENSING ORGANIZATION, O	AL PRIVILEGES WI	THDRAWN, DE			INSTITUTION OR
	(Initials) Y	ES NO (If y	es, please expl	ain in "REMARKS.")		
(5) ARE YOU BOA						
(6) ARE YOU BOA	<u>'</u>	ES NO (If r	no, please expla	in in "REMARKS.")		
(0) ARE 100 BOA		ES NO (If r	no, please expla	in in "REMARKS.")		
(7) HAVE YOU EV	ER TAKEN THE WRITTEN AN	D/OR ORAL PORTI	ON OF YOUR B	OARD OR BAR EXAMIN	ATION AND FAILED?	
	` ' ' <u> </u>			ain in "REMARKS.")		
(8) DO YOU PLAN	TO TAKE OR RETAKE YOUR			IN THE FUTURE?		
24 AEOOT SCORES (On	(Initials) Y  Iy AFTCOs or Unit Command		ves, when?	0)	please explain in "RE	EMARKS.")
· •	<u> </u>			<u> </u>	IVEDDAI	QUANTITATIVE
AFOQT FORM	DATE TESTED PILO	'	NAV TECH	AA	VERBAL	QUANTITATIVE
32. SECURITY CLEARAN	ICE (X as applicable)					
	G: DATE INITIATED (YYYYMMI	DD)	GRANTE	ED: TYPE:	DATE G	GRANTED
33. REMARKS (If addition	al space is needed, continue	on page 4. Be sure	to identify item	number.)		
	lse or incomplete information r dismissing or releasing me				grounds for not employ	ing or accessing with the
NAME (First, Full Middle,	Last Name) (Typed or Printed)		SIGNATURE (Fire	st, Full Middle, and Last	Name) D	PATE

	ADDITIONAL COMMENTS OR EXPLANATIONS
ITEM NO.	IDENTIFY THE ITEM NUMBER AND EXPLAIN IN THIS SPACE (If additional space is required, use full sheets of paper. Write your name and SSN on each sheet.)
	1. "I have read and understand HQ USAFRS FS (initial)
	2. Short Notice Orders
	"I have been briefed on and understand the following":
	a. Shipment of household goods is dependent upon receipt of my active duty orders and availability of a common carrier arranged through a local military Traffic Management Office (TMO) (initial)
	b. If I receive my active duty orders less than 30 days from entering active duty, I may not be able to ship household goods prior to my departure for training at Maxwell/Gunter Air Force Base, Alabama, or my permanent duty station. If this causes undue hardship, I understand that a change to my reporting date may be requested (initial)
	c. Should I need to return to my current residence to ship household goods or pickup Family Members, I will be responsible for any travel expenses above those associated with traveling from Maxwell/Gunter Air Force Base, Alabama, to my permanent duty station. Also, any additional time taken over authorized travel time will be charged as leave (initial)

AF FORM 24 CONTINUATION SHEET