

**108TH FORCE SUPPORT SQUADRON
DRILL STATUS GUARDSMAN
POSITION VACANCY ANNOUNCEMENT
COMMISSIONED & COMMISSIONING OPPORTUNITIES (38FX)**

NEW JERSEY AIR NATIONAL GUARD	OPENING DATE:	CLOSING DATE:	POSITION VACANCY:
108th Force Support Sq 108th WG, JBMDL, NJ	25 MAR 25	30 MAY 25	(2) DSG
POSITION TITLE, GRADE, AFSC, FACILITY:			
Force Support Officer (38FX), 2d Lt - Maj			
MINIMUM REQUIREMENTS FOR CONSIDERATION:			
<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"> • Open to enlisted grades, and officer grades up to O-4 (Major) • Ability to meet all specialty qualifications in the 38FX Classification Director (31 Oct 24)- Attached • Mandatory Undergrad or Graduate degree in permitted majors as listed in Appendix A, 64P CIP Education Matrix • 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 			
AREA OF CONSIDERATION:			
All current members of the New Jersey Air National Guard and those eligible to join.			
SUMMARY OF DUTIES AND RESPONSIBILITIES:			
<p>Define, develop, shape, sustain, and deliver mission-ready Airmen across the Total Force.</p> <p>Responsibilities include:</p> <ul style="list-style-type: none"> *Defining Air Force Manpower and Organization Requirements *Managing Human Resources *Managing and providing Education and Training Requirements *Regenerating Airmen *Developing Human Capital Strategies *Applying Laws and Policies *Compensating Airmen *Providing Force Readiness and Quality of Service Programs *Serves as senior staff advisor to commanders 			
INSTRUCTIONS TO APPLICANTS			
<p>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 <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 must include the following:</p> <ol style="list-style-type: none"> 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 (<i>applicant must be current on performance reports</i>) 6. Three References with name, email address and phone number. 7. Air Force Officer Qualification Test completed NLT 15 May 2025 (<i>Required only for Commissioning Opportunity</i>) Coordinate with your respective Wing Force Development Office (FDO) for scheduling details. 			
<p>Application packages must be submitted in ONE PDF, include all requirements, and be received by the closing date. Submit complete package to:</p> <p style="text-align: center;">TSgt Robert Budhan: robert.budhan@us.af.mil</p> <p style="text-align: center;">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.</p>			

AFSC 38F4, Staff
AFSC 38F3, Qualified
AFSC 38F1, Entry

FORCE SUPPORT
(Changed 30 Apr 23)

1. Specialty Summary. Define, develop, shape, sustain, and deliver mission-ready Airmen across the Total Force. Responsibilities include defining Air Force Manpower and Organization Requirements, managing Human Resources, managing and providing Education and Training Requirements, regenerating Airmen, feeding Airmen, developing Human Capital Strategies, applying Laws and Policies, compensating Airmen, providing Force Readiness and Quality of Service Programs, and serves as senior staff advisor to commanders. Related DoD Occupational Group: 150000, 156000, 157000, 270200, 270300, 271400, 280500.

2. Duties and Responsibilities:

- 2.1. Formulate personnel plans and programs and develop policy to guide their implementation and execution. Translates program policy into directives, publications, and training manuals.
- 2.2. Participate in total force adaptive planning and execution in support of combatant commanders from peacetime through mobilization, contingency operations and demobilization. Access manpower, personnel, and equipment availability for UTC posturing and management.
- 2.3. Develop, control, program and allocate manpower resources in support of the Air Force planning, programming, budgeting and execution process. Analyze and determine force composition.
- 2.4. Determine Total Force manpower requirements across the spectrum of Air Force capabilities. Employ industrial and management engineering methodologies to develop manpower determinants and standards. Manage allocation of military and civilian resources through execution and management of the UMD. Conduct management advisory studies.
- 2.5. Develop, test, evaluate, and maintain Air Force recognized organization structure. Analyze and process organization change actions to activate, inactivate, redesignate, and reorganize unit structures.
- 2.6. Administer Air Force performance management and productivity programs. Assess and document organizational performance. Advise on process improvement, best practices and recognizes optimal performance.
- 2.7. Oversee and conduct strategic sourcing studies.
- 2.8. Develop and execute the full spectrum of total force personnel programs to accomplish accession planning and processing, classification and utilization, promotion, recognition, evaluation, reenlistment, assignment action, retraining, retirement, disciplinary, force development and force shaping programs.
- 2.9. Establish Air Force education and training policy requirements. Manage programs to include developmental education, voluntary education, advanced academic education, promotion testing, and libraries.
- 2.10. Leads and supervises contingency training and operations with an emphasis on specific capabilities and processes focused on expeditionary organizations and command relationships, feeding operations, lodgment of forces, mortuary affairs, casualty reporting, force accountability, fitness, recreation, learning resource centers, and NAF resale operations for both peace and wartime operations.
- 2.11. Develop and administer fitness programs designed to keep the Total Force fit and regenerate Airman and families.
- 2.12. Develop recreational programs to include sports management, tournaments, and special entertainment designed to regenerate the Total Force.
- 2.13. Lead Quality of Service programs and business operations. Establish and maintain sound appropriated and nonappropriated fund financial and corporate standards with internal controls. Establish short- and long-range plans to include growth and facility/equipment improvement and/or replacement.
- 2.14. Develop, administer, and monitor Airman and Family Programs ensuring compliance with policies and standards.
- 2.15. Institute customer service practices designed to meet the needs of commanders, supervisors and the force at large in peacetime and wartime operations.

