

AMEDD APPLICANT QUESTIONNAIRE

v.100218

PRIVACY ACT STATEMENT

AUTHORITY: Collection of the information request by the recruiter and recorded on this form is authorized by Tide 10 U.S. Code, Section 591.

PRINCIPAL PURPOSE: To provide such data as is requested by the recruiter to contact, process, and enlist prospects fro Army service.

ROUTINE USES:

- Used by the recruiter to contact and process interested prospects.
- Used by the recruiter in making such routine contacts as many be necessary to verify information provided by the prospects.
- Used by the Army to transcribe data on application forms.
- Used by recruiting personnel in the formulation of market data to determine current recruiting tools.

EFFECT OF NOT PROVIDING INPORMAITON: The discloser, by the prospect, of the information request is entirely voluntary. Failure to provide this information, however, will result in discontinuance of processing.

INSTRUCTIONS

- ADDRESSES: Need street address. **P.O. boxes are unacceptable.**
- If you run out of room in any section, continue on plain paper. Indicate section.
- Ensure all entries are *legible* and complete.
- All Names must be full names. No Blanks. If there is no name (i.e. middle name) use 'nmn' for 'No Middle Name'

Section 1, Recruiter Zone (RZ)

Status: *Lead to Applicant (add person)*

Documents needed to complete and verify: *Birth Certificate, Social Security Card, Alien Registration Documents*

FULL NAME: _____ SOCIAL SECURITY NUMBER: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ COUNTY: _____

PLACE OF BIRTH: _____ DATE OF BIRTH: _____
CITY COUNTY STATE COUNTRY YYYMMDD

CITIZENSHIP CIRCLE ONE: Born in US Born abroad of US parents US National
Naturalized Naturalization Certificate Number: _____
Derived: Dual Citizenship Where: _____
Alien 1-151 Number: _____
Date, Place, Court: _____

Current Citizenship: _____ Registration Number _____

Date and Port of Entry: _____

RACE CIRCLE ONE: American Indian/Alaskan Native Native Hawaiian or other Pacific Islander
Black or African American Asian White

CONTACT INFO: Please specify your preferred contact method and a convenient time to contact you.

Primary Email: _____ Other Email: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

LAST OR CURRENT SCHOOL INFO:

School Name: _____ Graduation Year (YYYYMMDD) _____

Highest education level: _____ Years of education: _____

Complete packet and return to your recruiter. Please attach all documents required.

AMEDD APPLICANT QUESTIONNAIRE

Section 2, Direct Commissioning and Accessioning System (DCA)

Prospect and Projection; 680-3A-E

Prior Service: _____ DIEUS: _____ DIERC: _____

Selective Service Classification: _____ Selective Service RBQ Number: _____

Middle Name 1: _____ Middle name 2: _____

Suffix: _____

Current Residence County: _____ Processing Option CIRCLE ONE: RA IMA IRR APMC TPU

Home of record: _____ City: _____ State: _____ Zip code: _____

Home of record County: _____ Country: _____ Phone: _____

Other address: _____ City: _____ State: _____ Zip code: _____

Other address County: _____ Country: _____ Phone: _____

Place of birth City: _____ State: _____ County: _____ Country: _____

Religion: _____ Drivers License Number: _____ Exp Date yyyyymmdd _____ State: _____

Marital Status: _____ Total number of dependents: _____ Number of minor dependents (Custody): _____

Ethnic Category CIRCLE ONE: Aleut Chinese Cuban Eskimo Filipino Indian Japanese Korean

Latin American Melanesian None Other Asian Other Hispanic Polynesian Puerto Rican US/Canadian Indian

Vietnamese

Medical Insurer Information:

Name: _____ Street: _____ City: _____ State: _____

County: _____ Zip: _____ Country: _____

Medical Provider Information:

Name: _____ Street: _____ City: _____ State: _____

County: _____ Zip: _____ Country: _____

Corps: _____ AOC: _____ Requested Incentive(s): _____

Total Education Year/Degree: ____/____; ____/____; ____/____

Total Profession Years of Employment: _____

PS Officer Years in same Corps: _____

PS Officer Time in Different Corps: _____

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AMEDD APPLICANT QUESTIONNAIRE

Physical Screening Questionnaire

(Documents needed to complete and verify: Insurance Card(s), Hospital Records, Surgery Info, Food/Drug Allergy info)

Height: _____ Weight: _____ BF%: _____ Eye color: _____ Hair Color: _____

Have you ever had or have you now: Yes/No

Asthma, wheezing or inhaler use _____

Dislocated joint, including knee, hip, shoulder, elbow, ankle, or other joint _____

Epilepsy, fits, seizures, or convulsions _____

Sleepwalking _____

Recurrent neck or back pain _____

Rheumatic Fever _____

Foot pain _____

A swollen, painful, or dislocated joint or fluid in a joint (knee, shoulder, wrist, elbow, etc.) _____

Double vision _____

Periods of unconsciousness _____

Frequent or severe headaches causing loss of time from work or school or taking medication to prevent frequent or severe headaches _____

Wear contact lenses (If so, bring your contact lens kit and solution so you can remove your contact when we test your vision at the MEPS; also, if you have a pair of eyeglasses, bring them with you no matter how old they are.) _____

Fainting spells or passing out _____

Head injury, including skull fracture, resulting in concussion, loss of consciousness, headaches, etc. _____

Back surgery _____

Seen a psychiatrist, psychologist, social worker, counselor or other professional for any reason (inpatient or outpatient) including counseling or treatment for school, adjustment, family, marriage or any other problem, to include depression, or treatment for alcohol, drug or substance abuse _____

Skin disease: Eczema _____

Skin disease: Psoriasis _____

Skin disease: Atopic Dermatitis _____

Irregular heartbeat, including abnormally rapid or slow heart rates _____

Allergic to bee, wasp, or other insects stings (itching/swelling all over and/or get short of breath) _____

Heart murmur, valve problem or mitral valve prolapse _____

Allergic to wool _____

Heart surgery _____

Been rejected for military service (temporary or permanent) for medical or other reasons any other heart problems _____

High blood pressure _____

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AMEDD APPLICANT QUESTIONNAIRE

Discharged from military service for medical reasons _____

Ulcer (stomach, duodenum, or other part of intestine) _____

Received disability compensation for an injury or other medical condition _____

Hepatitis (liver infection or inflammation) _____

Intestinal obstruction (locked bowels), or any other chronic or recurrent intestinal problem, including small intestine or colon problems, such as Crohn's disease or Colitis _____

Detached retina or surgery for a detached retina _____

Surgery to remove a portion of the intestine (other than the appendix) _____

Any other eye conditions, injury or surgery _____

Are you over 40? (If so, call the MEPS for information on special requirements for over-40 physicals) _____

Gall bladder trouble or gall stones _____

Jaundice _____

Missing a kidney _____

Allergy to common food (milk, bread, eggs, meat, fish, or other common food) _____

(Females only) Abnormal PAP smear or gynecological problem _____

(Males only) Missing a testicle, testicular implant, or undescended testicle _____

Broken bone requiring surgery to repair (with or without pins, plates, screws, or other metal fixation devices used in repair) _____

Ruptured or bulging disk in your back or surgery for a ruptured or bulging disk _____

Thyroid condition or take medication for your thyroid _____

Limitation of motion of any joint, including knee, shoulder, wrist, elbow, hip, or other joint _____

Drug or alcohol rehab _____

Kidney, urinary tract or bladder problems, surgery, stones, or other urinary tract problems _____

Sugar, protein, or blood in urine _____

Surgery on a bone or joint (knee, shoulder, elbow, wrist, etc.) including Arthroscopy with normal findings _____

Taking any medications _____

Pain or swelling at the site of an old fracture _____

Perforated ear drum or tubes in ear drum(s) _____

Anemia _____

Ear surgery, to include mastoidectomy or repair of perforated ear drum hearing loss or need/use a hearing aid _____

Night blindness _____

Arthritis _____

Complete packet and return to your recruiter. Please attach all documents required.

AMEDD APPLICANT QUESTIONNAIRE

Absence or disturbance of the sense of smell _____

Absence or removal of spleen, or rupture or tear of the spleen without removal _____

Anorexia or other eating disorder _____

Cracked bone or fracture(s) _____

Bursitis _____

Braces (If you wear or are planning on obtaining braces for your teeth, have the orthodontist submit a letter stating that braces will be removed before active duty date; release form and sample format can be found in the Recruiter's Medical Guide.) _____

Loss of finger, toe, or part thereof _____

Loss of the ability to fully flex (bend) or fully extend a finger, toe, or other joint _____

Shoulder, knee, or elbow problem (out of place) _____

Locking of the knee or other joint _____

Giving way of knee or other joint _____

Cataracts or surgery for cataracts _____

Eye surgery, including radical keratotomy, lens implant or other eye surgery to improve your vision _____

Collapsed lung or other lung condition _____

Bed wetting since age 12 _____

Evaluation, treatment, or hospitalization for alcohol abuse, dependence, or addiction _____

Taken medication, drugs, or any substance to improve attention, behavior, or physical performance _____

Do you use any tobacco products _____

Evaluation, treatment, or hospitalization for substance use, abuse, addiction or dependence (including illegal drugs, prescription medications, or other substances) _____

Any illness, surgery, or hospitalization not listed above _____

Do you have a current insurance provider _____

Have you had a previous insurance provider _____

Do you have a primary care physician _____

Have you had a previous primary care physician _____

Painful or 'trick' joints or loss of movement in any joint _____

Tattoos or body piercing _____

Any deformities of, or missing fingers or toes _____

Impaired use of arms, legs, hands, and feet _____

Been hospitalized _____

Had or have you now any illness or injury including broken bones which required treatment by a physician/surgeon, hospitalization or a surgical operation _____

Complete packet and return to your recruiter. Please attach all documents required.

