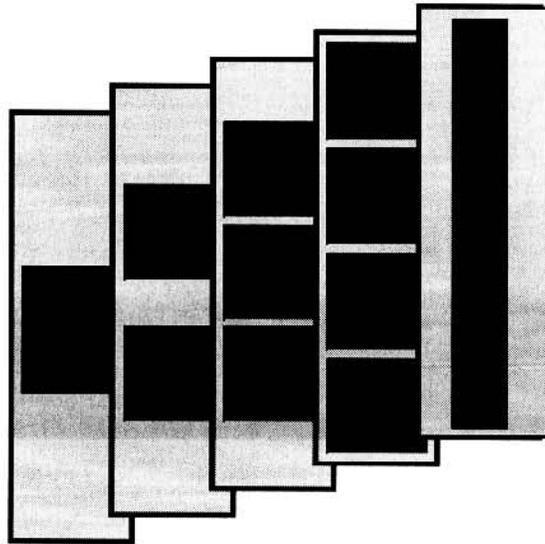




Army Strong

United States Army Recruiting Command

US ARMY WARRANT OFFICER PROCUREMENT PROGRAM SAMPLE APPLICATION AND GUIDE



WWW.USAREC.ARMY.MIL/WARRANT

JANUARY 2008

The information contained in this sample application changes frequently. For the most up-to-date information please visit our web-site at www.usarec.army.mil/warrant.

STEPS IN PROCESSING A WARRANT OFFICER APPLICATION

Step 1: Visit the Warrant Officer (WO) recruiting web site at: <http://www.usarec.army.mil/warrant>. Start with the "Program Overview" and follow the instructions to download the forms for use with Formflow or Adobe Acrobat software.

Step 2: Review Army Regulation 135-100 and Department of the Army Pamphlet 601-6. (All Army publications mentioned throughout this guide can be found on the Internet at <http://www.usarec.army.mil/warrant>).

Step 3: Verify that you meet the following Administrative requirements:

- (a) US citizenship
- (b) General Technical (GT) score of 110 or higher (Other service Applicants must convert their GT scores - see web site)
- (c) Be a high school graduate or hold a GED
- (d) Secret security clearance (Interim secret is acceptable to apply - IAW AR 380-67 & AR 135-100)
- (e) Pass the standard 3-event Army Physical Fitness Test (APFT) and meet height/weight standards (IAW FM 21-20 & AR 600-9)
- (f) Pass the appointment physical for Technicians or the Class 1A flight physical for Aviators (IAW AR 40-501).
- (g) Minimum of 12 months remaining on current service contract as of board convene date.

Step 4: Ensure you meet the **MINIMUM** prerequisites listed on our web site for your requested WO Military Occupational Specialty (WOMOS). If you do not, you must either wait until you meet all the prerequisites or request a prerequisite waiver. **Prerequisites for 153A - Aviator:** Open to any rank and MOS (after AIT completed), must be less than 33 years of age by the board convene date, score 90 or higher on the AFAST, and pass a Class 1A flight physical. **General prerequisites for all other WOMOSs:** SGT or higher, 4-6 years experience in the field for which applying (see web site), and be less than 46 years of age by the board convene date.

Step 5: It is recommended that you keep all original documents, including the physical, for reference. Packets can be submitted by Digital Sender or in PDF format as an e-mail attachment (see step 12). DA photos may be sent in PDF or JPG format; color photos present the best image of applicants. Deployed personnel may take a digital photo in duty uniform standing at the position of attention.

Step 6: Take the completed packet to your Personnel Services Detachment (PSD), Military Personnel Division (MPD) or S-1 office for review. Have a NCO or OIC endorse your checklist stating you are not barred, flagged or pending UCMJ action. **Non-Army** personnel can skip this step and submit their application as indicated in step 12.

Step 7: Once at USAREC, the packet will be logged in to the computer, and then screened for completeness. You will be notified of any discrepancies by phone or email using the contact information in blocks 17 & 19 of your DA Form 61. (Ensure the email address on your DA Form 61 is an email that you check daily.) Verify your status online before calling/emailing recruiters.

Step 8: Technician packets are forwarded to their Branch WO proponent for technical evaluation. Aviator applications are evaluated at USAREC unless a waiver is required. Proponent-qualified applications are considered "board-ready" if no waivers are needed. The applicant will be notified if not qualified by the proponent or if waivers are disapproved. Please allow 4 - 6 weeks for processing of waivers.

Step 9: Applications requiring a moral waiver (if block 26 of the DA Form 61 is answered YES) are forwarded to Army Reserve Personnel Command (AR-PERSCOM), St Louis, MO by USAREC. Please allow 4 - 6 weeks for processing waivers.

Step 10: Applications requiring an Active Federal Service (AS) waiver* or an age waiver** are forwarded to the Deputy Chief of Staff for Personnel (DCSPER) at HQDA. Please allow 4 - 6 weeks for processing waivers.

***AFS Waiver** 12 or more years active service at the time the DA Form 61 is signed.

****Age Waiver** Aviator applicants who are 33 or older by the convene date of the board, or Technical WO MOS applicants who are 46 or older by the convene date of the board.

Step 11: Accession boards are held bimonthly at USAREC starting in November, but not all MOSs are considered at each board. The board vote results in one of the following designations:

Selected, Qualified - Select (Q-S) (You have been selected and will attend WOCS in approximately 4 - 6 months)

Fully Qualified - Non-selected (FQ-NS) (You have not been selected and will be considered by one more board automatically. It is highly recommended to make any updates that you feel will improve your packet at this time.)

Not Selected - Not Competitive (NS-NC) (You have not been selected by 2 consecutive boards, and are not considered competitive with current packet provided). Applicants twice non-selected for the WO Program may reapply immediately if they otherwise remain qualified however, their original electronic packet will not be kept on file. Please see the web site for process to re-apply.

