

**108TH COMMUNICATIONS SQUADRON  
DRILL STATUS GUARDSMAN  
POSITION VACANCY ANNOUNCEMENT  
COMMISSIONED & COMMISSIONING OPPORTUNITIES (17DX)**

<b>NEW JERSEY AIR NATIONAL GUARD</b>	<b>OPENING DATE:</b>	<b>CLOSING DATE:</b>	<b>POSITION VACANCY:</b>
108th Communications Squadron 108th WG, JBMDL, NJ	25 MAR 25	30 MAY 25	(1) DSG
<b>POSITION TITLE, GRADE, AFSC, FACILITY:</b>			
Warfighter Communications Operations Officer (17DX), 2d Lt - Maj			
<b>MINIMUM REQUIREMENTS FOR CONSIDERATION:</b>			
<p>The following criteria must be met as of closeout date of this announcement, (unless otherwise noted), to be considered:</p> <ul style="list-style-type: none"> <li>• Open to enlisted grades, and officer grades up to 0-4 (Major)</li> <li>• Ability to meet all specialty qualifications in the 17DX Classification Director (31 Oct 24)- Attached</li> <li>• Undergrad or graduate education related to Computer Science, Computer Engineering, of Information Technology is desired</li> <li>• Significant IT experience (civilian IT career coupled with multiple industry IT certifications will be considered)</li> <li>• Current military members: Meet or exceed AF fitness standards IAW AFI 36-2905 with a score of 75 or above</li> <li>• Possess or be able to obtain a TOP SECRET/ with Sensitive Compartmented Information (SCI) security clearance</li> </ul>			
<b>AREA OF CONSIDERATION:</b>			
All current members of the New Jersey Air National Guard and those eligible to join.			
<b>SUMMARY OF DUTIES AND RESPONSIBILITIES:</b>			
<p>Plans, designs, maintains, and operates information networks and cyberspace systems necessary for operations. Provides a broad range of cyber-related expertise key to successful warfighting operations in the air, space, and cyberspace domains, to include the electromagnetic spectrum. Facilitates architectural and technical solutions to operational requirements; vets potential solutions and advises commanders on associated risks and mitigation factors. Directs the extension, employment, reconfiguration, adaptation and creation of portions of cyberspace to assure mission success for commanders. This includes both deliberate and crisis action scenarios. Develops plans and policies, monitors operations, and advises commanders. Assists commanders and performs staff functions related to this specialty. Provides specific cyber-terrain-focused expertise to defensive cyberspace operators to enhance their ability to defend that terrain. Advocates for resources when existing resources are insufficient to prosecute assigned missions. Develops Primary, Alternate, Contingency, and Emergency (PACE) communications plans to support mission assurance. Manages operations with degraded capabilities while working to reestablish primary ones.</p>			
<b>INSTRUCTIONS TO APPLICANTS</b>			
<p><b>APPLICATION REQUIREMENTS:</b> Applicants will be scheduled for an interview once completed package has been received and reviewed. All packages will be considered for all vacancy announcements. Package must be <u>received</u> by the closing date. Please submit the following items into one consolidated single .pdf file (Do not use .pdf portfolio format, consider printing signed documents to .pdf prior to combining files) and <b>must</b> include the following:</p> <ol style="list-style-type: none"> <li>1. Resume- Professional Civilian or Military are Acceptable</li> <li>2. AF Form 24, Application for Appointment as Reserve of the Air Force or USAF</li> <li>3. For current military members: current Report on Individual Personnel (RIP) from vMPF, no older than 60 days</li> <li>4. College Transcripts: unofficial transcripts are acceptable for the application. Official transcripts will be required if selected.</li> <li>5. Relevant/Active Technical IT Certification(s)</li> <li>6. For current military members: Last Three Performance Reports (<i>applicant must be current on performance reports</i>)</li> <li>7. Three References with name, email address and phone number.</li> <li>8. Air Force Officer Qualification Test completed NLT 15 May 2025 (<i>Required only for Commissioning Opportunity</i>)</li> </ol>			
<p>Application packages must be submitted in <b>ONE</b> PDF, include <b>all</b> requirements, and be <b>received</b> by the closing date. Submit complete package to:</p> <p style="text-align: center;"><b>TSgt Robert Budhan:</b> <b>robert.budhan@us.af.mil</b></p> <p style="text-align: center;"><b>EQUAL OPPORTUNITY: This position will be filled without regard to race, color, religion, age, gender, or any other non-merit factor consideration. Selection and placement of applications will be in accordance with the New Jersey National Guard Placement &amp; Merit Promotion Plan.</b></p>			

