

**108th SECURITY FORCES SQUADRON
DRILL STATUS GUARDSMAN
POSITION VACANCY ANNOUNCEMENT
COMMISSIONED & COMMISSIONING OPPORTUNITIES (31PX)**

NEW JERSEY AIR NATIONAL GUARD	OPENING DATE:	CLOSING DATE:	POSITION VACANCY:
108th Security Forces Squadron 108th WG, JBMDL, NJ	25 MAR 25	30 MAY 25	(2) DSG

POSITION TITLE, GRADE, AFSC, FACILITY:
Security Forces Officer (31PX), Max Grade: 2d Lt

MINIMUM REQUIREMENTS FOR CONSIDERATION:
The following criteria must be met as of closeout date of this announcement, (unless otherwise noted), to be considered:

- Open to enlisted grades, and officer grades up to 0-1 (2Lt)
- Ability to meet all specialty qualifications in the 31PX Classification Directory (31 Oct 24) - Attached
- Enlisted candidates must be eligible to commission with completed Bachelor Degree and AFOQT
- Current military members: Meet or exceed AF fitness standards IAW AFI 36-2905 with a score of 75 or above
- Possess or be able to obtain a SECRET Security Clearance
- 31PX Career Field is eligible for Direct Commissioning and Constructive Service Credit Program

AREA OF CONSIDERATION:
All current members of the New Jersey Air National Guard and those eligible to join.

SUMMARY OF DUTIES AND RESPONSIBILITIES:
Leads, manages, and directs SF personnel. Protects nuclear and conventional weapons systems and other resources. Plans, leads, and directs SF deployments. Directs integrated defense functions including control and security of terrain inside and immediately adjacent to military installations, and defense of personnel, equipment and resources. Leads and directs individual and team patrol movements, tactical drills, battle procedures, convoys, military operations other than war, antiterrorism duties, and other special duties. Directs employment and operation of communications equipment, vehicles, intrusion detection equipment, crew served weapons, and other special purpose equipment. Leads and organizes SF operations. Enforces standards of conduct, discipline, and adherence to laws and directives. Oversees police services, security, military working dog, combat arms, and confinement operations. Carries out SF incident command function. Oversees and evaluates unit performance. Manages the Integrated Defense Risk Management Process (IDRMP). Develops SF plans, policies, procedures, and instructions. Assesses installation or deployed location vulnerabilities. Establishes programs, plans, and policies to protect Air Force combat capabilities. Formulates standards and policies to implement DoD, Air Force, and higher headquarters programs and policies. Programs and budgets actions for initial acquisition, modification, and replacement of SF facilities, vehicles, equipment, and other resources. Develops and manages force protection and antiterrorism programs and training. Complies with all AF Incident Management System (AFIMS) requirements. Leads and manages SF activities. Serves on boards and planning groups involving security, force protection, police services, and antiterrorism matters. Coordinates SF functions and matters with other unit, military services, and civilian agencies. Monitors and directs programs to ensure cost effective mix of security forces personnel and equipment. Initiates and monitors research and development programs to assist in design and acquisition of equipment.

INSTRUCTIONS TO APPLICANTS

APPLICATION REQUIREMENTS: 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 received 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 **must** include the following:

1. Resume- Professional Civilian or Military are Acceptable
2. AF Form 24, Application for Appointment as Reserve of the Air Force or USAF
3. For current military members: current Report on Individual Personnel (RIP) from vMPF, no older than 60 days
4. College Transcripts: unofficial transcripts are acceptable for the application. Official transcripts will be required if selected.
5. For current military members: Last Three Performance Reports (*applicant must be current on performance reports*)
6. Three References with name, email address and phone number.
7. Air Force Officer Qualification Test completed NLT 15 May 2025 (*Required only for Commissioning Opportunity*). Coordinate with your respective Wing Force Development Office (FDO) for scheduling details.
8. Letter of Recommendation (two maximum)

Application packages must be submitted in **ONE** PDF and include **all** requirements and be **received** by the closing date.
Submit complete package to:

TSgt Robert Budhan
robert.budhan@us.af.mil

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 & Merit Promotion Plan.

AFSC 31P4, Staff
 AFSC 31P3, Qualified
 AFSC 31P1, Entry

SECURITY FORCES

(Changed 30 Apr 24)

1. **Specialty Summary.** Leads, manages, and directs security forces (SF) activities. Included are installation, weapon system, and resource security; antiterrorism; force protection; law and order, investigations; installation access control; military working dog functions; integrated defense; armament and equipment; training pass and registration; and combat arms. SF duties may require use of deadly force. Related DoD Occupational Group: 270800.