Step 12: Visit our web site at least monthly for new or updated information and for board results (normally published the week following a board). Packets are due the 1st day of the month, prior to the board month. Packets should be sent via PDF e-mail attachment, 5mbs or less in size per e-mail. Number multiple e-mailings appropriately; 1 of 4, 2 of 4, etc. Send all documents to HQs. USAREC Board Branch as follows:

* a. Send **NEW** Packets in PDF format to: NewWarrantPackets@usarec.army.mil

b. Send **UPDATES** to packets already accepted and on file to: NewWarrantUpdates@usarec.army.mil

c. Send **CORRECTIONS** for "R" status packets to: NewWarrantCorrections@usarec.army.mil

d. **ONLY** deployed or overseas personnel may mail their packet to the address below however, electronic submission is preferred.

COMMANDER, SMB USAREC

ATTN: RC-SMBDE-SMD-WO

1307 3RD AVE

FT KNOX, KY 40121-2726

*Please, only use one method of delivery and do not split packets between different means unless asked by a recruiter to do so. Check your application status on-line at www.usarec.army.mil/warrant after allowing 5 - 10 business days for processing.

Warrant Officer Application Checklist

All documents should be submitted single-sided in the following order:

Name: _____

Board Packet (These copies should be clean and neat in appearance – they will make up your board packet being reviewed for your selection):

- ___ DA Form 61 (with HT/WT and APFT statement, signed as shown on the web site example)
- ___ Senior Warrant Officer Letter (Optional for some WOMOS)
- ___ Company Commander Letter of recommendation (or applicable Company Grade UCMJ authority)
- ___ Battalion Commander Letter of recommendation (or applicable Field Grade UCMJ authority)
- ___ Resume
- ___ ERB or equivalent document (used to verify DOB, GT, AFS, and ETS)
- ___ OMPF Hard Copies (Last five years of NCOERS and all AERS in order newest to oldest)
- ___ College Transcript(s)
- ___ COPIES of Professional Certificates (Licenses or Certificates issued to Engineers, Mechanics etc...)
- ___ AFAST Results (153A applicants only)
- ___ Official Photo

Supporting Documents: (These documents are required to qualify your packet, but will not be reviewed by the board)

- ___ Security clearance – JPAS Print-Out - (DO NOT SEND DA Form 873, minimum Interim Secret clearance required)
- ___ Physical Coversheet USAREC Form 1932 (Aviation - expires after 18 months, all others expire at 24 months. If waiver or exception to policy required, applicant needs to send complete physical. 153A applicants need to send DD 2808 with Stamp from USAAMC, Ft. Rucker)
- ___ DA Form 160-R enclosed (ensure that you sign it and block 9a is checked)
- ___ Remaining Hard Copy documents from OMPF not included on your ERB (awards, certificates)
- ___ Re-enlistment documents if ERB does not show 12 months remaining
- ___ Statement of understanding enclosed (a copy of this memo is on the web site)
- ___ Conditional Release enclosed if you are not an active duty Army applicant
- ___ English credit document if required (250N, 251A, 254A, 420A, 920A, 920B, 921A, 922A, 923A)
- ___ TABE score document if required (880A, 881A)
- ___ Body fat statement enclosed on DA 61 (if required)
- ___ Moral waiver request if required (as identified in blocks 26 on DA Form 61)
- ___ Age waiver request enclosed if required (max age is 33 for aviators, 46 for all others)
- ___ Prerequisite waiver request enclosed if required (verify with MOS on web site)
- ___ AFS waiver request enclosed if required (12 years for all MOS)
- ___ APFT waiver request enclosed if required (must include Physical Profile and complete Physical with packet)
- ___ Checklist endorsed by PSB or S-1 NCO is acceptable (validating soldier is not flagged or barred)

Only deployed personnel may mail their completed application however, electronic submission is preferred:

SMB US ARMY RECRUITING COMMAND
ATTN RC-SMBDE-SMD-WO
1307 THIRD AVENUE
FORT KNOX KY 40121-2725

This section is to be completed and authenticated by PSD/MPD personnel or the Battalion S-1.

I certify that service member is not flagged and is eligible to apply for this program.

REVIEWER (printed name and title): _____
SIGNATURE: _____ DATE: _____
DSN PHONE #: _____ COMM PHONE #: _____
EMAIL: _____

*CONUS applicants must send their packets via PDF attachment e-mail or by use of the Digital Sender, (file size restricted to 5mbs or less per transmission) to NewWarrantPackets@usarec.army.mil

*Deployed personnel may mail their application however, electronic submission is preferred.

APPLICATION FOR APPOINTMENT

For use of this form, see AR 135-100, AR 145-1, AR 351-5, and AR 601-100; the proponent agency is DCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10 United States Code, Section 3012 (Title 5 United States Code, Section 552a)

PRINCIPAL PURPOSE: To obtain an appointment as a commissioned or warrant officer in the Regular Army or Army Reserve, or to obtain selection to attend the US Army Officer Candidate School.

ROUTINE USES: Basis for determination of qualifications and background information for eligibility for consideration for appointment as a Regular Army or Army Reserve commissioned/warrant officer or for selection for attendance at the US Army Officer Candidate School.

DISCLOSURE Disclosure of information requested in DA Form 61 is voluntary. Failure to provide the required information will result in non-acceptability of the application.