AFSC 17D4\*, Staff  
 AFSC 17D3\*, Qualified  
 AFSC 17D1\*, Entry

## ★WARFIGHTER COMMUNICATIONS OPERATIONS

(Changed 31 Oct 24)

1. **Specialty Summary.** Operates, secures, configures, designs, maintains, sustains, and extends cyberspace infrastructure; provides and employs cyberspace capabilities; and leads Department of Defense information network (DODIN) operations missions to achieve Commander's objectives in or through cyberspace.

### 2. Duties and Responsibilities:

- 2.1. Plans, designs, maintains, and operates information networks and cyberspace systems necessary for operations.
- 2.2. Provides a broad range of cyber-related expertise key to successful warfighting operations in the air, space, and cyberspace domains, to include the electromagnetic spectrum
- 2.3. Facilitates architectural and technical solutions to operational requirements; vets potential solutions and advises commanders on associated risks and mitigation factors.
- 2.4. Directs the extension, employment, reconfiguration, adaptation and creation of portions of cyberspace to assure mission success for commanders. This includes both deliberate and crisis action scenarios.
- 2.5. Develops plans and policies, monitors operations, and advises commanders. Assists commanders and performs staff functions related to this specialty.
- 2.6. Provides specific cyber-terrain-focused expertise to defensive cyberspace operators to enhance their ability to defend that terrain.
- 2.7. Advocates for resources when existing resources are insufficient to prosecute assigned missions.
- 2.8. Develops Primary, Alternate, Contingency, and Emergency (PACE) communications plans to support mission assurance. Manages operations with degraded capabilities while working to reestablish primary ones.

### 3. Specialty Qualifications:

- 3.1. Knowledge. Mandatory knowledge includes information technology, wired and wireless telecommunications, computer networking, cloud architectures, electronics theory, information assurance, data links management, spectrum operations, vulnerability assessment techniques, operating system environments, scripting, operational and tactical planning, and supervisory control and data acquisition systems. Knowledge will include the military application of these technologies as well as industry best practices.
- 3.2. Education. Undergraduate or graduate education related to computer science, computer engineering, or information technology is desirable, but not required.
- 3.3. ★Training. The following training is mandatory as indicated:
  - 3.3.1. To earn the 17DXA AFSC, member must complete Undergraduate Cyberspace Warfare Training (UCWT). To earn the 17DXB AFSC, member must complete UCWT and Expeditionary Communications Training.
- 3.4. ★Experience.
  - 3.4.1. The 17D1X skill-level will be applied to all 17D officers who have not yet completed UCWT. 17D officers will be awarded the 17D3X skill level upon arrival at their first duty station after completion of UCWT. Members will maintain the 17D3X skill level as their Primary AFSC for the remainder of their career. The 17D4X skill level is only applied as a member's Duty AFSC based on position. Officers must be appointed to a staff position at the Air Staff, MAJCOM, Numbered Air Force (NAF), Field Operating Agency (FOA), Direct Reporting Unit (DRU), Joint Force Headquarters (JFHQ), National Guard Bureau (NGB) or Combatant Command (CCMD) to achieve the Staff Level 17D4X skill level Duty AFSC.
- 3.5. Other.
  - 3.5.1. For award and retention of this AFS, members must acquire and maintain a Top Secret clearance via Tier 5 investigation as outlined in DoDM 5200.02\_DAFMAN 16-1405, *Department of the Air Force Personnel Security Program*. NOTE: Award of the entry level AFSC (17D1X) without a completed Top Secret clearance is authorized provided an interim Top Secret clearance has been granted according to DoDM 5200.02\_DAFMAN 16-1405.
  - 3.5.2. Retention of these AFSCs may require favorable adjudication of counter-intelligence polygraph and/or favorable determination for access to sensitive compartmented information.
  - 3.5.3. Members may be required to obtain and maintain a Flying Class III physical to qualify for specific positions within this AFS.