AMEDD APPLICANT QUESTIONNAIRE

Other medical problems or defects of any kind _____

Have you ever processed for military service: _____

Which Branch: _____

Allergies _____

Do you receive or have you applied for disability from any Federal Agency _____

Worn a Hearing Aid _____

Ear trouble or loss of hearing _____

Loss of vision in either eye _____

Eye trouble, injury or illness _____

Difficulty standing _____

Been addicted to drugs or alcohol _____

Had a mental condition _____

Been a sleepwalker _____

I completely and honestly disclosed all involvement with illegal drugs _____

Complete packet and return to your recruiter. Please attach all documents required.

AMEDD APPLICANT QUESTIONNAIRE

Personal Screening Questionnaire

(Documents needed to complete and verify: Marriage License, Divorce Decree, Custody Agreement)

1. Are you married? _____ (Y/N)
2. Have you ever been married? _____
3. Have you ever been divorced? _____
4. Are you legally separated? _____
5. Have you fathered/mothered any children? _____ How Many? # _____
6. Is anyone dependent upon you for financial support? _____ Total# of Dependents: _____
7. Do you have custody of any minor children? How Many? _____
8. Are you now or have you ever been negligent in providing alimony or support for children? _____
How Many? _____
9. Have you served in any branch of Armed Services to include the National Guard? _____
10. Been rejected for military service (temporary or permanent) for medical or other reasons? _____
11. Do you have an immediate relative (father, mother, brother or sister) who: (1) is now a prisoner of war or is missing in action (MIA); or (2) died or became 100% permanently disabled while serving in the Armed Services? _____
12. Are you the only living child in your immediate family? _____
13. Have you ever been rejected for enlistment, reenlistment, or induction by any branch of the Armed Forces of the United States? _____
14. Have you ever been required to appear before a medical or state regulating authority, regardless of the result, concerning your health status as an impaired, hindered, or otherwise restricted practitioner? _____
15. Have you ever had a license to practice health care denied in any state?
16. Have you ever had a license to prescribe narcotics voluntarily or involuntarily refused, revoked, suspended, or denied or have you ever voluntarily surrendered a license to prescribe narcotics? _____
17. Have you ever had a professional privileges denied, withdrawn, or restricted by any health care facility? _____
18. Have you ever been asked to resign from a facility or organization staff or professional society? _____
19. Have you ever been denied membership or renewal or been subject to disciplinary procedures in any health care organization? _____
20. Do you currently have Malpractice Insurance? _____
21. Have you ever had Malpractice Insurance (other than current Malpractice Insurance)? _____
22. Are you currently a defendant in a Malpractice Claim? _____
23. Have you ever been a defendant in a Malpractice Claim (other than current Malpractice Claim)? _____

Explain all positive answers on a continuation page

Complete packet and return to your recruiter. Please attach all documents required.

AMEDD APPLICANT QUESTIONNAIRE

Moral Screening Questionnaire

(Documents needed to complete and verify: Police Reports, Court Documents, Drivers License)

Have you ever been charged with or convicted of any felony offense? (Include those under Uniform Code of Military Justice) _____ (Y/N)

Have you ever been charged with or convicted of a firearms or explosives offense? Do you have any court actions of any kind (Civil)? _____

Do you have any court actions of any kind (Civil)? _____

Have you ever been charged with any offense(s) related to alcohol or drugs? _____

Do you have any open or pending violations to include tickets or parking violations? _____

Have you been arrested by any police officer, sheriff, marshal, or any other type of law enforcement officer? _____

Have you ever been on probation or on early release? _____

Have you been told by anyone (judge, lawyer, any Army personnel, family, friends, etc.) that you do not have to list a charge because the charge(s) were dropped, dismissed, not filed, expunged, stricken from the record or were juvenile related? _____

Have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you; are you on trial or awaiting a trial on criminal charges; or are you currently awaiting sentencing for a criminal offense? _____

In the last 7 years, have you consulted with a health care professional regarding an emotional or mental health condition or were you hospitalized for such a condition? Answer "No" if the counseling was for any of the following reasons and was not court ordered: strictly marital, family, grief not related to violence by you; or strictly related to adjustments from service in a military combat environment. _____

In the last 7 years (if an SSBI go back 10 years), have you been a party to any public record civil court action(s) not listed elsewhere on this form? _____

Has your use of alcoholic beverages (such as liquor, beer, wine) resulted in any alcohol related treatment or counseling (such as for alcohol abuse or alcoholism)? _____

Has your use of alcoholic beverages had a negative impact on your work performance, your professional or personal relationships, your finances, or resulted in intervention by law enforcement/public safety personnel? (If "Yes," explain.) _____

Have you been ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol? _____

Have you received counseling or treatment as a result of your use of alcohol? _____

Have you illegally used any controlled substance, for example, cocaine, crack cocaine, THC (marijuana, hashish, etc.), narcotics (opium, morphine, codeine, heroin, etc.), stimulants (amphetamines, speed crystal methamphetamine, Ecstasy, ketamine, etc.), depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), steroids, inhalants (toluene, amyl nitrate, etc.) or prescription drugs (including painkillers)? Use of a controlled substance including injecting, snorting, inhaling, swallowing, experimenting with or otherwise consuming any controlled substance. _____

Have you EVER illegally used a controlled substance while possessing a security clearance; while employed as a law enforcement officer, prosecutor, or courtroom official; or while in a position directly and immediately affecting the public safety? _____

Have you been involved in the illegal possession, purchase, manufacture, trafficking, production, transfer, shipping, receiving, handling, or sale of any controlled substance (see question a above) including prescription drugs? _____

Have you received counseling or treatment or have you been ordered, advised, or asked to seek counseling or treatment as a result of your use of drugs? If you answered "Yes," provide date(s) of treatment and name(s) and address(es) of provider(s). You will be asked to sign an additional release if information is needed concerning any treatment. _____

Explain all positive answers below or on a continuation page:

Complete packet and return to your recruiter. Please attach all documents required.

AMEDD APPLICANT QUESTIONNAIRE

Technology Information Screening Questionnaire

Have you illegally or without proper authorization entered into any information technology system? _____ (Y/N)

Have you illegally or without proper authorization modified, destroyed, manipulated, or denied others access to information residing on an information technology system? _____

Have you introduced, removed, or used hardware, software, or media in connection with any information technology system without authorization, when specifically prohibited by rules, procedures, guidelines, or regulations? _____

Group/Member Associations Screening Questionnaire

Have you ever been an officer or a member of, or made a contribution to, an organization dedicated to terrorism, and which engaged in illegal activities to that end, either with an awareness of the organization's dedication to that end or with the specific intent to further such illegal activities?

Have you ever been an officer or a member of, or made a contribution to, an organization dedicated to the use of violence or force to overthrow the U.S. Government, and which engaged in illegal activities to that end, either with an awareness of the organization's dedication to that end or with the specific intent to further such illegal activities? _____

Have you ever been an officer or a member of, or made a contribution to, an organization that unlawfully advocates or practices the commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or any state of the U.S. with the specific intent to further such illegal activities? _____

Have you ever advocated any acts of terrorism or activities designed to overthrow the U.S. Government by force with the specific intent to incite others to unlawful action in furtherance of such aims? _____

Have you ever knowingly engaged in any activities designed to overthrow the U.S. Government by force? _____

Have you ever knowingly engaged in any acts of terrorism? Neither your truthful responses nor information derived from your response to this question will be used as evidence against you in any subsequent criminal proceeding? _____

Have you ever participated in militias (not including official state government militias) or paramilitary groups? _____

Contact Method Screening Questionnaire

Contact Type: Current___ Home of Record___

Phone Number: _____

Extension: _____

Best time to Contact: Day___ Night___ Both___

Contact Type: Current___ Home of Record___

Phone Number: _____

Extension: _____

Best time to Contact: Day___ Night___ Both___

Contact Type: Home___ School___ Work___

Email Address: _____ (personal/business)

Complete packet and return to your recruiter. Please attach all documents required.