<p>1. TYPE OF APPOINTMENT FOR WHICH APPLICATION IS SUBMITTED</p> <p>COMMISSIONED OFFICER - REGULAR ARMY</p> <p>COMMISSIONED OFFICER - ARMY RESERVE</p> <p>WARRANT OFFICER - REGULAR ARMY</p> <p><input checked="" type="checkbox"/> WARRANT OFFICER - ARMY RESERVE * All Applicants Select this box *</p> <p>OFFICER CANDIDATE SCHOOL</p>	<p>2. GOVERNING REGULATION OR CIRCULAR (Specify appropriate section(s) if applicable) AR 135-100</p> <p>3. GRADE FOR WHICH APPLYING (Reserve appointments only) WO1</p> <p>4. SOURCE OF APPLICATION (ROTC only)</p> <p>DMG DATE DESIGNATED:</p> <p>SCHOLARSHIP - ENTER 1, 2, 3 OR 4 YEARS:</p>
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<p>6. BRANCH AND SPECIALTY PREFERENCES</p> <p>Regular Army and Officer Candidate applicants and all ROTC graduates: In numerical sequence, indicate 10 branch preferences other than CA and SS.</p> <p>USAR applicants: If applying for a specific Reserve vacancy, indicate ONLY the branch of the vacant position; all other applicants may enter more than one branch.</p>	<p>5. ONLY FOR APPLICANTS FOR APPOINTMENT AS WARRANT OFFICERS (List choice by MOS code and title)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">a. MOS CODE</td> <td style="width:50%;">b. MOS TITLE</td> </tr> <tr> <td>351L</td> <td>Counterintelligence Technician</td> </tr> <tr> <td colspan="2">If qualified, may list up to 3 MOSs. List MOSs in order of preference. Listing more than 1 MOS requires extra processing time because proponents must review.</td> </tr> </table>	a. MOS CODE	b. MOS TITLE	351L	Counterintelligence Technician	If qualified, may list up to 3 MOSs. List MOSs in order of preference. Listing more than 1 MOS requires extra processing time because proponents must review.	
a. MOS CODE	b. MOS TITLE						
351L	Counterintelligence Technician						
If qualified, may list up to 3 MOSs. List MOSs in order of preference. Listing more than 1 MOS requires extra processing time because proponents must review.							

PERSONAL DATA												
PREFER-ENCE	BRANCH	SPECIALTY	7. NAME (Last, first, middle)(Explain variations from birth certificate in Item 41) WHO, You Are				8. GRADE E-6	9a. SOCIAL SECURITY NUMBER 000-00-0000				
	AD		10. BRANCH (MOS if enl or wo) 35L	11. TOTAL YRS ACTIVE SERVICE 8	12. MARITAL STATUS M	13. NUMBER OF DEPENDENTS UNDER 18 YEARS OF AGE 2	9b. SELECTIVE SERVICE NUMBER					
	AG		14. DATE OF BIRTH 2 Aug 75	15. PLACE OF BIRTH (City, county, state) Radcliff Hardin Kentucky	16. SEX M	17. COMPLETE MILITARY ADDRESS (If presently on active duty) (Include ZIP Code)		EMAIL ADDRESS				
	AR					HHC, III Corps		Fort Hood, TX 76544		(817)288-2527		
	AV					PHONE AND/OR AUTOVON NUMBER		DSN 738-7411				
	CA					18. PERMANENT ADDRESS (Include ZIP Code)		19. CURRENT MAILING ADDRESS (If difference from Item 18) (Include ZIP Code)				
	CM					407 Keith Street		419A Nicholson Road		Fort Hood, TX 76544		
	EN		Elizabethtown, KY 42701		PHONE (Include area code) (502)765-6868		PHONE (Include area code) (817)526-1111		EMAIL ADDRESS			
	FA											
	FI											
	IN		20. US CITIZEN		c. APPLICANT'S CERTIFICATE NO. (If Item b. checked) (Date, place, court)							
	MI		<input checked="" type="checkbox"/> YES	a. NATIVE <input checked="" type="checkbox"/> YES	b. <input type="checkbox"/> NATURALIZATION							
	MP		<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> DERIVED							
	OD		<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> IMMIGRANT							
	QM		21. CIVILIAN EDUCATION (See page 3 for additional requirements for professional personnel)									
	SC		a. HIGH SCHOOL GRADUATE		b. NAME AND LOCATION OF HIGH SCHOOL							
	SS		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Orchard View High School, Muskegon, MI 49442							
	TC		c. NAME AND LOCATION OF EACH COLLEGE OR UNIVERSITY ATTENDED (Include USMA, USNA, USAFA, USCGA, and USMMA)			(1) DEGREE	(2) SEMESTER CREDITS	(3) YEARS ATTENDED	(4) DATE GRADUATED OR WILL GRADUATE		(5) MAJOR SUBJECT	
	AN		University of Maryland			BS	120	4	31	05	1997	Business Mgmt
	CH											
	DE											
	JA											
	MC											
	MS											
	SP		d. SPECIAL EDUCATIONAL HONORS, SCHOLARSHIPS, ETC.			e. IF YOU HAVE EVER BEEN EXPELLED FROM SCHOOL, OR PLACED ON PROBATION, EITHER FOR ACADEMIC OR DISCIPLINARY REASONS, EXPLAIN (Continue in Item 41(Remarks))						
	VC											

22. HIGHEST LEVEL SERVICE SCHOOL ATTENDED									
a. NAME OF SCHOOL		b. COURSE		c. DATES (Mo-Yr)		COMPLETED		d. IF NOT COMPLETED GIVE REASON	
				FROM	TO	YES	NO		
US Army Soldier Spt Center Ft. Jackson, SC		BNCOC		01 04	04 04	<input checked="" type="checkbox"/>			
23a. FOREIGN LANGUAGES AND DEGREE OF PROFICIENCY							b. ALAT SCORE (If applicable)		
NA							NA		

24. ARE YOU NOW, OR HAVE YOU EVER BEEN A CONSCIENTIOUS OBJECTOR? YES NO (If yes, attach affidavit)

25. I UNDERSTAND THAT, IF I AM SELECTED FOR APPOINTMENT, I WILL BE EXPECTED TO ACCEPT SUCH ASSIGNMENTS AS ARE IN THE BEST INTEREST OF THE SERVICE REGARDLESS OF MY MARITAL STATUS AND/OR RESPONSIBILITY FOR DEPENDENTS; AND IT IS MY RESPONSIBILITY TO MAKE APPROPRIATE ARRANGEMENTS FOR THE CARE OF MY DEPENDENTS SHOULD I BE REQUIRED TO PERFORM DUTY IN AN AREA WHERE DEPENDENTS ARE NOT PERMITTED.