2. Duties and Responsibilities:

- 2.1. Leads, manages, and directs SF personnel. Protects nuclear and conventional weapons systems and other resources. Plans, leads, and directs SF deployments. Directs integrated defense functions including control and security of terrain inside and immediately adjacent to military installations, and defense of personnel, equipment and resources. Leads and directs individual and team patrol movements, tactical drills, battle procedures, convoys, military operations other than war, antiterrorism duties, and other special duties. Directs employment and operation of communications equipment, vehicles, intrusion detection equipment, crew served weapons, and other special purpose equipment.
- 2.2. Leads and organizes SF operations. Enforces standards of conduct, discipline, and adherence to laws and directives. Oversees police services, security, military working dog, combat arms, and confinement operations. Carries out SF incident command function. Oversees and evaluates unit performance. Manages the Integrated Defense Risk Management Process (IDRMP).
- 2.3. Develops SF plans, policies, procedures, and instructions. Assesses installation or deployed location vulnerabilities. Establishes programs, plans, and policies to protect Air Force combat capabilities. Formulates standards and policies to implement DoD, Air Force, and higher headquarters programs and policies. Programs and budgets actions for initial acquisition, modification, and replacement of SF facilities, vehicles, equipment, and other resources. Develops and manages force protection and antiterrorism programs and training. Complies with all AF Incident Management System (AFIMS) requirements.
- 2.4. Leads and manages SF activities. Serves on boards and planning groups involving security, force protection, police services, and antiterrorism matters. Coordinates SF functions and matters with other unit, military services, and civilian agencies. Monitors and directs programs to ensure cost effective mix of security forces personnel and equipment. Initiates and monitors research and development programs to assist in design and acquisition of equipment.

3. Specialty Qualifications:

- 3.1. **Knowledge.** Knowledge is mandatory of: Air Force SF programs and management functions, such as installation security measures; security concepts for nuclear and conventional weapon systems and resources; integrated defense, vulnerability assessment and mitigation; police services including law enforcement, traffic management, confrontation management, investigations, and military working dog utilization; programming and budgeting procedures; information security concepts; principles of deployment, operational capabilities, limitations, and vulnerabilities; basic security equipment capabilities; combat arms training and maintenance; employment and operator maintenance of assigned weapons, and IDRMP.
- 3.2. **Education.** For entry education requirements see [Appendix A, 31P CIP Education Matrix](#).
- 3.3. **Training.** For award of AFSC 31P3, completion of the Basic Officer Course is mandatory. Process waivers to this requirement IAW AFMAN 36-2100.
- 3.4. **Experience.** For award of AFSC 31P3, a minimum of 24 months of experience is mandatory in an SF officer billet.
- 3.5. **Other.**
 - 3.5.1. For entry and award into this specialty, accessions must be screened for eligibility and meet the following requirements:
 - 3.5.1.1. Normal color vision, as defined by getting a 75 or better on the Cone Contrast Test (CCT), or, correctly identifying at least 12 of 14 Ishihara Plates (PIP). (CCT should be primary testing choice, but PIP is acceptable if CCT is not available at testing site.) Waivers may be approved on a case-by-case basis by the Career Field Manager.
 - 3.5.1.2. No history of excessive alcohol use or been arrested in the past two years for two or more alcohol related incidents regardless of disposition, except when found not guilty.
 - 3.5.1.3. Must not have used a substance (sniffing/huffing) to obtain an altered conscious state from aerosol spray, lighter fluid, petro chemical, adhesives, Freon, or any other chemical for a purpose not intended for use.
 - 3.5.1.4. No more than one active wage garnishment for delinquency.
 - 3.5.1.5. No more than two delinquent charge off/collection (\geq 30 days) payments within last two years.
 - 3.5.1.6. Within three years prior to entry into military service, must not have been terminated from civilian employment more than twice for reasons of misconduct, theft, or alcohol use.
 - 3.5.1.7. No record of sleep disorders to include, but not limited to, sleep apnea, insomnia, hypersomnia, narcolepsy, or restless leg syndrome.
 - 3.5.1.8. No current diagnosis of Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder or perceptual or learning disorder(s), with no use of medication(s) to treat same in the last 12 months.
 - 3.5.1.9. No history of any of the Bipolar and Related Disorders, Depressive Disorders, or Anxiety Disorders.
 - 3.5.1.10. Must not have a record of Self-Directed Violence or Self-Directed Violence-Preparatory or suicide attempts. If there is a record of self-directed violence, self-directed violence-preparatory, or suicide attempts (as defined by the *VA/DoD Clinical Practice Guideline*

for *Assessment and Management of Patients at Risks for Suicide* and the Under Secretary of Defense's (USD) Memorandum on *Standardization of Common Suicide-Related Definitions*), the accession authority's final determination on entry/award will be informed by the opinion of a qualified Mental Health (MH) Professional.

