



ELIGIBILITY WORKSHEET

The information herein is FOR OFFICIAL USE ONLY (FOUO) information which must be protected under the Freedom of Information Act (5 U.S.C 552) and/or the Privacy Act of 1974 (5 U.S.C. 552a). Unauthorized disclosure or misuse of this PERSONAL INFORMATION may result in disciplinary action, criminal and/or civil penalties.

How did you hear about the ANG? _____

Have you talked with another recruiter in the past year? Name/Branch: _____

Has anyone referred you? Name/Unit: _____

APPLICANT INFORMATION

Name (Last, First, Middle, Suffixes/Maiden): _____

SSAN #: _____ Gender: _____ DOB: _____ Present Age: _____ Adopted: _____

Home: _____ Work: _____ Cell: _____ Cell Phone Carrier: _____

Address (Street, City, County, State, Zip Code): _____

e-mail: _____

(NOTE: If you are under the age of 18, both parents will need to sign a consent form at the initial appointment.)

Place of Birth (City, County, State, Zip Code): _____

Citizenship: _____ Ethnicity: _____ Hispanic: _____

Hair Color: _____ Eye Color: _____ Religious Preference: _____

Height: _____ Weight: _____

DL#: _____ State of Issue: _____ Exp Date: _____

Selective Service # (Males only): _____ If not registered visit: <http://www.sss.gov/default.htm>

What are your main reasons for joining the Air National Guard?

Tattoos: _____ Piercings: _____

Gauges: _____ Body Modifications: _____

Notes/Description of tattoos, etc:

Body Part: _____ Image: _____

Body Part: _____ Image: _____

Body Part: _____ Image: _____

Body Part: _____ Image: _____

Body Part: _____ Image: _____

DEPENDENCY

- Marital Status: _____
- Spouse: _____
- How many times have you been married? _____
- Is there any court order or judgment in effect the direct you to provide or support for children?
- # Dependents (including spouse): _____
- Anyone else dependent upon you?

LAW VIOLATIONS

Have you ever been Charged, Arrested, Cited, Held, or Questioned by any law enforcement agency (including traffic violations)?

(Please use CaseNet for all Missouri Offenses: <https://www.courts.mo.gov/casenet/cases/searchCases.do?searchType=name>)

TICKET/ISSUE	DATE	COUNTY/COURT	FINAL DISPOSITION	FINE AMOUNT	OPENED/CLOSED

- Probation/Community Service: How long: _____ When did you complete it: _____
- Were there any conditions to the dismissed/dropped charges?
- Have you ever filed for bankruptcy, any delinquent accounts, or any accounts sent to collection agencies?
- If yes, please give a brief explanation: _____

A background investigation WILL be completed on all Guard members for security purposes. Please enter everything and we can discuss the situation. If you have drug involvement or law involvement, it does not automatically render you disqualified. Be Honest!

Please initial that you read this: _____

EDUCATION

Please list your educational background: (High School, College, GED & Home Schools)

SCHOOL NAME	START DATE	END DATE	CITY/STATE	DEGREE TYPE	MAJOR

- Peace Corps: Y/N
- Receive Eagle Scout Award: Y/N
- Jr/Sr ROTC: How long: _____ Receive letter of completion: Branch: _____
- Receive Gold Palm Award:
- Receive General Billy Mitchell Award:

PRIOR SERVICE

Have you ever served in any branch of the Armed Forces?

If so, please include information below. We will need copies of all DD214, DD Form 4's & Discharge Orders.

FROM (YYMMDD)	TO (YYMMDD)	BRANCH	COMPONENT (AD, Reserves, Guard)	GRADE	DISCHARGE TYPE	SOURCE DOC

If current military:

- Are you on a DLC or PT Waiver?
- What is the date of your last Physical Fitness Test? _____
- What is the score of that Fitness test? _____
- Have you ever been declined for PRP?
- Are you taking ANY medications for mental health?

- Have you ever been discharged from any branch of the Armed Forces of the US for reasons pertaining to being a conscientious objector?
 - Are you now or have you ever been a deserter from any branch of the Armed Forces?
 - Are you now drawing, or do you have an application pending, or approval for retired pay disability allowances, severance pay, or pension from any agency of the US Government?
- If yes, please explain: _____

PHYSICAL

- Have you ever taken a physical exam for any branch of the Armed Forces or are you now scheduled?
- If yes, when & where did you take the exam: _____
- What were the results of your physical profile: _____

ASVAB

(Skip if Prior Service)

- Have you ever taken or are you currently scheduled to take the ASVAB?
If yes, when & where did you test: _____
Score (If unsure, type "unsure"): _____
- If you have not taken the ASVAB in the last two years, please go to the following link and take the practice test. You may take the practice test as many times as you would like. Record your highest score. (This will be required prior to scheduling the actual ASVAB) <https://asvabpracticetestonline.com/>
SCORE: _____

DRUGS

- Have you ever used, possessed, sold or transported any illegal drugs including marijuana?
- What was the drug: _____ What did you do with the drug? _____
- Approx. how many times? _____ When was the last time? _____
- Any designer drugs (i.e. spice, ecstasy, K2, Molly, bath salts, crocodile, etc)?
If yes, what? _____
- Any current or past problems with prescription drug abuse: _____ If yes, when? _____
- Any hallucinogen, barbiturate, inhalant, depressant: _____ If yes, what? _____

AFSC QUALIFIERS

- Have you taken the following courses?

Computer:
Chemistry:
Physics:
Mathematics:

English:
Composition:
Biology:
Geometry:

Typing:
Trigonometry:
Algebra:

- Do you have or ever had...

- | | |
|---|---|
| • A fear of insects or Spiders? | • A history of confinement? |
| • A fear of blood? | • A history of claustrophobia? |
| • A fear of guns? | • A history of Temporomandibular Joint Disorder (TMJ), jaw locking or jaw pain? |
| • A fear of fire? | • A crime of domestic violence? |
| • A history of emotional instability? | |
| • A history of conviction for embezzlement? | |

Is there anything that would preclude you from performing military duties or participating in military activities whenever necessary?

Have you ever been rejected for enlistment, reenlistment or induction by any branch of the Armed Forces of the United States?

If yes, please explain: _____

MEDICAL HISTORY

1. Medications: any prescription or over the counter medication(s) taken regularly or as needed (*list each and explain on page 5.*)

2. Allergies: reaction to food(s), insect bites/stings, medication(s) or other substances (*list each and explain on page 5*)

Read each of the following questions and answer by checking "YES" or "NO". Every question must be answered. Every "YES" answer must be explained on page 5. 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
EYES/VISION:				UPPER EXTREMITIES: (Continued)			
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: (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)				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							

CUI (when filled in)

APPLICANT MEDICAL HISTORY COMMENTS

Explain all "YES" answers to questions above. Write the item number and provide details to include the following: description of the problem/condition, date of onset of the problem/condition, date of treatment, name of health care provider, clinic, center, hospital along with City and State. Comment on the current status of the problem/condition. Attach copies of all applicable medical records.

VACCINATIONS

As a member of the US Armed Forces, you are required to comply with conditions of employment. One condition of employment for Service Members in the Department of Defense (DoD) is, upon arrival at Initial Entry Training, receipt, if not already inoculated, of immunizations required by the Joint Regulation for Immunizations and Chemoprophylaxis for the Prevention of Infectious Diseases and current DoD directives. These vaccinations include but are not limited to Meningococcal, Measles/Mumps/Rubella, tetanus-diphtheria-pertussis, and varicella.

Do you understand?

ADDITIONAL COMMENTS