26. HAVE YOU EVER UNDER EITHER MILITARY OR CIVILIAN LAW BEEN INDICTED OR SUMMONED IN TO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING (Including any proceedings involving juvenile offenses, article 15, UCMJ, and any court-martial) REGARDLESS OF THE RESULT OF TRIAL, OR CONVICTED, FINED, IMPRISONED, PLACED ON PROBATION, PAROLED OR PARDONED, OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE? (Exclude traffic violations involving a fine or forfeiture of \$100 or less).

YES NO IF YES, ATTACH REQUEST FOR WAIVER LISTING THE DATE, THE NATURE OF EACH ALLEGED OFFENSE OR VIOLATION, THE NAME AND LOCATION OF THE COURT OR PLACE OF HEARING, AND THE PENALTY IMPOSED OR OTHER DISPOSITION OF EACH CASE AND FURNISH COPY OF COURT ACTION OR DETAILED STATEMENT IN AFFIDAVIT FORM AS TO THE OUTCOME OF EACH CASE.

27. ACTIVE MILITARY SERVICE (Indicate tour with each organization separately - show ROTC Camps in Item 39)

	a. ORGANIZATION (US Armed Forces, USCG, NOAA, US Public Health Service, Peace Corps)	b. DATES (Day, Month, Year)		c. BRANCH/MOS (As appropriate)	d. PRIOR SERVICE NO. (If applicable)	e. HIGHEST GRADE AND COMPONENT
		FROM	TO			
ENLISTED	US Army	25 Jun 99	Present	35L	NA	E-6/RA
WARRANT OFFICER						
COMMISSIONED						
f. DATE CURRENT ACTIVE DUTY TOUR TERMINATES		ETS: 17 Oct 2015		g. DATE OF LAST ADL PROMOTION		DOR: 1 Aug 05

28. RESERVE OR NATIONAL GUARD SERVICE (Not on active duty)

	a. ORGANIZATION (US Armed Forces, USCG, NOAA, US Public Health Service, Peace Corps)	b. DATES (Day, Month, Year)		c. BRANCH/MOS (As appropriate)	d. PRIOR SERVICE NO. (If applicable)	e. HIGHEST GRADE AND COMPONENT
		FROM	TO			
ENLISTED	US Army Reserve	2Feb 98	24 Jun 99	88M	NA	E-4/USAR
WARRANT OFFICER						
COMMISSIONED						

29. SOURCE OF CURRENT COMMISSION (If applicable)

ARNGUS: OCS DIRECT APPOINTMENT OTHER

USAR: ROTC ROTC (ECP) ROTC (SMP) OCS DIRECT APPOINTMENT

30. AWARDS (Do not list theater or service medals)

MSM-2, ARCOM-2, AAM-2
(Achievement Awards Only)

31. HAVE YOU EVER APPLIED AND NOT BEEN SELECTED FOR:

a. ROTC	b.		d. APPOINTMENT IN REGULAR ARMY		
	YES	NO		YES	NO
AS A WARRANT OFFICER		<input checked="" type="checkbox"/>	AS A WARRANT OFFICER		<input checked="" type="checkbox"/>
AS A COMMISSIONED OFFICER		<input checked="" type="checkbox"/>	AS A COMMISSIONED OFFICER		<input checked="" type="checkbox"/>

e. IF ANSWER IS "YES", EXPLAIN FULLY

32. ARE YOU NOW OR HAVE YOU EVER BEEN IN THE MILITARY SERVICE OF OR BEEN EMPLOYED BY A FOREIGN GOVERNMENT (If yes, give dates, country and type of service or employment)

No

33. HAVE YOU EVER RESIGNED OR BEEN ASKED TO RESIGN IN LIEU OF ELIMINATION PROCEEDINGS; BEEN DISCHARGED IN LIEU OF ELIMINATION, FURLOUGHED (other than regular furlough or leave), OR PLACED ON INACTIVE STATUS WHILE SERVING IN THE US ARMED FORCES; OR, HAVE YOU EVER RESIGNED OR BEEN ASKED TO RESIGN FROM A POSITION WHILE IN PRIVATE OR GOVERNMENT EMPLOYMENT? (If yes, state circumstances; if more space is required, continue on separate sheet).