3.5.2. For entry, award and retention of this AFSC, the following are mandatory:

- 3.5.2.1. No recorded evidence of personality disorder that negatively affects duty performance.
- 3.5.2.2. Must not have a sustained or untreatable emotional instability to include depression or suicidal ideations.
- 3.5.2.3. Distance visual acuity correctable to 20/20 in one eye and 20/30 in the other.
- 3.5.2.4. Qualification for arming, suitability to arm, or suitability under the Personnel Reliability Assurance Program IAW AFI 31-117, *Arming and Use of Force* by Air Force Personnel.
- 3.5.2.5. Never been convicted by a general, special, or summary courts-martial.
- 3.5.2.6. Never received non-judicial punishment under the UCMJ for offenses involving substantiated drug abuse as defined in AFI 44-121, *Alcohol and Drug Abuse Prevention and Treatment* (ADAPT) Program.
- 3.5.2.7. Never been diagnosed with a severe substance use disorder by a certified medical provider. For the purpose of retention standards as part of this classification directory, alcohol related disorders are defined separately from other substance use disorders.
- 3.5.2.8. Never received non-judicial punishment for acts of larceny, wrongful appropriation, robbery, burglary, unlawful entry, housebreaking, misconduct in combat as defined in UCMJ articles 99-106, or any act that harms or has the potential to harm the physical safety or well - being of animals to include Military Working Dogs.
- 3.5.2.9. Never have been convicted by a civilian court of a Category 1 or 2 offense. Conviction of Category 3 offenses are not acceptable for entry into the AFSC. After award of the AFSC, conviction of Category 3 offenses are grounds for withdrawal of the AFSC if deemed appropriate by the commander. Category 4 traffic offenses alone are not disqualifying. Offenses are described and listed in AFI 36-2002, *Regular Air Force and Special Category Accessions*, Uniform Guide List of Typical Offenses.
- 3.5.2.10. No speech disorder or noticeable communication deficiency as defined in AFI 48-123.
- 3.5.2.11. Must possess a valid state driver's license to operate government motor vehicles IAW AFI 24-301, *Vehicle Operations*.
- 3.5.2.12. No diagnosed fear of heights or confined spaces.
- 3.5.2.13. No documented record of gang affiliation.
- 3.5.2.14. No fear working around nuclear weapons or components, nor have an identifiable negative opinion of the role of nuclear weapons in our nation's strategic deterrent mission.
- 3.5.2.15. Must not have used/distributed/manufactured illicit narcotics as defined in schedule I/II, used a drug that can cause a flashback, or been arrested for narcotics in schedules I through V as listed in 21 USC §812. Exclude use of marijuana, hashish, or other cannabis-based products for entry unless that use resulted in the documentation of a use disorder by a credentialed medical provider.
- 3.5.2.16. Never failed (or failed to participate in) prescribed rehabilitation program or treatment regimen after being diagnosed by a certified medical provider with an alcohol use disorder.
- 3.5.3. For award and retention of these AFSCs, must maintain local network access IAW AFI 17-130, *Cybersecurity Program* Management and AFMAN 17-1301, *Computer Security*.
- 3.5.4. Specialty requires routine access to Tier 3 (T3) information, systems or similar classified environments. For award and retention of AFSCs 31PX, completion of a current T3 Investigation IAW DoDM 5200.02_AFMAN 16-1405, *Air Force Personnel Security Program*.