AMEDD APPLICANT QUESTIONNAIRE

ALIAS SCREEN

1. Alias Last Name: _____ First Name: _____ Middle 1: _____ Middle 2: _____

Suffix: _____ Used From(yyyymmdd): _____, To(yyyymmdd): _____

Type CIRCLE ONE: Alias Former Married Former Name Maiden Name Married Nickname

2. Alias Last Name: _____ First Name: _____ Middle 1: _____ Middle 2: _____

Suffix: _____ Used From(yyyymmdd): _____, To(yyyymmdd): _____

Type CIRCLE ONE: Alias Former Married Former Name Maiden Name Married Nickname

3. Alias Last Name: _____ First Name: _____ Middle 1: _____ Middle 2: _____

Suffix: _____ Used From(yyyymmdd): _____, To(yyyymmdd): _____

Type CIRCLE ONE: Alias Former Married Former Name Maiden Name Married Nickname

Foreign Language Screen (other than English)

First Language: _____ Understand _____ Read _____ Write _____ Speak _____

Second Language: _____ Understand _____ Read _____ Write _____ Speak _____

Complete packet and return to your recruiter. Please attach all documents required.

AMEDD APPLICANT QUESTIONNAIRE

RESIDENCE

List the different residences as well as a person who knew you at this residence for the last 7 years. Do not list your spouse, former spouse, or other relatives, and try not to list anyone listed elsewhere as a reference.

PLEASE FOLLOW THIS FORMAT ON ALL DATES (YYYY/MM/DD)

From: YYYYMMDD _____ To: YYYYMMDD _____

Street: _____

City: _____ State: _____ Zip: _____ County: _____ Country: _____

Status: Rent _____ Own _____ Military Housing _____ Other _____

Directions for General Delivery or Rural

Route: _____

Person Who Knows You at this Address and Telephone:

Last Name: _____ First: _____ Middle Name: _____ Suffix: _____

Relationship to you: Business Associate _____ Friend _____ Landlord _____ Neighbor _____ Other _____

Home Phone: Cntry CD _____ Area Code and Number _____ CIRCLE ONE: Day or Night

Work Phone: Cntry CD _____ Area Code and Number _____ CIRCLE ONE: Day or Night

Street: _____

City: _____ State: _____ Zip: _____ County: _____ Country: _____

Directions for General Delivery or Rural

Route: _____

From: YYYYMMDD _____ To: YYYYMMDD _____

Street: _____

City: _____ State: _____ Zip: _____ County: _____ Country: _____

Status: Rent _____ Own _____ Military Housing _____ Other _____

Directions for General Delivery or Rural

Route: _____

Complete packet and return to your recruiter. Please attach all documents required.

AMEDD APPLICANT QUESTIONNAIRE

Person Who Knows You at this Address and Telephone:

Last Name: _____ First: _____ Middle Name: _____ Suffix: _____

Relationship to you: Business Associate _____ Friend _____ Landlord _____ Neighbor _____ Other _____

Home Phone: Cntry CD _____ Area Code and Number _____ CIRCLE ONE: Day or Night

Work Phone: Cntry CD _____ Area Code and Number _____ CIRCLE ONE: Day or Night

Street: _____

City: _____ State: _____ Zip: _____ County: _____ Country: _____

Directions for General Delivery or Rural

Route: _____

From: YYYYMMDD _____ To: YYYYMMDD _____

Street: _____

City: _____ State: _____ Zip: _____ County: _____ Country: _____

Status: Rent _____ Own _____ Military Housing _____ Other _____

Directions for General Delivery or Rural

Route: _____

Person Who Knows You at this Address and Telephone:

Last Name: _____ First: _____ Middle Name: _____ Suffix: _____

Relationship to you: Business Associate _____ Friend _____ Landlord _____ Neighbor _____ Other _____

Home Phone: Cntry CD _____ Area Code and Number _____ CIRCLE ONE: Day or Night

Work Phone: Cntry CD _____ Area Code and Number _____ CIRCLE ONE: Day or Night

Street: _____

City: _____ State: _____ Zip: _____ County: _____ Country: _____

Directions for General Delivery or Rural

Route: _____

Complete packet and return to your recruiter. Please attach all documents required.

AMEDD APPLICANT QUESTIONNAIRE

From: YYYYMMDD _____ To: YYYYMMDD _____

Street: _____

City: _____ State: _____ Zip: _____ County: _____ Country: _____

Status: Rent _____ Own _____ Military Housing _____ Other _____

Directions for General Delivery or Rural

Route: _____

Person Who Knows You at this Address and Telephone:

Last Name: _____ First: _____ Middle Name: _____ Suffix: _____

Home Phone: Cntry CD _____ Area Code and Number _____ CIRCLE ONE: Day or Night

Work Phone: Cntry CD _____ Area Code and Number _____ CIRCLE ONE: Day or Night

Street: _____

City: _____ State: _____ Zip: _____ County: _____ Country: _____

Directions for General Delivery or Rural

Route: _____

PLEASE SUBMIT ANY CONTINUATIONS TO YOUR ADDRESS HISTORY ON A SEPARTE PAPER

Foreign Language Screen (other than English)

First Language: _____ Understand _____ Read _____ Write _____ Speak _____

Second Language: _____ Understand _____ Read _____ Write _____ Speak _____

Complete packet and return to your recruiter. Please attach all documents required.

AMEDD APPLICANT QUESTIONNAIRE

EMPLOYMENT HISTORY

(Documents needed to complete and verify: CV or Resume in Month Year Format)

Have you received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace?

Have you received a written warning, been officially reprimanded, suspended, or disciplined for violating a security rule or policy?

PLEASE FOLLOW THIS FORMAT ON ALL DATES (YYYY/MM/DD)

List the different employers for the last 7 years or 16th birthday whichever is shorter. List ALL Civil Service and Professional employment for AMEDO Applicants. Enter Military Employment under the Military Assignment Section.

Professional CIRCLE ONE: YES NO

From: YYYYMMDD To: YYYYMMDD Full Time ___ Part Time ___ Hrs. Per Week ___

Employer: _____ Position Title/ Specialty: _____

Job Responsibilities: _____

Current Supervisor Name Last: _____ First: _____ Middle: _____ Suffix _____

Current Supervisor Title: _____

Employer Street: _____ City: _____ State: _____ Zip: _____ Country: _____

Area Code: () Phone: _____

Did you leave a position for favorable reasons such as: pursue education, transfer to another job, promotion, FMLA, humanitarian reason, or other? CIRCLE ONE AND EXPLAIN: YES NO

Did any of the following happen to you: fired from job, quit a job after being told you'd be fired, left a job by mutual agreement following allegations of misconduct, left a job by mutual agreement following allegations of unsatisfactory performance or left a job for other reason under unfavorable circumstances? CIRCLE ONE: YES NO

Job Location (If Different from Employer) _____

Supervisor Location: (If Different From Job) _____

Have you worked for this organization previously? CIRCLE ONE: YES NO

If Yes When: _____

Professional CIRCLE ONE: YES NO

From: YYYYMMDD To: YYYYMMDD Full Time ___ Part Time ___ Hrs. Per Week ___

Employer: _____ Position Title/ Specialty: _____

Job Responsibilities: _____

Current Supervisor Name Last: _____ First: _____ Middle: _____ Suffix _____

Complete packet and return to your recruiter. Please attach all documents required.

AMEDD APPLICANT QUESTIONNAIRE

Current Supervisor Title: _____

Employer Street: _____ City: _____ State: _____ Zip: _____ Country: _____

Area Code: () Phone: _____

Did you leave a position for favorable reasons such as: pursue education, transfer to another job, promotion, FMLA, humanitarian reason, or other? CIRCLE ONE AND EXPLAIN: YES NO

Did any of the following happen to you: fired from job, quit a job after being told you'd be fired, left a job by mutual agreement following allegations of misconduct, left a job by mutual agreement following allegations of unsatisfactory performance or left a job for other reason under unfavorable circumstances? CIRCLE ONE: YES NO

Job Location (If Different from Employer) _____

Supervisor Location: (If Different From Job) _____

Have you worked for this organization previously? CIRCLE ONE: YES NO

If Yes When: _____

Professional CIRCLE ONE: YES NO

From: YYYYMMDD To: YYYYMMDD Full Time ___ Part Time ___ Hrs. Per Week ___

Employer: _____ Position Title/ Specialty: _____

Job Responsibilities: _____

Current Supervisor Name Last: _____ First: _____ Middle: _____ Suffix _____

Current Supervisor Title: _____

Employer Street: _____ City: _____ State: _____ Zip: _____ Country: _____

Area Code: () Phone: _____

Did you leave a position for favorable reasons such as: pursue education, transfer to another job, promotion, FMLA, humanitarian reason, or other? CIRCLE ONE AND EXPLAIN: YES NO

Did any of the following happen to you: fired from job, quit a job after being told you'd be fired, left a job by mutual agreement following allegations of misconduct, left a job by mutual agreement following allegations of unsatisfactory performance or left a job for other reason under unfavorable circumstances? CIRCLE ONE: YES NO

Job Location (If Different from Employer) _____

Supervisor Location: (If Different From Job) _____

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AMEDD APPLICANT QUESTIONNAIRE