YES NO

34. APPLICANTS FOR JUDGE ADVOCATE GENERAL'S CORPS ONLY			35. APPLICANTS FOR CHAPLAINS BRANCH ONLY	
BARS OF WHICH YOU ARE A MEMBER <i>(Specify dates)</i>			RELIGIOUS DENOMINATION BY WHICH YOU WILL BE ENDORSED	
36. APPLICANTS FOR MEDICAL AND DENTAL CORPS ONLY				
a. TRAINING		b. NAME AND LOCATION OF HOSPITAL	c. DATES <i>(Month and Year)</i>	
LEVEL	TYPE		FROM	TO
INTERNSHIP				
RESIDENCY TNG				
SPECIALTY TNG				
d. SPECIALTY BOARDS			e. DATES OF CERTIFICATION <i>(Day, Month, Yr)</i>	
f. PLACE IN WHICH CURRENTLY LICENSED				
37. APPLICANTS FOR ARMY NURSE CORPS AND ARMY MEDICAL SPECIALIST CORPS ONLY				
a. NAME OF NURSING OR ACCREDITED PROFESSIONAL SCHOOL			b. LOCATION	
c. DATES OF ATTENDANCE <i>(Mo, Yr)</i>		d. STATE AND CURRENT REGISTRATION NUMBER	e. STATE AND DATE OF INITIAL REGISTRATION <i>(Day, Month, Year)</i>	
FROM	TO			
f. POSTGRADUATE COURSES <i>(Include courses at general hospitals, service schools, and short courses)</i>				
(1) SUBJECT OR COURSE	(2) NAME AND LOCATION OF SCHOOL OR HOSPITAL	(3) SEMESTER CREDITS EARNED	(4) DATES OF ATTENDANCE <i>(Month, Year)</i>	
			FROM	TO
38. HAVE YOU BEEN EMPLOYED BY THE US ARMY AS A DIETITIAN, OCCUPATIONAL OR PHYSICAL THERAPIST? <i>(If yes, give dates)</i>				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
39. ARMY ROTC <i>(To be completed only by prospective ROTC graduates applying for appointment in USAR or RA)</i>				
SUCCESSFULLY COMPLETED AROTC PROGRAM AS FOLLOWS				
COURSE	DATES ATTENDED <i>(Month and Year)</i>		c. CAMP TRAINING	
	FROM	TO		
a. BASIC			(1) INSTALLATION <i>(Basic)</i>	COMPLETION DATE <i>(Month, Year)</i>
b. ADVANCED			(2) INSTALLATION <i>(Advanced/Ranger)</i>	COMPLETION DATE <i>(Month, Year)</i>
40. MAIN CIVILIAN EMPLOYMENT				
a. NAME AND ADDRESS OF EMPLOYER		b. JOB TITLE	c. MONTH AND YEAR	
Kelly Temporary Services Grand Rapids, MI 48722		Secretary/Typing	FROM	TO
			0292	0692
b. PRINCIPAL DUTIES <i>(Describe briefly)</i>				
Typed letters, kept personnel files updated, answered inquiries				
41. REMARKS <i>(Experience, proficiencies and special abilities not shown elsewhere in this application. Those required to enter primary entry specialties. see Para 1-27d,e. AR 601-100). (If more space is required, attach additional sheet)</i>				
I certify that (Applicant's Name) successfully passed the APFT consisting of pushups, situps, and the two mile run with a score of _____ on _____; the verified height is _____ and verified weight is _____. (Applicant's Name) is within body fat standards according to AR 600-9. (Body Fat Statement in lieu of Body Fat Worksheet only if required by Applicant)				
JOHN Q. DOE CPT, AG Commanding				
42. THE INFORMATION CONTAINED HEREIN IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.		DATE	SIGNATURE OF APPLICANT	
		Current Date	Applicant's Signature Here	

NAME: WHO, You Are
RANK: Sergeant
SSN: 000-00-0000

ADDRESS: Street Address
City, State ZIP
Telephone Number
email:

UNIT: HHC, III Corps
7411Fort Hood TX 76544
DSN: 738-
email:

OBJECTIVE: To obtain an appointment as a warrant officer, USAR, in MOS 153A, Aviator

CIVILIAN EDUCATION: (*This should agree with Block 21 of the DA Form 61*) Bachelor of Science, University of Maryland, College Park, MD; Associate of Arts, Central Texas College, Killeen, TX; Diploma, Orchard View High School, Muskegon, MI (**Bold high GPA, Dean's List, special recognition, etc**)

MILITARY EDUCATION

List in order from most recent to earliest training attended/completed.

12 Jan 97 - 11 Apr 97
BNCOC:
US Army Soldier Support Center

Bold individual accomplishments such as **distinguished** or **honor graduate**. Stress MOS related subjects. How is school Ft Jackson, SC relevant? Indicating mid-level management school or just listing the scope of training is not very descriptive.

6 Aug 95 - 1 Sep 95
PLDC
NCO Academy
Camp Jackson, Korea

Resume is very important, it shows your ability to communicate in written form. Write at the 12th grade level and use a thesaurus to help with vocabulary. Do both spell and grammar checks because errors will doom an application.

1 Feb 93 - 12 Mar 93
Personnel Management Specialist
US Army Soldier Support Center
Fort Jackson, SC

There will be board members unfamiliar with your MOS so use easily understood terms. Make it reader-friendly. If using MOS specific terms, spell them out and **show the acronym in bold in parenthesis**. It is acceptable to use the acronym alone the second time. **Do not overuse bolding effect**, it could be a distraction to board members.

Can list correspondence courses but not subcourses.

MILITARY EXPERIENCE:
Jul 97 - Present
Enlisted Assignments NCO

List **ALL** military assignments. Concise job description focusing on the unique characteristics of your specific positions.

HHC, III Corps
Fort Hood, TX

List **outstanding achievements** and **additional duties** while in position. Spell out terms that apply to your assignment and then **bold the acronym** for any key terms/buzzwords in your MOS, i.e. Prescribed Load List (**PLL**).

Jul 94 - Jun 97
Records NCO
Ft Jackson, SC

Bold any significant achievements, impact awards, receipt of unit coins, certificates of achievement, or appearance before soldier/NCO of the month/qtr boards.

Jun 93 - Jun 94
Levy Clerk
A Det 516th PSB
APO AP 96205, Korea

Focus on **measurements of success**. **NOT** just a job description, but how well you did the job. Use NCOER bullets as a reference. Mention if you **exceeded standards on a significant inspection/evaluation**. **Bold deployments** or make a separate assignment entry if deployment was for several months.