### 4. ★\*Specialty Shredouts:

Suffix	Portion of AFS to Which Related
<b>A</b>	Network Operations
<b>B</b>	Expeditionary Communications Operations
<b>T</b>	Technical Track

**17D – Cyberspace Operations**

<i>Tier</i>	<i>Target Accession Rate</i>	<i>CIP</i>	<i>Education Program Description</i>	<i>Requirement</i>
1	70%	11.XXXX (Excluding 11.03XX and 11.06XX)	Computer and Information Sciences and Support Services	Mandatory
			Or	
		14.09XX	Computer Engineering	
			Or	
		14.1201	Engineering Physics/Applied Physics	
			Or	
		14.3501	Industrial Engineering	
			Or	
		14.4101	Electromechanical Engineering	
			Or	
		14.10XX	Electrical, Electronics and Communications	
			Or	
		15.0303	Electrical, Electronics and Communications Engineering Technology/Technician	
			Or	
		15.1202	Computer Technology/Computer Systems Technology	
			Or	
		29.0207	Cyber/Electronics Operations and Warfare	
			Or	
		30.08XX	Mathematics and Computer Science	
			Or	
		30.16XX	Accounting and Computer Science	
			Or	
		30.3001	Computational Science	
			Or	
		52.12XX	Management Information Systems	
			Or	
30.7001	Data Science			
	Or			
14.XXXX (Excluding 14.0102)	Engineering			
	Or			
27.0103, 27.0303, 27.0304	Mathematics			
2	20%	15.03XX, 15.04XX, 15.08XX, 15.12XX, 15.14XX	Engineering Technologies	Desired
			Or	
		27.XXXX	Mathematics and Statistics	
			Or	
		40.08XX	Physics	
			Or	
		14.37	Operations Research	
			Or	
		40.05XX	Chemistry	
Any	Any Degree			
3	10%			Permitted