Have you worked for this organization previously? CIRCLE ONE: YES NO

If Yes When: _____

Professional CIRCLE ONE: YES NO

From: YYYYMMDD To: YYYYMMDD Full Time ___ Part Time ___ Hrs. Per Week ___

Employer: _____ Position Title/ Specialty: _____

Job Responsibilities: _____

Current Supervisor Name Last: _____ First: _____ Middle: _____ Suffix _____

Current Supervisor Title: _____

Employer Street: _____ City: _____ State: _____ Zip: _____ Country: _____

Area Code: () Phone: _____

Did you leave a position for favorable reasons such as: pursue education, transfer to another job, promotion, FMLA, humanitarian reason, or other? CIRCLE ONE AND EXPLAIN: YES NO

Did any of the following happen to you: fired from job, quit a job after being told you'd be fired, left a job by mutual agreement following allegations of misconduct, left a job by mutual agreement following allegations of unsatisfactory performance or left a job for other reason under unfavorable circumstances? CIRCLE ONE: YES NO

Job Location (If Different from Employer) _____

Supervisor Location: (If Different From Job) _____

Have you worked for this organization previously? CIRCLE ONE: YES NO

If Yes When: _____

Professional CIRCLE ONE: YES NO

From: YYYYMMDD To: YYYYMMDD Full Time ___ Part Time ___ Hrs. Per Week ___

Employer: _____ Position Title/ Specialty: _____

Job Responsibilities: _____

Current Supervisor Name Last: _____ First: _____ Middle: _____ Suffix _____

Current Supervisor Title: _____

Employer Street: _____ City: _____ State: _____ Zip: _____ Country: _____

Area Code: () Phone: _____

Did you leave a position for favorable reasons such as: pursue education, transfer to another job, promotion, FMLA, humanitarian reason, or

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AMEDD APPLICANT QUESTIONNAIRE

other? CIRCLE ONE AND EXPLAIN: YES NO

Did any of the following happen to you: fired from job, quit a job after being told you'd be fired, left a job by mutual agreement following allegations of misconduct, left a job by mutual agreement following allegations of unsatisfactory performance or left a job for other reason under unfavorable circumstances? CIRCLE ONE: YES NO

Job Location (If Different from Employer) _____

Supervisor Location: (If Different From Job) _____

Have you worked for this organization previously? CIRCLE ONE: YES NO

If Yes When: _____

Professional CIRCLE ONE: YES NO

From: YYYYMMDD To: YYYYMMDD Full Time Part Time Hrs. Per Week

Employer: _____ Position Title/ Specialty: _____

Job Responsibilities: _____

Current Supervisor Name Last: _____ First: _____ Middle: _____ Suffix _____

Current Supervisor Title: _____

Employer Street: _____ City: _____ State: _____ Zip: _____ Country: _____

Area Code: () Phone: _____

Did you leave a position for favorable reasons such as: pursue education, transfer to another job, promotion, FMLA, humanitarian reason, or other? CIRCLE ONE AND EXPLAIN: YES NO

Did any of the following happen to you: fired from job, quit a job after being told you'd be fired, left a job by mutual agreement following allegations of misconduct, left a job by mutual agreement following allegations of unsatisfactory performance or left a job for other reason under unfavorable circumstances? CIRCLE ONE: YES NO

Job Location (If Different from Employer) _____

Supervisor Location: (If Different From Job) _____

Have you worked for this organization previously? CIRCLE ONE: YES NO

If Yes When: _____

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AMEDD APPLICANT QUESTIONNAIRE

Military Assignment History

(Documents needed to complete and verify: DD214, NGB22, Discharge Orders)

List all of your military service below, including service in the Reserve, National Guard, U.S. Merchant Marine and Foreign Military Service. Start with the most recent period of service and work backward. If you had a break in service, each separate period should be listed.

FROM: _____ TO: _____
YYYYMMDD YYYYMMDD

Country: _____ (Foreign Service)

Status: _____ (Active, Active Reserve, Inactive)

State: _____ (For National Guard)

FROM: _____ TO: _____
YYYYMMDD YYYYMMDD

Country: _____ (Foreign Service)

Status: _____ (Active, Active Reserve, Inactive)

State: _____ (For National Guard)

FROM: _____ TO: _____
YYYYMMDD YYYYMMDD

Country: _____ (Foreign Service)

Status: _____ (Active, Active Reserve, Inactive)

State: _____ (For National Guard)

Branch of Service: _____

Grade/rank: _____
(Current or one held at end of svc. Merchant Marine list a 3 char grade)

Unit name: _____

City/State: _____

AOC/MOS: _____

Branch of Service: _____

Grade/rank: _____
(Current or one held at end of svc. Merchant Marine list a 3 char grade)

Unit name: _____

City/State: _____

AOC/MOS: _____

Branch of Service: _____

Grade/rank: _____
(Current or one held at end of svc. Merchant Marine list a 3 char grade)

Unit name: _____

City/State: _____

AOC/MOS: _____

Have you ever received other than an honorable discharge from the military CIRCLE ONE: YES NO

Discharge Date (YYYYMMDD) _____

Type of Discharge: _____

Any Lost Time: _____

REMARKS: _____

Complete packet and return to your recruiter. Please attach all documents required.

AMEDD APPLICANT QUESTIONNAIRE

Foreign Activities

(Documents needed to complete and verify: Passport)

Do you have or have you EVER had any foreign financial business, foreign bank accounts, or other foreign financial interests of which you have direct control or direct ownership? _____

Do you have or have you had any foreign financial interests that someone controls on your behalf? _____

Do you own or have you owned real estate in a foreign country? _____

Do you receive or have you received any educational, medical, retirement, social welfare, or other such benefits from a foreign country? _____

Have you provided advice or support to anyone associated with a foreign business or other foreign organization that you have not previously listed as a former employer regarding any of the following: management, strategy, financing, or technology? _____

Have you attended any international conferences, trade shows, seminars, or other meetings outside of the US? _____

Have you or any of your immediate family members been asked to provide advice or serve as a consultant, even informally, by any foreign government official or agency? _____

Are you now or have you ever been employed by or acted as a consultant for a foreign government, firm, or agency? _____

Have you or any of your immediate family had any contact with a foreign government, its establishment (embassies, consulates, agencies, or military services), or its representatives, whether inside or outside of the US? _____

Have you sponsored any foreign citizen to come to the U.S. as a student, for work, or for permanent residence? _____

Are you now or have you ever been employed by or acted as a consultant for a foreign government, firm, or agency? _____

Have you ever had any contact with a foreign government, its establishments (embassies or consulates), or its representatives, whether inside or outside the U.S., other than on official U.S. Government business? (Does not include routine visa applications and border crossing contacts.) _____

Have you EVER had an active passport that was issued by a foreign government? _____

Have you traveled outside the United States on other than official U.S. Government orders in the last 10 years? (Travel as a dependent or contractor must be listed.) Do not repeat travel covered in modules 4, 5, and 6. (Lived, worked, attended school) _____

Do you have or have you had close continuing contact with foreign nationals within the last 10 years with whom you, your spouse, or your cohabitant are bound by affection, influence, and/or obligation? Include associates, as well as relatives, not already listed. (A foreign national is defined as any person who is not a citizen or national of the U.S.) _____

Complete packet and return to your recruiter. Please attach all documents required.

AMEDD APPLICANT QUESTIONNAIRE

Government and Military

(Documents needed to complete and verify: Clearance Documents, DD214)

Have you EVER served in the U.S. military or the U.S. Merchant Marines? _____

Have you EVER served in a foreign country's military, security forces, merchant marine, militia, or other defense forces? _____

Have you EVER received a discharge that was not honorable? _____

Have you ever been subject to court martial or other disciplinary proceedings under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.) _____

Are you now or have you ever been a deserter from any branch of the armed forces of the United States? _____

Have you ever been employed by the United States Government? _____

Are you now drawing, or do you have an application pending, or approval for: retired pay, disability allowance, severance pay, or pension from any agency of the government of the United States?

Are you now or have you ever been a conscientious objector? (That is, do you have, or have you ever had, a firm, fixed, and sincere objection to participation in war in any form or to the bearing of arms because of religious belief or training?) _____

Is there anything which would preclude you from performing military duties or participating in military activities whenever necessary (i.e., do you have any personal restrictions or religious practices which would restrict your availability?) _____

Have you ever been discharged by any branch of the Armed Forces of the United States for reasons pertaining to being a conscientious objector? _____

Have you ever been an officer or a member or made a contribution to an organization dedicated to the violent overthrow of the United States Government and which engages in illegal activities to that end, knowing that the organization engages in such activities with the specific intent to further such activities? _____

Have you ever knowingly engaged in any acts or activities designed to overthrow the United States Government by force? _____

Have you ever applied and not been selected for appointment in Regular Army as a commissioned officer? _____

Have you ever applied and not been selected for appointment in Regular Army as a warrant officer? _____

Have you ever applied and not been selected for appointment in Reserve component (USAR/ARNG) as a commissioned officer? _____

Have you ever applied and not been selected for appointment in Reserve component (USAR/ARNG) as a warrant officer? _____

Have you ever applied and not been selected for OCS? _____

Have you ever applied and not been selected for ROTC? _____

Have you ever resigned or been asked to resign in lieu of elimination proceedings; been discharged in lieu of elimination, furloughed, or placed on inactive status while serving in the US Armed Forces; or, have you ever resigned or been asked to resign from position while in government or private employment? _____

Have you been employed by the US Army as a Dietitian, Occupational or Physical Therapist? (If yes, give dates) _____

Are you in a promotable status and on a published promotion list? _____

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. _____

Complete packet and return to your recruiter. Please attach all documents required.