CIVILIAN EXPERIENCE PERTINENT TO MOS 153A: (If none, then omit this part)

Jan 90 - Dec 90
Secretary
Kelly Temporary Services
Grand Rapids, MI

Use same guidance as above. Explain any relevant experience or training you obtained that pertains to the requested WO MOS. Leave blank if no relevant civilian experience.

SUMMARY:

Write a paragraph or two explaining why you are fully qualified to perform the duties of a warrant officer in your skill. This is a very important part of the resume. Make this a call to action, but do so without turning off the reader. Include in **bold** type all of your **significant accomplishments/achievements (below-the-zone promotions, impact awards, noteworthy distinctions, deployments, challenging assignments, unique skills in MOS, standards exceeded on a significant inspection/evaluation, etc)** mentioned earlier and explain how you are exceptionally qualified and have the leadership, management and technical skills needed to become a WO. Answer this question: **What have you done or accomplished that sets you apart from your peers?** (Additionally, aviator applicants should include why they want to be an Aviator.)

SIGNATURE & DATE

Other notes:

- Use plain white paper, black ink and a 12 point standard font such as Arial or Times New Roman.
- Don't go through a big expense. Prepare the resume yourself, but do a quality job.- If you are non-Army, the resume takes on increased importance in conveying your qualifications to become an Army Warrant Officer.

? Person Summary

Applicant's Name

SSN: Applicant's SSN

Date of Birth: Applicant's DOB

Eligibility: Applicant's Security Level

Place of Birth: Applicant's POB

Investigation:

Open Investigation: N/A

Citizenship: U.S. Citizen

Date EPSQ Sent: N/A

NdA Signed: No

Incident Report: N/A

NdS Signed: No

Polygraph: N/A

Attestation Date: N/A

Foreign Relation: N/A

EPSQ Sent

Request to Research/Upgrade Eligibility

Non-SCI Access History

Person Category

Category Classification: N/A

Organization: N/A

Occupation Code:

Office Symbol: N/A

SA: N/A

Grade:

Arrival Date: N/A

PS: N/A

Office Phone Comm: N/A

Office Phone DSN: N/A

Separation Date: N/A

RNLTD: N/A

Separation Status: N/A

TAFMSD:

Interim: N/A

Proj. Departure Date: N/A

PSP: No

Proj. UIC/RUC/PASCODE: N/A

SCI SMO: N/A

Non-SCI SMO:

Servicing SMO: No

Report Incident

In/Out Process

Remarks

Suspense Data

Non-SCI Access		SCI Access
US: N/A	NATO: N/A	SPA: N/A
CNWDI: N/A	SIOP: N/A	Access: No
PRP: N/A	Restricted Data: N/A	
SIGMA 16: N/A		
IT: N/A	Public Trust: N/A	Child Care: N/A
	Indoctrinate	

Investigation Summary

SBPR from UnKnown, Opened:

SBPR from UnKnown, Opened:

Investigation History

Adjudication Summary

Adjudication History

(Date)

MEMORANDUM FOR Commander, US Army Recruiting Command, ATTN: RCRO-SM, Fort Knox,
KY 40121-2726

SUBJECT: Results of Medical Examination

The results of a commissioning/aviation physical are furnished for the following individual:

a. _____
(Rank) (Print or Type Last Name, First Name, MI)

b. _____
(SSN)

c. _____
(Unit, Company, Duty Station)

d. Physical Profile Code:

P	U	L	H	E	S

e. Height: _____ Weight: _____ Age: _____

f. Physical initiated on: _____
(Date)

g. Physical completed on: _____
(Date)

h. If Flight Physical, date approved from USAAMC: _____ Stamped: _____
(Applicant must include page one showing stamp from Fort Rucker.) (1W, 1A)

i. Individual _____ is Fully Qualified _____ is NOT Fully Qualified.

(Physician's Signature)

(Physician's Stamp)

NOTES:

(1) 153A & 150A applicants must also include page one of DD Form 2808 with the approved stamp from USAAMC, Ft. Rucker, AL.

(2) Any applicant applying for an APFT or medical waiver must include entire physical.

REPORT OF MEDICAL EXAMINATION	1. DATE OF EXAMINATION	2. SOCIAL SECURITY NUMBER
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PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397
PRINCIPAL PURPOSE(S): To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service Members from the Armed Forces.
ROUTINE USES: None.
DISCLOSURE: Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.

3. LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX)		4. HOME ADDRESS (Street, Apartment Number, City, State, and ZIP Code)		5. HOME TELEPHONE NUMBER (Include Area Code)
6. GRADE	7. DATE OF BIRTH	8. AGE	9. SEX	10. RACE
11. TOTAL YEARS GOVERNMENT SERVICE a. MILITARY 7 b. CIVILIAN		12. AGENCY (Non-Service Members Only)		13. ORGANIZATION UNIT AND UIC/CODE D. TRP 2-6 CAV
14.a. RATING OR SPECIALITY (Aviators only)		b. TOTAL FLYING TIME		c. LAST SIX MONTHS
15.a. SERVICE <input checked="" type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force	b. COMPONENT <input checked="" type="checkbox"/> Active Duty <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard	c. PURPOSE OF EXAMINATION <input type="checkbox"/> Enlistment <input type="checkbox"/> Medical Report <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Commission <input type="checkbox"/> Retirement <input type="checkbox"/> Retention <input type="checkbox"/> U.S. Service Academy <input checked="" type="checkbox"/> Flight <input type="checkbox"/> Separation <input type="checkbox"/> ROTC Scholarship Program		16. EXAMINING LOCATION AND ADDRESS (Including ZIP Code) 11031 DEPARTMENT OF THE ARMY FLIGHT SURGEON OFFICE