# US Air Force/Space Force Pre-Qualification Worksheet



TODAY'S DATE		SSN		FIRST		MIDDLE		LAST			
ADDRESS					CITY		STATE		ZIP CODE		
CELL PHONE CARRIER (T-mobile, Verizon, etc.)				CELL PHONE ( )			E-MAIL ADDRESS				
AGE	DOB	HEIGHT	WEIGHT		HAIR color	EYE color	CITY/STATE OF BIRTH				
17 w/PARENTAL CONSENT		<input type="checkbox"/> 39 EAD PRIOR TO 40 <sup>th</sup> B-DAY		US Citizen? Y N		I-551 (Green Card)? Y N		2yr or 10yr			
Y N Have you ever been to MEPS for another military branch?											
RATE YOUR INTREST IN JOINING THE U.S. AIR FORCE						Y <input type="checkbox"/> N <input type="checkbox"/> Are you a Conscientious Objector?					
1	2	3	4	5	6	7	8	9	10	Y <input type="checkbox"/> N <input type="checkbox"/> Any Boy Scout/JROTC/Civil Air Patrol/Girl Scout Awards?	
EDUCATION											
<input type="checkbox"/> HS GRAD <input type="checkbox"/> HOME SCHOOL <input type="checkbox"/> NHSG <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> GED <input type="checkbox"/> COLLEGE: <input type="checkbox"/> 15+ Shrs <input type="checkbox"/> 20-44 Shrs <input type="checkbox"/> 45+ Shrs											
NAME OF HIGH SCHOOL			CITY		STATE	MM/YY GRAD		PRIOR SERVICE <input type="checkbox"/> YES <input type="checkbox"/> NO		BRANCH / YRS AD	
NAME OF COLLEGE			CITY		STATE	MM/YY GRAD		MAJOR		MINOR	
MARITAL / DEPENDENCY STATUS											
<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED (CIV) <input type="checkbox"/> MARRIED (MIL) <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED											
PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO		BIRTH CONTROL? <input type="checkbox"/> YES <input type="checkbox"/> NO			SPOUSE / GIRLFRIEND PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO			# OF CHILDREN # OF STEP-CHILDREN			
MEDICAL HISTORY											
Y <input type="checkbox"/> N <input type="checkbox"/> Asthma/Bronchitis			Y <input type="checkbox"/> N <input type="checkbox"/> Inhaler use			Y <input type="checkbox"/> N <input type="checkbox"/> Allergies Food/ Drug/Animal/Insect Bites					
Y <input type="checkbox"/> N <input type="checkbox"/> Glasses/Contacts			Y <input type="checkbox"/> N <input type="checkbox"/> Heart murmur			Y <input type="checkbox"/> N <input type="checkbox"/> Broken Bones/Dislocations/Fractures					
Y <input type="checkbox"/> N <input type="checkbox"/> Abnormal Papsmear			Y <input type="checkbox"/> N <input type="checkbox"/> Thyroid			Y <input type="checkbox"/> N <input type="checkbox"/> Do you have moderate/severe acne or scarring on back/chest/shoulder					
Y <input type="checkbox"/> N <input type="checkbox"/> Scars			Y <input type="checkbox"/> N <input type="checkbox"/> Braces (Teeth)			Y <input type="checkbox"/> N <input type="checkbox"/> Have you ever been on acne medication?					
Y <input type="checkbox"/> N <input type="checkbox"/> Moles or Cyst Removed			Y <input type="checkbox"/> N <input type="checkbox"/> Retained Hardware?			Y <input type="checkbox"/> N <input type="checkbox"/> Skin Disease/Rashes (eczema, psoriasis)					
Y <input type="checkbox"/> N <input type="checkbox"/> Tattoos #:			Y <input type="checkbox"/> N <input type="checkbox"/> ADHD/ADD			Y <input type="checkbox"/> N <input type="checkbox"/> Have you ever seen a counselor/psychiatrist for any reason/stress/anxiety					
Y <input type="checkbox"/> N <input type="checkbox"/> Piercings/body modifications						Y <input type="checkbox"/> N <input type="checkbox"/> Have you ever cut or harmed yourself?					
Y <input type="checkbox"/> N <input type="checkbox"/> Surgeries (include minor – appendix/wisdom teeth)						Y <input type="checkbox"/> N <input type="checkbox"/> Have you ever attempted Suicide?					
Y <input type="checkbox"/> N <input type="checkbox"/> Have you ever had an ingrown toenail?						Y <input type="checkbox"/> N <input type="checkbox"/> Hospitalized overnight?					
Y <input type="checkbox"/> N <input type="checkbox"/> Missing appendages (finger/toes/organs)						Y <input type="checkbox"/> N <input type="checkbox"/> Have you ever been to an Emergency Room/Urgent Care Center					
Y <input type="checkbox"/> N <input type="checkbox"/> Currently taking or have you ever taken any type of medication?						Y <input type="checkbox"/> N <input type="checkbox"/> Have you ever had a concussion or been unconscious/head injury?					
Y <input type="checkbox"/> N <input type="checkbox"/> Does anything physically prevent you from playing sports?						Y <input type="checkbox"/> N <input type="checkbox"/> Are you against any type of vaccines or immunizations?					
DRUG HISTORY											
Have you ever USED, POSSESSED, SOLD, OR TRANSPORTED any illegal drugs to include MARIJUANA, even if only on a one time/experimental basis? <input type="checkbox"/> YES <input type="checkbox"/> NO											
TYPE OF DRUG			TOTAL TIMES USED			EXACT DATE OF LAST USE					
1)											
2)											
3)											
LAW VIOLATIONS											
EVER CHARGED-ARRESTED-CITED-HELD-DETAINED by ANY law enforcement? <input type="checkbox"/> YES <input type="checkbox"/> NO											
Include MINOR TRAFFIC/JUVENILE VIOLATIONS even if DROPPED-DISMISSED-SEALED-EXPUNGED? <input type="checkbox"/> YES <input type="checkbox"/> NO											
Do you have any fines that have not been paid? (Traffic tickets!) Or are you currently on probation or performing mandatory community service? <input type="checkbox"/> YES <input type="checkbox"/> NO											
Have you ever had, or currently have, any association with an extremist group,hate organization, or gang? <input type="checkbox"/> YES <input type="checkbox"/> NO											
OFFENSE			DATE OCCURRED		FINAL DISPOSITION		DATE SATISFIED		Agency/Court		
1)											
2)											
3)											
CREDIT HISTORY											
<input type="checkbox"/> 60 DAYS LATE		<input type="checkbox"/> 90 DAYS LATE		<input type="checkbox"/> 120 DAYS LATE		<input type="checkbox"/> GREATER (# days )					
<input type="checkbox"/> UNPAID JUDGEMENTS		<input type="checkbox"/> COLLECTIONS		<input type="checkbox"/> CHARGE OFFS		<input type="checkbox"/> REPOSSESSIONS		<input type="checkbox"/> BANKRUPTCY			
ASVAB SCORES											
EST:	APT:	PICAT:		QT:	M:	A::	G:	E:			