AMEDD APPLICANT QUESTIONNAIRE

Do you have an ADL Promotion Date? _____

Have you ever been passed over for a military promotion? _____

Do you have a current commission? (If yes, give source) _____

To your knowledge, have you EVER had a clearance or access authorization denied, suspended, or revoked; or been debarred from government employment? [If "Yes," give the action(s) date(s), of action(s), agency(ies), and circumstances.] Note: An administrative downgrade or termination of a security clearance is not a revocation. _____

Has the U.S. Government or a foreign government EVER investigated your background and/or granted you a security clearance? _____

Are you a male born after December 31, 1959? _____

Complete packet and return to your recruiter. Please attach all documents required.

AMEDD APPLICANT QUESTIONNAIRE

EDUCATION HISTORY

(Documents needed to complete and verify: Official Transcripts, Diplomas)

PLEASE FOLLOW THIS FORMAT ON ALL DATES (YYYY/MM/DD)

These pages captures all high school, under grad, and graduate types of education. All Internships, Residencies, Specialty Training and Fellowships are captured on the Advanced Education Page.

Is your Medical Degree from a foreign School? CIRCLE ONE: YES NO

Did you graduate from a High School? CIRCLE ONE: YES NO **If Yes List High School FIRST**

Have you ever enrolled in ROTC? CIRCLE ONE: YES NO

Do you have a guaranteed reserve forces duty or a remaining service obligation? CIRCLE ONE: YES NO

School Type: CIRCLE ONE: High School Under Graduate Graduate Doctorate

School State: _____ School Name: _____

Street: _____ City: _____ State: _____ Zip: _____ Country: _____

PLEASE FOLLOW THIS FORMAT ON ALL DATES (YYYY/MM/DD)

From: _____ To: _____ Graduated: CIRCLE ONE: YES NO Grad Date: _____
YYYYMMDD YYYYMMDD YYYYMMDD

Major Concentration: _____ Type: CIRCLE ONE: Degree Diploma Other

Credit Hours: _____ Credit Type: CIRCLE ONE: Clep/Dante Contact Hours Quarter Hours Semester Hours Units

Have you ever been expelled from school or placed on probation? CIRCLE ONE: YES NO

Yes Explanation:

Have you ever been the recipient of special education honors, dean's list, awards or Scholarships? CIRCLE ONE: YES NO

Yes Explanation:

List a person who knew you:

Last Name: _____ First: _____ Middle Name: _____ Suffix: _____

Home Phone: Cntry CD _____ Area Code and Number _____ CIRCLE ONE: Day or Night

Work Phone: Cntry CD _____ Area Code and Number _____ CIRCLE ONE: Day or Night

Street: _____

City: _____ State: _____ Zip: _____ County: _____ Country: _____

Use School Address: CIRCLE ONE: YES Use Address Below

Street: _____

Complete packet and return to your recruiter. Please attach all documents required.

AMEDD APPLICANT QUESTIONNAIRE

City: _____ State: _____ Zip: _____ County: _____ Country: _____
School Type: CIRCLE ONE: High School Under Graduate Graduate Doctorate

School State: _____ School Name: _____

Street: _____ City: _____ State: _____ Zip: _____ Country: _____

PLEASE FOLLOW THIS FORMAT ON ALL DATES (YYYY/MM/DD)

From: _____ To: _____ Graduated: CIRCLE ONE: YES NO Grad Date: _____
YYYYMMDD YYYYMMDD YYYYMMDD

Major Concentration: _____ Type: CIRCLE ONE: Degree Diploma Other

Credit Hours: _____ Credit Type: CIRCLE ONE: Clep/Dante Contact Hours Quarter Hours Semester Hours Units

Have you ever been expelled from school or placed on probation? CIRCLE ONE: YES NO

Yes Explanation:

Have you ever been the recipient of special education honors, dean's list, awards or Scholarships? CIRCLE ONE: YES NO

Yes Explanation:

List a person who knew you:

Last Name: _____ First: _____ Middle Name: _____ Suffix: _____

Home Phone: Cntry CD _____ Area Code and Number _____ CIRCLE ONE: Day or Night

Work Phone: Cntry CD _____ Area Code and Number _____ CIRCLE ONE: Day or Night

Street: _____

City: _____ State: _____ Zip: _____ County: _____ Country: _____

Use School Address: CIRCLE ONE: YES Use Address Below

Street: _____

City: _____ State: _____ Zip: _____ County: _____ Country: _____

School Type: CIRCLE ONE: High School Under Graduate Graduate Doctorate

School State: _____ School Name: _____

Street: _____ City: _____ State: _____ Zip: _____ Country: _____

PLEASE FOLLOW THIS FORMAT ON ALL DATES (YYYY/MM/DD)

From: _____ To: _____ Graduated: CIRCLE ONE: YES NO Grad Date: _____
YYYYMMDD YYYYMMDD YYYYMMDD

Major Concentration: _____ Type: CIRCLE ONE: Degree Diploma Other

Complete packet and return to your recruiter. Please attach all documents required.

AMEDD APPLICANT QUESTIONNAIRE

Credit Hours: _____ Credit Type: CIRCLE ONE: Clep/Dante Contact Hours Quarter Hours Semester Hours Units

Have you ever been expelled from school or placed on probation? CIRCLE ONE: YES NO

Yes Explanation:

Have you ever been the recipient of special education honors, dean's list, awards or Scholarships? CIRCLE ONE: YES NO

Yes Explanation:

List a person who knew you:

Last Name: _____ First: _____ Middle Name: _____ Suffix: _____

Home Phone: Cntry CD _____ Area Code and Number _____ CIRCLE ONE: Day or Night

Work Phone: Cntry CD _____ Area Code and Number _____ CIRCLE ONE: Day or Night

Street: _____

City: _____ State: _____ Zip: _____ County: _____ Country: _____

Use School Address: CIRCLE ONE: YES Use Address Below

Street: _____

City: _____ State: _____ Zip: _____ County: _____ Country: _____

School Type: CIRCLE ONE: High School Under Graduate Graduate Doctorate

School State: _____ School Name: _____

Street: _____ City: _____ State: _____ Zip: _____ Country: _____

PLEASE FOLLOW THIS FORMAT ON ALL DATES (YYYY/MM/DD)

From: _____ To: _____ Graduated: CIRCLE ONE: YES NO Grad Date: _____
YYYYMMDD YYYYMMDD YYYYMMDD

Major Concentration: _____ Type: CIRCLE ONE: Degree Diploma Other

Credit Hours: _____ Credit Type: CIRCLE ONE: Clep/Dante Contact Hours Quarter Hours Semester Hours Units

Have you ever been expelled from school or placed on probation? CIRCLE ONE: YES NO

Yes Explanation:

Have you ever been the recipient of special education honors, dean's list, awards or Scholarships? CIRCLE ONE: YES NO

Yes Explanation:

Complete packet and return to your recruiter. Please attach all documents required.

AMEDD APPLICANT QUESTIONNAIRE

List a person who knew you:

Last Name: _____ First: _____ Middle Name: _____ Suffix: _____

Home Phone: Cntry CD _____ Area Code and Number _____ CIRCLE ONE: Day or Night

Work Phone: Cntry CD _____ Area Code and Number _____ CIRCLE ONE: Day or Night

Street: _____

City: _____ State: _____ Zip: _____ County: _____ Country: _____

Use School Address: CIRCLE ONE: YES Use Address Below

Street: _____

City: _____ State: _____ Zip: _____ County: _____ Country: _____

Advanced Education

(Documents needed to complete and verify: Letters of Attendance from Programs on Letterhead)

School Type: CIRCLE ONE: Fellowship Internship Residency Specialty Training

From: _____ To: _____
YYYYMMDD YYYYMMDD

Specialty: _____

Hospital OR School Name: _____

Street: _____

City: _____ State: _____ Zip: _____ County: _____ Country: _____

Board Eligible: CIRCLE ONE: YES NO Board Certification Name: _____

Board Certified: CIRCLE ONE: YES NO Certification Date YYYYMMDD: _____

School Type: CIRCLE ONE: Fellowship Internship Residency Specialty Training

From: _____ To: _____
YYYYMMDD YYYYMMDD

Specialty: _____

Hospital OR School Name: _____

Street: _____

City: _____ State: _____ Zip: _____ County: _____ Country: _____

Board Eligible: CIRCLE ONE: YES NO Board Certification Name: _____

Board Certified: CIRCLE ONE: YES NO Certification Date YYYYMMDD: _____

School Type: CIRCLE ONE: Fellowship Internship Residency Specialty Training

From: _____ To: _____
YYYYMMDD YYYYMMDD

Specialty: _____

Complete packet and return to your recruiter. Please attach all documents required.