CLINICAL EVALUATION (Check each item in appropriate column. Enter "NE" if not evaluated)

	Normal	Ab-normal	NE
17. Head, face, neck, and scalp	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Nose	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Sinuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Mouth and throat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Ears - General (Int. and ext. canals/Auditory acuity under item 71)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Drums (Perforation)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Eyes - General (Visual acuity and refraction under items 61 - 63)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Ophthalmoscopic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Pupils (Equality and reaction)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Ocular motility (Associated parallel movements, nystagmus)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Heart (Thrust, size, rhythm, sounds)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Lungs and chest (Include breasts)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Vascular system (Varicosities, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Anus and rectum (Hemorrhoids, Fistulae) (prostate, if indicated)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Abdomen and viscera (Include hernia)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. External genitalia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Upper extremities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Lower extremities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Feet (See item 3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Spine, other muscles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Identifying body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Skin, lymphatics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Neurologic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Psychiatric (Special)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Pelvic (Females only)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Endocrine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DEPT OF THE ARMY
 ARMY AEROMEDICAL CENTER

14-MAY-2007

A 0001989293

QUALIFIED

CLASS 1W FLYING DUTY

44. Notes (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

CLASS	1W Class 1W, Warrant Officer aviator training ap
DIGITAL RECTAL	
STOOL GUIAC	

FORM ONLY REQUIRED FOR THE FOLLOWING APPLICANTS:

- 153A (Rotary Wing Aviator)
- Class 1A Flight Physical
- 150A (Air Traffic and Space Mngmt Technician)
- Class IV Flying Duty Medical Examination (FDME)

43. DENTAL DEFECTS AND DISEASE (Please explain. Use dental form if completed by dentist. If dental examination not done by dental officer, explain in Item 44.)

Acceptable

35. FEET (Continued)

Normal Arch Mild Asymptomatic
 Pes Cavus Moderate

APPLICATION FOR ACTIVE DUTY

For use of this form, see AR 135-210; the proponent agency is DCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10 USC, 672(d), 10 USC 275.

PRINCIPAL PURPOSE: Used by Reserve Component soldiers to apply for active duty programs announced by HQDA. Application

ROUTINE USES: To determine qualifications and make final selection of individuals applying for active duty. Also used to schedule medical examinations, security screening and to issue active duty orders. The SSN is used to identify the soldier.

DISCLOSURE: Disclosure of your SSN and other personal information is mandatory for soldiers applying for active duty programs announced by HQDA.

SEE INSTRUCTIONS ON PAGE 2 BEFORE COMPLETING THIS FORM.

1. DATE Current Date	2. TO: Commander, U.S. ARMY RECRUITING COMMAND, FORT KNOX KY 40121		
3. FROM (Last, First, MI) WHO, You A.	4a. PRESENT RESERVE GRADE	4b. RESERVE COMPONENT	
4c. SSN 000-00-0000	4d. BRANCH NA	5a. MOS/AOC 351L	5b. COMPONENT RA
6a. PERMANENT HOME ADDRESS (Include ZIP code) ENTER YOUR HOME OF RECORD		6b. PHONE NO. (Include area code) (502)765-6868	
7a. TEMPORARY ADDRESS (Include ZIP code) 419A Nicholson Road Fort Hood, TX 76544		7b. DURATION Oct 2002	7c. PHONE NO. (Include area code) (517)773-2527

ITEM 8 TO BE COMPLETED ONLY BY PERSONNEL CURRENTLY SERVING ON ACTIVE DUTY IN A WARRANT OFFICER OR ENLISTED STATUS.

8a. PRESENT ACTIVE DUTY GRADE E-6	8b. SSN 000-00-0000	8c. ORGANIZATION AND STATION ASSIGNMENT HHC, III Corps, Fort Hood, TX 76544
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9. I hereby volunteer to enter on active duty, for the period indicated below, in my branch or any of the following branches that I may be qualified for; and if accepted for active duty in another branch, I request transfer to that branch: (Check as appropriate)

a. FOR A PERIOD OF 6 YEARS b. FOR AN INDEFINITE PERIOD

c. OTHER BRANCHES (List in order of preference)

10. I understand that if accepted for active duty I may be assigned to any command, including an overseas command, to fill any Army-wide vacancy. However, I would like to be considered for one of the three duty assignments and areas of assignment listed below in the order of my choice.

	CHOICE NO. 1	CHOICE NO. 2	CHOICE NO. 3
a. DUTY ASSIGNMENT	351L	351L	351L
b. AREA ASSIGNMENT	Germany	Fort Knox, KY	Fort Hood, TX

11. If it is possible, I prefer to enter on active duty during one of the three periods indicated below in order of preference:

PREFERENCE NO. 1 (Month and Year) ASAP	PREFERENCE NO. 2 (Month and Year) ASAP	PREFERENCE NO. 3 (Month and Year) ASAP
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12. Upon receipt of active duty orders, I will require the time indicated below to settle my affairs for entry on active duty. (Check appropriate box)

60 DAYS 30 DAYS 10 DAYS AVAILABLE ON DATE OF RECEIPT OF ORDERS

13. REMARKS (If more space is needed, continue on separate sheet)

Include information you consider essential in making your assignment, i.e. enrolled in the Exceptional Family Member Program or Army Married Couples Program.