**APPLICATION FOR APPOINTMENT AS RESERVE OF THE AIR FORCE  
OR USAF WITHOUT COMPONENT**

OMB NO. 0701-0096

<input type="checkbox"/> <b>APPOINTMENT AS A RESERVE MEMBER OF THE AIR FORCE</b>	<input type="checkbox"/> <b>FEDERAL RECOGNITION AND APPOINTMENT AS A RESERVE MEMBER OF THE AIR FORCE</b>	<input type="checkbox"/> <b>APPOINTMENT AS A USAF MEMBER WITHOUT COMPONENT</b>
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**PRIVACY ACT STATEMENT**

*AUTHORITY: 10 U.S.C. 591, Reserve Components Qualifications; Executive Order 9397 (SSN), as amended.  
PRINCIPAL PURPOSE: Provides necessary information to determine if applicant meets qualifications established for appointment as a Reserve (ANGUS and USAFR) or in the USAF without component. Use of SSN is necessary to make positive identification of an applicant and his or her records.  
ROUTINE USE: May specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3).  
DISCLOSURE: Disclosure is voluntary. If information is not provided, all further processing is terminated.*

**AGENCY DISCLOSURE STATEMENT**

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, East Tower, Suite 02G09, Alexandria, VA 22350-3100 (0701-0096). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**INSTRUCTIONS**

Complete this form in two copies. Use typewriter or print clearly in ink. Sign each copy separately. Check the type of appointment, under the form title, for which you are applying. Upon termination from active duty, travel entitlements are based on the information you enter in item 6, "Home of Record (HOR) ." Once recorded, the HOR may not be changed. If additional space is required, continue in item 33, "Remarks."