AMEDD APPLICANT QUESTIONNAIRE

Hospital OR School Name: _____

Street: _____

City: _____ State: _____ Zip: _____ County: _____ Country: _____

Board Eligible: CIRCLE ONE: YES NO Board Certification Name: _____

Board Certified: CIRCLE ONE: YES NO Certification Date YYYYMMDD: _____

Financial History

(Documents needed to complete and verify: Court Documents, Judgments)

Have you filed a petition under any chapter of the bankruptcy code? If "Yes," indicate Chapter 7, 11, or 13. _____

Have you had any possessions or property voluntarily or involuntarily repossessed or foreclosed? _____

Have you failed to pay Federal, state, or other taxes, or to file a tax return, when required by law or ordinance? _____

Have you had a lien placed against your property for failing to pay taxes or other debts? _____

Have you had a judgment entered against you? _____

Have you defaulted on any type of loan? _____

Have you had bills or debts turned over to a collection agency? _____

Have you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed? _____

Have you been evicted for non-payment of financial obligations? _____

Have you been delinquent on court-imposed alimony or child support payments? _____

Have you had your wages, benefits, or assets garnished or attached for any reason? _____

Have you been counseled, warned, or disciplined for violating terms of agreement for a travel or credit card provided by your employer? _____

Have you EVER experienced financial problems due to gambling? _____

Are you currently delinquent on any Federal debt? _____

Have you been over 180 days delinquent on any debt(s)? _____

Are you currently over 90 days delinquent on any debt(s)? _____

Complete packet and return to your recruiter. Please attach all documents required.

AMEDD APPLICANT QUESTIONNAIRE

Family & Associates

(Documents needed to complete and verify: Marriage License, Divorce Decree, Children Birth Certificates)

(Actual documents are required for Active Duty only)

(Mother-in-law/Father-in-law info required when applicable)

Relationship: _____ **(Mother)** _____ CHECK ONE: Dependent [] Deceased []

Maiden Name _____ Birth Date: _____ YYYY/MM/DD

Place of Birth: (City) _____ (County) _____ (State) _____

Name Last: _____ First: _____ Middle Name: _____ Suffix: _____

CHECK ONE: Use my current address [] Use my home of record address []

Street: _____

City: _____ State: _____ Zip: _____ County: _____ Country: _____

Citizenship Document: _____

Relationship: _____ **(Father)** _____ CHECK ONE: Dependent [] Deceased []

Birth Date: _____ YYYY/MM/DD

Place of Birth: (City) _____ (County) _____ (State) _____

Name Last: _____ First: _____ Middle Name: _____ Suffix: _____

CHECK ONE: Use my current address [] Use my home of record address []

Street: _____

City: _____ State: _____ Zip: _____ County: _____ Country: _____

Citizenship Document: _____

Relationship: _____ CHECK ONE: Dependent [] Deceased []

Birth Date: _____ YYYY/MM/DD

Place of Birth: (City) _____ (County) _____ (State) _____

Name Last: _____ First: _____ Middle Name: _____ Suffix: _____

CHECK ONE: Use my current address [] Use my home of record address []

Street: _____

City: _____ State: _____ Zip: _____ County: _____ Country: _____

Citizenship Document: _____

Complete packet and return to your recruiter. Please attach all documents required.

AMEDD APPLICANT QUESTIONNAIRE

Relationship: _____ CHECK ONE: Dependent [] Deceased []

Birth Date: _____ YYYY/MM/DD

Place of Birth: (City) _____ (County) _____ (State) _____

Name Last: _____ First: _____ Middle Name: _____ Suffix: _____

CHECK ONE: Use my current address [] Use my home of record address []

Street: _____

City: _____ State: _____ Zip: _____ County: _____ Country: _____

Citizenship Document: _____

Relationship: _____ CHECK ONE: Dependent [] Deceased []

Birth Date: _____ YYYY/MM/DD

Place of Birth: (City) _____ (County) _____ (State) _____

Name Last: _____ First: _____ Middle Name: _____ Suffix: _____

CHECK ONE: Use my current address [] Use my home of record address []

Street: _____

City: _____ State: _____ Zip: _____ County: _____ Country: _____

Citizenship Document: _____

Relationship: _____ CHECK ONE: Dependent [] Deceased []

Birth Date: _____ YYYY/MM/DD

Place of Birth: (City) _____ (County) _____ (State) _____

Name Last: _____ First: _____ Middle Name: _____ Suffix: _____

CHECK ONE: Use my current address [] Use my home of record address []

Street: _____

City: _____ State: _____ Zip: _____ County: _____ Country: _____

Citizenship Document: _____

Complete packet and return to your recruiter. Please attach all documents required.

AMEDD APPLICANT QUESTIONNAIRE

Relationship: _____ CHECK ONE: Dependent [] Deceased []

Birth Date: _____ YYYY/MM/DD

Place of Birth: (City) _____ (County) _____ (State) _____

Name Last: _____ First: _____ Middle Name: _____ Suffix: _____

CHECK ONE: Use my current address [] Use my home of record address []

Street: _____

City: _____ State: _____ Zip: _____ County: _____ Country: _____

Citizenship Document: _____

Relationship: _____ CHECK ONE: Dependent [] Deceased []

Birth Date: _____ YYYY/MM/DD

Place of Birth: (City) _____ (County) _____ (State) _____

Name Last: _____ First: _____ Middle Name: _____ Suffix: _____

CHECK ONE: Use my current address [] Use my home of record address []

Street: _____

City: _____ State: _____ Zip: _____ County: _____ Country: _____

Citizenship Document: _____

Relationship: _____ CHECK ONE: Dependent [] Deceased []

Birth Date: _____ YYYY/MM/DD

Place of Birth: (City) _____ (County) _____ (State) _____

Name Last: _____ First: _____ Middle Name: _____ Suffix: _____

CHECK ONE: Use my current address [] Use my home of record address []

Street: _____

City: _____ State: _____ Zip: _____ County: _____ Country: _____

Citizenship Document: _____

Complete packet and return to your recruiter. Please attach all documents required.

AMEDD APPLICANT QUESTIONNAIRE

SSN: _____

Divorce Date (YYYY/MM/DD): _____

City/State/Country of Divorce: _____

Former Spouse's Address/Phone Number (Omit if former spouse is deceased):

Former Spouse's Citizenship: _____

Other marriages CIRCLE ONE: YES NO **NOTE: Use the Continuation Space at the end of this worksheet.**

Spouse Alias Last Name: _____ First Name: _____ Middle 1: _____

Middle 2: _____ Suffix: _____ SSN: _____

Used From(yyyymmdd): _____, To(yyyymmdd): _____

Type CIRCLE ONE: Alias Former Married Former Name Maiden Name Married Nickname

Spouse Alias Last Name: _____ First Name: _____ Middle 1: _____

Middle 2: _____ Suffix: _____ SSN: _____

Used From(yyyymmdd): _____, To(yyyymmdd): _____

Type CIRCLE ONE: Alias Former Married Former Name Maiden Name Married Nickname

CITIZENSHIP

Current or expired U.S. Passport number: _____ Issue Date: _____

Do you have Dual Citizenship CIRCLE ONE? Y N If yes what Country: _____

Do you now hold or have you EVER held multiple citizenships?

Explain: _____

AMEDD APPLICANT QUESTIONNAIRE

Professional References

List three people who know you well and live in the United States. They should be good Supervisors, Peers, Instructors, etc., whose combined association with you covers, as well as possible, the last 7 years. Do not list your spouse, former spouse, or other relatives, and try not to list anyone listed elsewhere as a reference.

1. Professional Reference: TYPE (Circle One): Instructor Peer Supervisor Title: _____

Date relationship began: _____

Last Name: _____ First: _____ Middle Name: _____ Suffix: _____

Home Phone: Cntry CD _____ Area Code and Number _____ CIRCLE ONE: Day or Night

Work Phone: Cntry CD _____ Area Code and Number _____ CIRCLE ONE: Day or Night

Street: _____

City: _____ State: _____ Zip: _____ County: _____ Country: _____

2. Professional Reference: TYPE(Circle One) : Instructor Peer Supervisor Title: _____

Date relationship began: _____

Last Name: _____ First: _____ Middle Name: _____ Suffix: _____

Home Phone: Cntry CD _____ Area Code and Number _____ CIRCLE ONE: Day or Night

Work Phone: Cntry CD _____ Area Code and Number _____ CIRCLE ONE: Day or Night

Street: _____

City: _____ State: _____ Zip: _____ County: _____ Country: _____

3. Professional Reference: TYPE (Circle One): Instructor Peer Supervisor Title: _____

Date relationship began: _____

Last Name: _____ First: _____ Middle Name: _____ Suffix: _____

Home Phone: Cntry CD _____ Area Code and Number _____ CIRCLE ONE: Day or Night

Work Phone: Cntry CD _____ Area Code and Number _____ CIRCLE ONE: Day or Night

Street: _____

City: _____ State: _____ Zip: _____ County: _____ Country: _____

Complete packet and return to your recruiter. Please attach all documents required.