14. SIGNATURE OF APPLICANT

Applicant's Signature

(Letterhead)

(Office Symbol)

(Date)

Statement of Understanding for Appointment as a Warrant Officer

I understand that if I am appointed as a warrant officer in the Reserve of the Army with concurrent active duty, that this appointment is contingent upon technical and tactical certification by successful completion of the appropriate Warrant Officer Basic Course (WOBC) unless I have been precertified by the WOMOS proponent. **I understand that my application packet, to include all enclosures, may be converted to an electronic file and made available for review by qualifying officials at WOMOS proponent schools, Headquarters, Department of the Army, and other locations in order to determine my qualifications and competitive standing for appointment as a warrant officer.**

I further understand that if I am appointed as a warrant officer in the Reserve of the Army without concurrent active duty, that this appointment is contingent upon technical and tactical certification by successful completion of the appropriate Warrant Officer Basic Course (WOBC) within two years of appointment unless I have been precertified by the WOMOS proponent or unless extended by HQDA.

I also understand that if I am eliminated from, or fail to successfully complete the technical and tactical certification as specified above, I may be subject to discharge, under regulations in effect at that time, from the Reserve of the Army.

(Signature)
(Full Name)
(Rank)
(SSN)

Note: Type this statement verbatim on your unit's memo letterhead

(You will use this moral waiver request if you responded YES to block 26 of the DA Form 61. If you responded NO, you do not need a moral waiver).

(Letterhead)

(Office Symbol)

(Date)

MEMORANDUM FOR COMMANDER, USAREC, FORT KNOX, KY 40121-2726

SUBJECT: Request for Moral Waiver

1. Request a waiver of the following offense: (State specifically what you were charged with. Do not just list Article 92, Article 32, etc. Must request a moral waiver for any infractions listed on your enlistment contract or for any Article 15s, to include summarized. Moral waiver is not required for traffic fines of \$250 or less. Do NOT include court cost).

2. Date of offense: *(Month and year)*

3. Place of offense: *(City and State)*

4. Punishment imposed: *(Fine amount, forfeiture amount, extra duty, letter of reprimand, etc.)*

5. Mitigating circumstances surrounding the charge: Four points to address:

(1) Explain the incident (what, where, when, how, etc..)

(2) Accepting responsibility for your actions

(3) The lessons learned

(4) How you now contribute to your unit, community and military service.

(Signature)

(Full Name)

(Rank)

(SSN)

Notes:

- 1. A separate moral waiver request must be submitted for each offense.**
- 2. Moral waiver request should give all the information possible related to the incident. Half answers and undisclosed information can cause a delay in processing. In some cases - the request will be returned to USAREC with a request for more information from applicant.**
- 3. This waiver request will not go before the selection board once approved. Please use as much space as required to give all the information. A short and simple approach may cause a returned request.**
- 4. Writing skills count. A properly written request may effect the approval of the request. HRC may interpret Poor English, grammar and typographical errors as a lack of concern, sincerity or attention to detail from the applicant.**

(Letterhead)

(Office Symbol)

(Date)

MEMORANDUM FOR COMMANDER, USAREC, FORT KNOX, KY 40121-2726

SUBJECT: Request for Prerequisite Waiver
Request for Age Waiver
Request for Active Federal Service Waiver (AFS)
(Select the appropriate one)

1. (State the type of waiver you are requesting) Example: Request an age waiver; Request an Active Federal Service Waiver, Request a prerequisite waiver (state the prerequisite you wish to waive).

2. Anyone can request a prerequisite, AFS or age waiver, but not everyone will get them approved. Give a detailed explanation why you feel this waiver should be approved. Please note that waivers are approved only in unusual circumstances. Prerequisite waiver requests that do not give adequate justification, i.e. unusual skills, unique talents, special circumstances, etc. will probably be disapproved. With AFS waivers (required if you have 12 or more years AFS) or age waivers (required if you will be 32 or older for aviators, 36 for SF or 46 for technicians, by the convene date of the board) the same principle applies and requests must be fully justified. Adequate justification might be: unusual circumstances, deployed for past year and unable to submit a packet, unusual skills, or unique talents. Asking for these waivers just because they are a part of the application will not result in approval.

(Signature)

(Full Name)

(Rank)

(SSN)

Notes:

- 1. A separate waiver request must be submitted for each MOS that applicant does not meet the entire prerequisites for. Waiver should include why you feel that you should be accepted in the MOS without meeting all the requirements. Include any civilian experience, training or assignments that are similar to MOS you wish to apply for.**
- 2. Make your request sound valid - for instance, an applicant stating they couldn't apply for the last 12 years because they were deployed... That doesn't sound valid because no one has been away from duty station for entire time over last 12 years. You would need to include why you couldn't or didn't apply in between deployments. Another example is a 13 year request stating "I've been deployed for the last year..." does not explain why you didn't apply in the years leading up to the deployment.**
- 3. This waiver request will not go before the selection board once approved. Please use as much space as required to give all the information. A short and simple approach may cause a returned request.**
- 4. Writing skills count. A properly written request may effect the approval of the request. HRC may interpret Poor English, grammar and typographical errors as a lack of concern, sincerity or attention to detail from the applicant.**

(Letterhead)

(Office Symbol)

(Date)

MEMORANDUM FOR COMMANDER, USAREC, FORT KNOX, KY 40121-2726

SUBJECT: Request for Waiver to Standard Three-Event Army Physical Fitness Test (APFT) IAW AR 350-1 Chapter 3-9b.

1. State the type of profile to include your complete PULHES, the event that you can no longer take, and what alternate event you are allowed to take.
2. Give a detailed explanation why you feel this exception to policy should be approved in your case. Give an explanation of events that lead up to the injury and how it happened. Explain your future expectations of your physical condition (i.e. come off of profile after rehab etc...).

NOTE: LEAVE PARAGRAPH 3 AS IS VERBATIM

3. I fully understand that applying for this waiver does not constitute an automatic approval. I further understand that I must be fully mission deployable in the Warrant Officer Specialty in which I am applying.

(Signature)
(Full Name)
(Rank)
(SSN)