<b>1. TO :</b>		<b>2. SPECIALTY</b>	
<b>3. FROM:</b> (Last, First, Middle Initial)		<b>4. SSN</b>	<b>5. DATE OF BIRTH</b> (YYYYMMDD)
<b>6. HOME OF RECORD (HOR)</b> (Include ZIP Code and 4 digit) (If a postal box include your street address)		<b>7. PLACE OF BIRTH</b> (City, State, Country)	
<b>8. MAILING ADDRESS</b> (If other than HOR, include ZIP Code and 4 digit) (If a postal box include your street address)		<b>9. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY</b> (Name, relationship, and address)	

**10. MARITAL STATUS**     SINGLE     MARRIED TO MILITARY MEMBER     MARRIED TO CIVILIAN     SEPARATED     DIVORCED     WIDOWED

**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

**13. I UNDERSTAND I AM BEING CONSIDERED FOR APPOINTMENT:**

To fill an active force requirement and agree to remain on active duty for the period specified in pertinent instructions (AFIs 36-2008, 36-2011 and 36-2107).

My geographic preference of assignment is:		I will be available to enter active duty on:	<input type="checkbox"/> I do	Require at least 30 days notice to enter active duty.
			<input type="checkbox"/> I do not	

To fill an authorized position vacancy in the Ready Reserve.

INITIALS	<i>I further understand that if I have not previously incurred a military service obligation (MSO), that I will incur an MSO and I have been briefed on what my MSO will be.</i>
INITIALS	<i>I 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.</i>
INITIALS	<i>I have been briefed on the contents of the application briefing item on separation policy..</i>

14. EDUCATION								
TYPE OF SCHOOL	NAME OF SCHOOL	DATES ATTENDED		MAJOR SUBJECT	NO. YRS COMPL	GRAD		TYPE OF DEGREE
		FROM (YMD)	TO (YMD)			Y	N	
SECONDARY AND OTHER								
COLLEGE, POST-GRADUATE, INTERNSHIP, RESIDENCY, FELLOWSHIP, ETC.								
MILITARY								