AMEDD APPLICANT QUESTIONNAIRE

Character References (In addition to Professional References)

List three people who know you well and live in the United States. They should be good friends, peers, colleagues, college roommates, etc., whose combined association with you covers, as well as possible, the last 7 years. Do not list your spouse, former spouse, or other relatives, and try not to list anyone listed elsewhere as a reference.

1. Date relationship began: _____

Last Name: _____ First: _____ Middle Name: _____ Suffix: _____

Relationship: Friend___ Neighbor___ Other___ Schoolmate___ Work Associate___

Home Phone: Cntry CD _____ Area Code and Number _____ CIRCLE ONE: Day or Night

Work Phone: Cntry CD _____ Area Code and Number _____ CIRCLE ONE: Day or Night

Street: _____

City: _____ State: _____ Zip: _____ County: _____ Country: _____

2. Date relationship began: _____

Last Name: _____ First: _____ Middle Name: _____ Suffix: _____

Relationship: Friend___ Neighbor___ Other___ Schoolmate___ Work Associate___

Home Phone: Cntry CD _____ Area Code and Number _____ CIRCLE ONE: Day or Night

Work Phone: Cntry CD _____ Area Code and Number _____ CIRCLE ONE: Day or Night

Street: _____

City: _____ State: _____ Zip: _____ County: _____ Country: _____

3. Date relationship began: _____

Last Name: _____ First: _____ Middle Name: _____ Suffix: _____

Relationship: Friend___ Neighbor___ Other___ Schoolmate___ Work Associate___

Home Phone: Cntry CD _____ Area Code and Number _____ CIRCLE ONE: Day or Night

Work Phone: Cntry CD _____ Area Code and Number _____ CIRCLE ONE: Day or Night

Street: _____

City: _____ State: _____ Zip: _____ County: _____ Country: _____

Complete packet and return to your recruiter. Please attach all documents required.

AMEDD APPLICANT QUESTIONNAIRE

Professional Organizations

List all professional organizations in which you hold or have held a membership or affiliation.

Organization Name: _____

From Date: _____ (yyymmdd) To Date: _____ (yyymmdd)

Current Status: Current Restricted Current Unrestricted Denied Involuntary Limited Normal Expiration
Resigned Revoked Surrendered Suspended Voluntarily Limited Withdrawn

Explanation:

Organization Name: _____

From Date: _____ (yyymmdd) To Date: _____ (yyymmdd)

Current Status: Current Restricted Current Unrestricted Denied Involuntary Limited Normal Expiration
Resigned Revoked Surrendered Suspended Voluntarily Limited Withdrawn

Explanation:

Organization Name: _____

From Date: _____ (yyymmdd) To Date: _____ (yyymmdd)

Current Status: Current Restricted Current Unrestricted Denied Involuntary Limited Normal Expiration
Resigned Revoked Surrendered Suspended Voluntarily Limited Withdrawn

Explanation:

Organization Name: _____

From Date: _____ (yyymmdd) To Date: _____ (yyymmdd)

Current Status: Current Restricted Current Unrestricted Denied Involuntary Limited Normal Expiration
Resigned Revoked Surrendered Suspended Voluntarily Limited Withdrawn

Explanation:

Complete packet and return to your recruiter. Please attach all documents required.

AMEDD APPLICANT QUESTIONNAIRE

Organization Name: _____

From Date: _____ (yyymmdd) To Date: _____ (yyymmdd)

Current Status: Current Restricted Current Unrestricted Denied Involuntary Limited Normal Expiration
 Resigned Revoked Surrendered Suspended Voluntarily Limited Withdrawn

Explanation:

Organization Name: _____

From Date: _____ (yyymmdd) To Date: _____ (yyymmdd)

Current Status: Current Restricted Current Unrestricted Denied Involuntary Limited Normal Expiration
 Resigned Revoked Surrendered Suspended Voluntarily Limited Withdrawn

Explanation:

Organization Name: _____

From Date: _____ (yyymmdd) To Date: _____ (yyymmdd)

Current Status: Current Restricted Current Unrestricted Denied Involuntary Limited Normal Expiration
 Resigned Revoked Surrendered Suspended Voluntarily Limited Withdrawn

Explanation:

Organization Name: _____

From Date: _____ (yyymmdd) To Date: _____ (yyymmdd)

Current Status: Current Restricted Current Unrestricted Denied Involuntary Limited Normal Expiration
 Resigned Revoked Surrendered Suspended Voluntarily Limited Withdrawn

Explanation:

AMEDD APPLICANT QUESTIONNAIRE

Professional Licenses

(Documents needed to complete and verify: All Licenses and Certifications)

List all professional license' in which you hold or have held.

License State: _____ License Number: _____ National License Y / N

License Type: _____

From Date: _____ (yyymmdd) To Date: _____ (yyymmdd)

Current Status: Current Restricted Current Unrestricted Denied Involuntary Limited Normal Expiration
Resigned Revoked Surrendered Suspended Voluntarily Limited Withdrawn

Explanation:

License State: _____ License Number: _____ National License Y / N

License Type: _____

From Date: _____ (yyymmdd) To Date: _____ (yyymmdd)

Current Status: Current Restricted Current Unrestricted Denied Involuntary Limited Normal Expiration
Resigned Revoked Surrendered Suspended Voluntarily Limited Withdrawn

Explanation:

License State: _____ License Number: _____ National License Y / N

License Type: _____

From Date: _____ (yyymmdd) To Date: _____ (yyymmdd)

Current Status: Current Restricted Current Unrestricted Denied Involuntary Limited Normal Expiration
Resigned Revoked Surrendered Suspended Voluntarily Limited Withdrawn

Explanation:

License State: _____ License Number: _____ National License Y / N

License Type: _____

From Date: _____ (yyymmdd) To Date: _____ (yyymmdd)

Current Status: Current Restricted Current Unrestricted Denied Involuntary Limited Normal Expiration
Resigned Revoked Surrendered Suspended Voluntarily Limited Withdrawn

Explanation:

Complete packet and return to your recruiter. Please attach all documents required.

AMEDD APPLICANT QUESTIONNAIRE

License State: _____ License Number: _____ National License Y / N

License Type: _____

From Date: _____ (yyymmdd) To Date: _____ (yyymmdd)

Current Status: Current Restricted Current Unrestricted Denied Involuntary Limited Normal Expiration
Resigned Revoked Surrendered Suspended Voluntarily Limited Withdrawn

Explanation:

License State: _____ License Number: _____ National License Y / N

License Type: _____

From Date: _____ (yyymmdd) To Date: _____ (yyymmdd)

Current Status: Current Restricted Current Unrestricted Denied Involuntary Limited Normal Expiration
Resigned Revoked Surrendered Suspended Voluntarily Limited Withdrawn

Explanation:

License State: _____ License Number: _____ National License Y / N

License Type: _____

From Date: _____ (yyymmdd) To Date: _____ (yyymmdd)

Current Status: Current Restricted Current Unrestricted Denied Involuntary Limited Normal Expiration
Resigned Revoked Surrendered Suspended Voluntarily Limited Withdrawn

Explanation:

License State: _____ License Number: _____ National License Y / N

License Type: _____

From Date: _____ (yyymmdd) To Date: _____ (yyymmdd)

Current Status: Current Restricted Current Unrestricted Denied Involuntary Limited Normal Expiration
Resigned Revoked Surrendered Suspended Voluntarily Limited Withdrawn

Explanation:

Complete packet and return to your recruiter. Please attach all documents required.

AMEDD APPLICANT QUESTIONNAIRE

Professional Privileges

Facility Name: _____

From Date: _____ To Date: _____

Current Status: Current Restricted Current Unrestricted Denied Involuntary Limited Normal Expiration
Resigned Revoked Surrendered Suspended Voluntarily Limited Withdrawn

Street: _____ City: _____ State: _____ Zip: _____

Telephone #: _____ Extension: _____

Extension: _____

Explanation: _____

Facility Name: _____

From Date: _____ To Date: _____

Current Status: Current Restricted Current Unrestricted Denied Involuntary Limited Normal Expiration

Resigned Revoked Surrendered Suspended Voluntarily Limited
Withdrawn

Street: _____ City: _____ State: _____ Zip: _____

Telephone #: _____ Extension: _____

Extension: _____

Explanation: _____

Facility Name: _____

From Date: _____ To Date: _____

Current Status: Current Restricted Current Unrestricted Denied Involuntary Limited Normal Expiration

Resigned Revoked Surrendered Suspended Voluntarily Limited
Withdrawn

Street: _____ City: _____ State: _____ Zip: _____

Telephone #: _____ Extension: _____

Extension: _____

Explanation: _____

Facility Name: _____

From Date: _____ To Date: _____

Current Status: Current Restricted Current Unrestricted Denied Involuntary Limited Normal Expiration

Complete packet and return to your recruiter. Please attach all documents required.