3. Specialty Qualifications:

- 3.1. Knowledge. Knowledge of the following core responsibilities are mandatory: Force Development, Career Development, Force Management, Civilian Employee Management, Workforce Analytics, Requirements Determination, Organization Principles, Performance Management, Manpower Resource Allocation, Customer Support, Readiness, Food Operations, Fitness Operations, Lodging Operations, Recreation, Resource Management, Mortuary Affairs, Casualty, and Quality of Service Programs.
- 3.2. Education. For entry education requirements see [Appendix A, 38F CIP Education Matrix](#).
- 3.3. Training. For award of AFSC 38F3, completion of the Initial Force Support Officer Course (IFSOC) is mandatory for Company Grade Officers. A waiver from the CFM is required if any portion of IFSOC is not completed. In addition, an officer must also complete Follow-On Unit Training (FOUT) in myTraining as outlined by the Career Field Education and Training Plan (CFETP) within 24 months (96 IDT periods for Air Reserve Components) after graduating IFSOC for CGOs or the Basis and Intermediate Force Support Competency Courses for FGOs. All requirements must be certified by the FSS commander or senior career field leader assigned to the organization. A waiver from the CFM is required if the FOUT or other tasks cannot be completed within the 24-month period. Air Reserve Component (ARC) personnel will coordinate waivers with their component CFM and the RegAF CFM.
- 3.4. Experience. For award of AFSC 38F3, a minimum of 24 months of experience is mandatory for Company Grade Officers and 12 months for Field Grade Officer crossflows.
- 3.5. Other. Not used.

38F – Force Support (Changed 30 Apr 23)

<i>Tier</i>	<i>Target Accession Rate</i>	<i>CIP</i>	<i>Education Program Description</i>	<i>Requirement</i>
1	20%	45.06XX	Economics	Mandatory
		:	Or	
		14.3701	Operations Research	
		:	Or	
		30.17XX	Data Analytics	
2	> 65%	:	Or	Desirable
		52.0213	Organizational Leadership	
		13.XXXX	Education	
		:	Or	
		27.XXXX	Mathematics or Statistics	
		:	Or	
		42.XXXX	Psychology	
		:	Or	
		30.1701	Behavioral Science	
		:	Or	
		45.0901	International Relations and Affairs	
		:	Or	
		52.0304	Accounting and Finance	
		:	Or	
		52.0901	Hospitality Administration and Management	
:	Or			
44.04XX	Public Administration			
:	Or			
52.02XX	Business Administration, Management and Operations			
:	Or			
52.10XX	Human Resource Management and Services			
:	Or			
52.14XX	Marketing			
3	< 15%	XX.XXXX	Any Degree	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 th 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	
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

**APPOINTMENT AS A RESERVE
MEMBER OF THE AIR FORCE**

**FEDERAL RECOGNITION AND APPOINTMENT
AS A RESERVE MEMBER OF THE AIR FORCE**

**APPOINTMENT AS A USAF MEMBER
WITHOUT COMPONENT**

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."

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 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 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 (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)				
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 (If yes, provide branch of uniformed service)				<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 (If yes, provide branch of uniformed service)					
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 (If yes, provide branch of uniformed service, reason for separation action, and date of separation, if applicable)					
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 (If yes, please state when and where rejected, and cause)					
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 (If additional space is required, continue in "REMARKS")					
25. CHRONOLOGICAL STATEMENT OF CIVILIAN EMPLOYMENT, INCLUDING PART-TIME POSITIONS. (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		
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 (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.

NAME (First, Full Middle, Last Name) (Typed or Printed)	SIGNATURE (First, Full Middle, and Last Name)	DATE
--	--	-------------

AF FORM 24 CONTINUATION SHEET