**15. OTHER SUBJECTS SPECIALIZED IN** (Include certification by American Specialty Boards and date of certification)

<b>16. PHYSICIANS ONLY</b>					
<input type="checkbox"/> I DO <input type="checkbox"/> DO NOT DESIRE TRAINING IN AVIATION MEDICINE					
<b>17. CHRONOLOGICAL STATEMENT OF SERVICE AND TRAINING IN ANY COMPONENT OF THE UNIFORMED SERVICES</b> (Include service academies and preparatory schools, Reserve Officer Training Corps (ROTC), Officer Training School (OTS), Health Professions Scholarship (HPSP), etc.)					
DATES ATTENDED		HIGHEST GRADE	ORGANIZATION (Type and Service)	SPECIALTY	ACTIVE DUTY OR RESERVE
FROM (YMD)	TO (YMD)				
<b>18. ARE YOU CURRENTLY A MEMBER OF ANY BRANCH OF THE UNIFORMED SERVICES?</b>				<b>19. WERE ALL DISCHARGES HONORABLE?</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, provide branch of uniformed service)				<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>20. WERE YOU EVER NONSELECTED FOR PROMOTION TO AN OFFICER GRADE IN ANY BRANCH OF THE UNIFORMED SERVICES?</b>					
<input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, provide branch of uniformed service)					
<b>21. WERE YOU SEPARATED OR ARE YOU PENDING SEPARATION FROM ANY BRANCH OF THE UNIFORMED SERVICES FOR CAUSE, OR WERE YOU SEPARATED OR ARE YOU PENDING SEPARATION FROM COMMISSIONED STATUS IN ANY BRANCH OF THE UNIFORMED SERVICES DUE TO NONQUALIFIED, NONSELECT, OR DEFERRAL PROMOTION?</b>					
<input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, provide branch of uniformed service, reason for separation action, and date of separation, if applicable)					
<b>22. HAVE YOU EVER RECEIVED SEVERANCE PAY, OR SEPARATION PAY, OR READJUSTMENT PAY, OR VOLUNTARY SEPARATION INCENTIVE (VSI) OR SPECIAL SEPARATION BENEFIT (SSB) PAY WHEN RELEASED FROM ACTIVE DUTY OR DISCHARGED FROM ANY UNIFORMED SERVICE?</b>					
<input type="checkbox"/> YES <input type="checkbox"/> NO					
<b>23. HAVE YOU PREVIOUSLY MADE APPLICATION AND BEEN REJECTED FOR COMMISSIONING BY ANY COMPONENT OF THE UNIFORMED SERVICES?</b>					
<input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please state when and where rejected, and cause)					
<b>24. HAVE YOU EVER APPLIED FOR A COMMISSION OR POSITION WITH ANY BRANCH OF THE ARMED SERVICES OR FEDERAL GOVERNMENT? IF SO, PLEASE EXPLAIN.</b>					
<input type="checkbox"/> YES <input type="checkbox"/> NO (If additional space is required, continue in "REMARKS")					
<b>25. CHRONOLOGICAL STATEMENT OF CIVILIAN EMPLOYMENT, INCLUDING PART-TIME POSITIONS.</b> (If additional space is required, continue in "REMARKS" section)					
FROM (YMD)	TO (YMD)	EMPLOYED BY (Give name and address to include ZIP Code and 4 digit)	FULL TIME	PART TIME (Hrs per week)	MONTHLY SALARY
POSITION AND DUTIES			REASON FOR TERMINATION		
FROM (YMD)	TO (YMD)	EMPLOYED BY (Give name and address to include ZIP Code and 4 digit)	FULL TIME	PART TIME (Hrs per week)	MONTHLY SALARY
POSITION AND DUTIES			REASON FOR TERMINATION		
FROM (YMD)	TO (YMD)	EMPLOYED BY (Give name and address to include ZIP Code and 4 digit)	FULL TIME	PART TIME (Hrs per week)	MONTHLY SALARY
POSITION AND DUTIES			REASON FOR TERMINATION		
<b>26. HAVE YOU EVER BEEN INVOLVED, ARRESTED, INDICTED, OR CONVICTED (INCLUDING PRETRIAL DIVERSION) FOR ANY VIOLATION OF CIVIL OR MILITARY LAW, INCLUDING NONJUDICIAL PUNISHMENT PURSUANT TO ARTICLE 15 OF THE UCMJ, OR MINOR TRAFFIC VIOLATIONS?</b>					
<input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please explain below. List all offenses charged against you regardless of final disposition, including situations where the involvement has not been recorded locally or the record has been ordered sealed or expunged by the court.)					
OFFENSE	DATE (YYYYMMDD)	PLACE	AGE	DISPOSITION OF CHARGE	COURT

**26a. HAVE YOU EVER BEEN CONVICTED OF A DUI OR ALCOHOL RELATED OFFENSE?**

YES  NO (If yes, submit a statement in your own words describing the circumstances, and a copy of the police report. Involvement has not been recorded locally or the record has been ordered sealed or expunged by the court.)

OFFENSE	DATE (YYYYMMDD)	PLACE	AGE	DISPOSITION OF CHARGE	COURT

**27. ARE YOU A CONSCIENTIOUS OBJECTOR?** (A conscientious objector is defined as: One who has or has a firm, fixed, and sincere objection to participation in war in any form or to bearing of arms because of religious training or belief, which includes solely moral or ethical beliefs.)

YES  NO

**28. ARE YOU NOW OR HAVE YOU EVER BEEN AFFILIATED WITH ANY ORGANIZATION OR MOVEMENT THAT SEEKS TO ALTER OUR FORM OF GOVERNMENT BY UNCONSTITUTIONAL MEANS, OR SYMPATHETICALLY ASSOCIATED WITH ANY SUCH ORGANIZATION, MOVEMENT, OR MEMBERS THEREOF?**

YES  NO (If yes, please describe.)