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 th B-DAY US Citizen? Y <input type="checkbox"/> N <input type="checkbox"/> I-551 (Green Card)? Y <input type="checkbox"/> N 2yr or 10yr									
Y <input type="checkbox"/> N <input type="checkbox"/> 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"/> APPOINTMENT AS A RESERVE MEMBER OF THE AIR FORCE		<input type="checkbox"/> FEDERAL RECOGNITION AND APPOINTMENT AS A RESERVE MEMBER OF THE AIR FORCE		<input type="checkbox"/> APPOINTMENT AS A USAF MEMBER WITHOUT COMPONENT				
<p style="text-align: center;">PRIVACY ACT STATEMENT</p> <p><i>AUTHORITY: 10 U.S.C. 591, Reserve Components Qualifications; Executive Order 9397 (SSN), as amended.</i></p> <p><i>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.</i></p> <p><i>ROUTINE USE: May specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3).</i></p> <p><i>DISCLOSURE: Disclosure is voluntary. If information is not provided, all further processing is terminated.</i></p>								
<p style="text-align: center;">AGENCY DISCLOSURE STATEMENT</p> <p>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.</p>								
<p style="text-align: center;">INSTRUCTIONS</p> <p>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."</p>								
1. TO :				2. SPECIALTY				
3. FROM: (Last, First, Middle Initial)			4. SSN		5. DATE OF 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)				
10. MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED TO MILITARY MEMBER <input type="checkbox"/> MARRIED TO CIVILIAN <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED								
11. FAMILY MEMBERS (Other than spouse, number completely dependent upon you)		12. U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, check appropriate item) <input type="checkbox"/> BIRTH <input type="checkbox"/> 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:								
<input type="checkbox"/> 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 <input type="checkbox"/> I do not		Require at least 30 days notice to enter active duty.		
<input type="checkbox"/> To fill an authorized position vacancy in the Ready Reserve.								
INITIALS		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.						
INITIALS		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.						
INITIALS		I have been briefed on the contents of the application briefing item on separation policy..						
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)								

16. PHYSICIANS ONLY					
<input type="checkbox"/> I DO <input type="checkbox"/> DO NOT DESIRE TRAINING IN AVIATION MEDICINE					
17. CHRONOLOGICAL STATEMENT OF SERVICE AND TRAINING IN ANY COMPONENT OF THE UNIFORMED SERVICES <i>(Include service academies and preparatory schools, Reserve Officer Training Corps (ROTC), Officer Training School (OTS), Health Professions Scholarship (HPSP), etc.)</i>					
DATES ATTENDED		HIGHEST GRADE	ORGANIZATION <i>(Type and Service)</i>	SPECIALTY	ACTIVE DUTY OR RESERVE
FROM (YMD) TO (YMD)					
18. ARE YOU CURRENTLY A MEMBER OF ANY BRANCH OF THE UNIFORMED SERVICES?			19. WERE ALL DISCHARGES HONORABLE?		
<input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If yes, provide branch of uniformed service)</i>			<input type="checkbox"/> YES <input type="checkbox"/> NO		
20. WERE YOU EVER NONSELECTED FOR PROMOTION TO AN OFFICER GRADE IN ANY BRANCH OF THE UNIFORMED SERVICES?					
<input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If yes, provide branch of uniformed service)</i>					
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?					
<input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If yes, provide branch of uniformed service, reason for separation action, and date of separation, if applicable)</i>					
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?					
<input type="checkbox"/> YES <input type="checkbox"/> NO					
23. HAVE YOU PREVIOUSLY MADE APPLICATION AND BEEN REJECTED FOR COMMISSIONING BY ANY COMPONENT OF THE UNIFORMED SERVICES?					
<input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If yes, please state when and where rejected, and cause)</i>					
24. HAVE YOU EVER APPLIED FOR A COMMISSION OR POSITION WITH ANY BRANCH OF THE ARMED SERVICES OR FEDERAL GOVERNMENT? IF SO, PLEASE EXPLAIN.					
<input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If additional space is required, continue in "REMARKS")</i>					
25. CHRONOLOGICAL STATEMENT OF CIVILIAN EMPLOYMENT, INCLUDING PART-TIME POSITIONS. <i>(If additional space is required, continue in "REMARKS" section)</i>					
FROM (YMD)	TO (YMD)	EMPLOYED BY <i>(Give name and address to include ZIP Code and 4 digit)</i>	FULL TIME	PART TIME <i>(Hrs per week)</i>	MONTHLY SALARY
POSITION AND DUTIES			REASON FOR TERMINATION		
FROM (YMD)	TO (YMD)	EMPLOYED BY <i>(Give name and address to include ZIP Code and 4 digit)</i>	FULL TIME	PART TIME <i>(Hrs per week)</i>	MONTHLY SALARY
POSITION AND DUTIES			REASON FOR TERMINATION		
FROM (YMD)	TO (YMD)	EMPLOYED BY <i>(Give name and address to include ZIP Code and 4 digit)</i>	FULL TIME	PART TIME <i>(Hrs per week)</i>	MONTHLY SALARY
POSITION AND DUTIES			REASON FOR TERMINATION		
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?					
<input type="checkbox"/> YES <input type="checkbox"/> NO <i>(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.)</i>					
OFFENSE	DATE <i>(YYYYMMDD)</i>	PLACE	AGE	DISPOSITION OF CHARGE	COURT

AF FORM 24 CONTINUATION SHEET