AMEDD APPLICANT QUESTIONNAIRE

Resigned Revoked Surrendered Suspended Voluntarily Limited
Withdrawn
Street: _____ City: _____ State: _____ Zip: _____
Telephone #: _____ Extension: _____
Extension: _____
Explanation: _____

Facility Name: _____
From Date: _____ To Date: _____

Current Status: Current Restricted Current Unrestricted Denied Involuntary Limited Normal
Expiration

Resigned Revoked Surrendered Suspended Voluntarily Limited
Withdrawn
Street: _____ City: _____ State: _____ Zip: _____
Telephone #: _____ Extension: _____
Extension: _____
Explanation: _____

Facility Name: _____
From Date: _____ To Date: _____

Current Status: Current Restricted Current Unrestricted Denied Involuntary Limited Normal
Expiration

Resigned Revoked Surrendered Suspended Voluntarily Limited
Withdrawn
Street: _____ City: _____ State: _____ Zip: _____
Telephone #: _____ Extension: _____
Extension: _____
Explanation: _____

AMEDD APPLICANT QUESTIONNAIRE

Malpractice Insurance Provider(s), current & last 7 years

Carrier Name: _____
Policy Number: _____
Street Address: _____ City: _____ St: _____ Zip _____
Telephone #: _____
Time of Provider Coverage From: _____ To: _____

Carrier Name: _____
Policy Number: _____
Street Address: _____ City: _____ St: _____ Zip _____
Telephone #: _____
Time of Provider Coverage From: _____ To: _____

Carrier Name: _____
Policy Number: _____
Street Address: _____ City: _____ St: _____ Zip _____
Telephone #: _____
Time of Provider Coverage From: _____ To: _____

Carrier Name: _____
Policy Number: _____
Street Address: _____ City: _____ St: _____ Zip _____
Telephone #: _____
Time of Provider Coverage From: _____ To: _____

Carrier Name: _____
Policy Number: _____
Street Address: _____ City: _____ St: _____ Zip _____
Telephone #: _____
Time of Provider Coverage From: _____ To: _____

Carrier Name: _____
Policy Number: _____
Street Address: _____ City: _____ St: _____ Zip _____
Telephone #: _____
Time of Provider Coverage From: _____ To: _____

Carrier Name: _____
Policy Number: _____
Street Address: _____ City: _____ St: _____ Zip _____
Telephone #: _____
Time of Provider Coverage From: _____ To: _____

Complete packet and return to your recruiter. Please attach all documents required.

AMEDD APPLICANT QUESTIONNAIRE

MALPRACTICE CLAIM(s)

(Documents needed to complete and verify: Court Documents)

Case Number: _____ Suit Filed: Y / N
Allegation: _____
Court Date: _____ Claim Status: _____
Disposition Favored: Doctor _____ Claimant _____
Payment Required: Y / N Payment Amount: _____
Payment Amount: _____
Payment Type: _____
Insurance company involved: _____
Detailed Medical Facts: _____

Case Number: _____ Suit Filed: Y / N
Allegation: _____
Court Date: _____ Claim Status: _____
Disposition Favored: Doctor _____ Claimant _____
Payment Required: Y / N Payment Amount: _____
Payment Amount: _____
Payment Type: _____
Insurance company involved: _____
Detailed Medical Facts: _____

Case Number: _____ Suit Filed: Y / N
Allegation: _____
Court Date: _____ Claim Status: _____
Disposition Favored: Doctor _____ Claimant _____
Payment Required: Y / N Payment Amount: _____
Payment Amount: _____
Payment Type: _____
Insurance company involved: _____
Detailed Medical Facts: _____

Complete packet and return to your recruiter. Please attach all documents required.

AMEDD APPLICANT QUESTIONNAIRE

Case Number: _____ Suit Filed: Y / N
Allegation: _____
Court Date: _____ Claim Status: _____
Disposition Favored: Doctor _____ Claimant _____
Payment Required: Y / N Payment Amount: _____
Payment Amount: _____
Payment Type: _____
Insurance company involved: _____
Detailed Medical Facts: _____

Case Number: _____ Suit Filed: Y / N
Allegation: _____
Court Date: _____ Claim Status: _____
Disposition Favored: Doctor _____ Claimant _____
Payment Required: Y / N Payment Amount: _____
Payment Amount: _____
Payment Type: _____
Insurance company involved: _____
Detailed Medical Facts: _____

Case Number: _____ Suit Filed: Y / N
Allegation: _____
Court Date: _____ Claim Status: _____
Disposition Favored: Doctor _____ Claimant _____
Payment Required: Y / N Payment Amount: _____
Payment Amount: _____
Payment Type: _____
Insurance company involved: _____
Detailed Medical Facts: _____

AMEDD APPLICANT QUESTIONNAIRE

LOAN REPAYMENT INFO

(For Active Duty Applicants)

Lender Name: _____ Street: _____
Phone: _____ Extension: _____ City: _____, State: _____ Zip: _____
Lending ABA/Routing Number: _____
Account Number: _____
Loan Type: _____ Has Loan Been Sold: YES NO
Original Loan Date: (YYYYMMDD) _____ Original Loan Amount: _____
Current Principal: _____ Current Interest: _____ As of Date: (YYYYMMDD) _____
Loan in Default: YES NO Under Federal Judgment: YES NO
Repayment Method: Annually___ Monthly___ Semiannually___ Other: _____

Lender Name: _____ Street: _____
Phone: _____ Extension: _____ City: _____, State: _____ Zip: _____
Lending ABA/Routing Number: _____
Account Number: _____
Loan Type: _____ Has Loan Been Sold: YES NO
Original Loan Date: (YYYYMMDD) _____ Original Loan Amount: _____
Current Principal: _____ Current Interest: _____ As of Date: (YYYYMMDD) _____
Loan in Default: YES NO Under Federal Judgment: YES NO
Repayment Method: Annually___ Monthly___ Semiannually___ Other: _____

Lender Name: _____ Street: _____
Phone: _____ Extension: _____ City: _____, State: _____ Zip: _____
Lending ABA/Routing Number: _____
Account Number: _____
Loan Type: _____ Has Loan Been Sold: YES NO
Original Loan Date: (YYYYMMDD) _____ Original Loan Amount: _____
Current Principal: _____ Current Interest: _____ As of Date: (YYYYMMDD) _____
Loan in Default: YES NO Under Federal Judgment: YES NO
Repayment Method: Annually Monthly Semiannually Other: _____

Complete packet and return to your recruiter. Please attach all documents required.

AMEDD APPLICANT QUESTIONNAIRE

Lender Name: _____ Street: _____
Phone: _____ Extension: _____ City: _____, State: _____ Zip: _____
Lending ABA/Routing Number: _____
Account Number: _____
Loan Type: _____ Has Loan Been Sold: YES NO
Original Loan Date: (YYYYMMDD) _____ Original Loan Amount: _____
Current Principal: _____ Current Interest: _____ As of Date: (YYYYMMDD) _____
Loan in Default: YES NO Under Federal Judgment: YES NO
Repayment Method: Annually___ Monthly___ Semiannually___ Other: ___

Lender Name: _____ Street: _____
Phone: _____ Extension: _____ City: _____, State: _____ Zip: _____
Lending ABA/Routing Number: _____
Account Number: _____
Loan Type: _____ Has Loan Been Sold: YES NO
Original Loan Date: (YYYYMMDD) _____ Original Loan Amount: _____
Current Principal: _____ Current Interest: _____ As of Date: (YYYYMMDD) _____
Loan in Default: YES NO Under Federal Judgment: YES NO
Repayment Method: Annually___ Monthly___ Semiannually___ Other: ___

Lender Name: _____ Street: _____
Phone: _____ Extension: _____ City: _____, State: _____ Zip: _____
Lending ABA/Routing Number: _____
Account Number: _____
Loan Type: _____ Has Loan Been Sold: YES NO
Original Loan Date: (YYYYMMDD) _____ Original Loan Amount: _____
Current Principal: _____ Current Interest: _____ As of Date: (YYYYMMDD) _____
Loan in Default: YES NO Under Federal Judgment: YES NO
Repayment Method: Annually___ Monthly___ Semiannually___ Other: ___

Complete packet and return to your recruiter. Please attach all documents required.

AMEDD APPLICANT QUESTIONNAIRE

**Bankruptcy Information or
Financial Delinquency; 30-180 days**

Date: _____ Type action: _____ Amount: _____

Account # _____

Name action occurred under: _____

Creditor:

Name	Street Address	City	State	Zip
------	----------------	------	-------	-----

_____ County

Status of action: Current ___ Discharged ___ Other ___

Explanation: _____

Court or Agency Name: _____

Street Address	City	State	County	Zip
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