**29. ARE THERE ANY OTHER UNFAVORABLE INCIDENTS IN YOUR LIFE WHICH YOU BELIEVE MAY REFLECT UPON YOUR LOYALTY TO THE UNITED STATES GOVERNMENT OR UPON YOUR ABILITY TO PERFORM THE DUTIES WHICH YOU MAY BE CALLED UPON TO UNDERTAKE?**

YES  NO (If yes, please describe.)

**30. HEALTH CARE PRACTITIONERS AND JUDGE ADVOCATE APPLICANTS ONLY**

A. LIST ALL STATE OR FEDERAL BAR LICENSES HELD CURRENTLY OR AT ANY TIME IN THE PAST

STATE IN WHICH LICENSED	DATE LICENSED	EXPIRATION DATE	STATE IN WHICH LICENSED	DATE LICENSED	EXPIRATION DATE

B. APPLICANT MUST INITIAL EACH QUESTION

(1) HAVE YOU EVER HAD ANY OF THE ABOVE STATE LICENSE (S) SUSPENDED OR REVOKED?

(Initials)  YES  NO (If yes, please explain in "REMARKS.")

(2) HAVE YOU EVER VOLUNTARILY SURRENDERED OR FAILED TO RENEW ANY OF THE ABOVE STATE LICENSES?

(Initials)  YES  NO (If yes, please explain in "REMARKS.")

(3) HAVE YOU EVER HAD ANY MEDICAL CLAIMS, SETTLEMENTS, JUDICIAL, OR ADMINISTRATIVE ADJUDICATION, OR GRIEVANCES, OR ANY OTHER RESOLVED OR OPEN CHARGES OF INAPPROPRIATE, UNETHICAL, UNPROFESSIONAL, OR SUBSTANDARD MEDICAL CARE OR LEGAL MALPRACTICE?

(Initials)  YES  NO (If yes, please explain in "REMARKS.")

(4) HAVE YOU EVER HAD YOUR PROFESSIONAL PRIVILEGES WITHDRAWN, DENIED, OR RESTRICTED BY ANY HEALTH CARE INSTITUTION OR STATE BAR LICENSING ORGANIZATION, OR HAVE YOU EVER VOLUNTARILY SURRENDERED YOUR PRIVILEGES?

(Initials)  YES  NO (If yes, please explain in "REMARKS.")

(5) ARE YOU BOARD CERTIFIED?

(Initials)  YES  NO (If no, please explain in "REMARKS.")

(6) ARE YOU BOARD ELIGIBLE?

(Initials)  YES  NO (If no, please explain in "REMARKS.")

(7) HAVE YOU EVER TAKEN THE WRITTEN AND/OR ORAL PORTION OF YOUR BOARD OR BAR EXAMINATION AND FAILED?

(Initials)  YES  NO (If yes, please explain in "REMARKS.")

(8) DO YOU PLAN TO TAKE OR RETAKE YOUR BOARDS OR BAR EXAMINATION IN THE FUTURE?

(Initials)  YES  NO (If yes, when? please explain in "REMARKS.")

**31. AFOQT SCORES (Only AFTCOs or Unit Commanders are authorized to enter scores)**

AFOQT FORM	DATE TESTED	PILOT	NAV TECH	AA	VERBAL	QUANTITATIVE

**32. SECURITY CLEARANCE (X as applicable)**

NONE  PENDING: DATE INITIATED (YYYYMMDD)  GRANTED: TYPE: DATE GRANTED

**33. REMARKS (If additional space is needed, continue on page 4. Be sure to identify item number.)**

I understand that any false or incomplete information knowingly provided on or with this application may be grounds for not employing or accessing with the Air Force, or grounds for dismissing or releasing me from active duty if already employed or serving.

<b>NAME</b> (First, Full Middle, Last Name) (Typed or Printed)	<b>SIGNATURE</b> (First, Full Middle, and Last Name)	<b>DATE</b>
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**AF FORM 24 CONTINUATION SHEET**