

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.

1. TYPE OF APPOINTMENT FOR WHICH APPLICATION IS SUBMITTED COMMISSIONED OFFICER - REGULAR ARMY COMMISSIONED OFFICER - ARMY RESERVE WARRANT OFFICER - REGULAR ARMY WARRANT OFFICER - ARMY RESERVE OFFICER CANDIDATE SCHOOL	2. GOVERNING REGULATION OR CIRCULAR <i>(Specify appropriate section(s) if applicable)</i> 3. GRADE FOR WHICH APPLYING <i>(Reserve appointments only)</i> 4. SOURCE OF APPLICATION <i>(ROTC only)</i> DMG DATE DESIGNATED: SCHOLARSHIP - ENTER 1, 2, 3 OR 4 YEARS:
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6. BRANCH AND SPECIALTY PREFERENCES Regular Army and Officer Candidate applicants and all ROTC graduates: In numerical sequence, indicate 10 branch preferences other than CA and SS. USAR applicants: If applying for a specific Reserve vacancy, indicate <i>ONLY</i> the branch of the vacant position; all other applicants may enter more than one branch.	5. ONLY FOR APPLICANTS FOR APPOINTMENT AS WARRANT OFFICERS <i>(List choice by MOS code and title)</i> a. MOS CODE b. MOS TITLE
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PERSONAL DATA										
PREFER-ENCE	BRANCH	SPECIALTY	7. NAME <i>(Last, first, middle)(Explain variations from birth certificate in Item 41)</i>				8. GRADE	9a. SOCIAL SECURITY NUMBER		
			10. BRANCH <i>(MOS if enl or wa)</i>	11. TOTAL YRS ACTIVE SERVICE	12. MARITAL STATUS	13. NUMBER OF DEPENDENTS UNDER 18 YEARS OF AGE		9b. SELECTIVE SERVICE NUMBER		
	AD		14. DATE OF BIRTH	15. PLACE OF BIRTH <i>(City, county, state)</i>	16. SEX	17. COMPLETE MILITARY ADDRESS <i>(If presently on active duty) (Include ZIP Code)</i>				
	AG		18. PERMANENT ADDRESS <i>(Include ZIP Code)</i>			19. CURRENT MAILING ADDRESS <i>(If difference from Item 18) (Include ZIP Code)</i>				
	AR									
	AV									
	CA									
	CM		PHONE <i>(Include area code)</i>			PHONE <i>(Include area code)</i>				
	EN		20. US CITIZEN			c. APPLICANT'S CERTIFICATE NO. <i>(If Item b. checked) (Date, place, court)</i>				
	FA		<input type="checkbox"/> YES	a. NATIVE	b. <input type="checkbox"/> NATURALIZATION					
	FI		<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> DERIVED					
	IN		<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> IMMIGRANT					
	MI		21. CIVILIAN EDUCATION <i>(See page 3 for additional requirements for professional personnel)</i>							
	MP		a. HIGH SCHOOL GRADUATE		b. NAME AND LOCATION OF HIGH SCHOOL					
	OD		<input type="checkbox"/> YES	<input type="checkbox"/> NO						
	QM		c. NAME AND LOCATION OF EACH COLLEGE OR UNIVERSITY ATTENDED <i>(Include USMA, USNA, USAFA, USCGA, and USMMA)</i>		(1) DEGREE	(2) SEMESTER CREDITS EARNED	(3) YEARS ATTENDED	(4) DATE GRADUATED OR WILL GRADUATE		(5) MAJOR SUBJECT
	SC							DAY	MONTH	YEAR
	SS									
	TC									
	AN									
	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 <i>(Continue in Item 41)(Remarks)</i>				
	VC									

22. HIGHEST LEVEL SERVICE SCHOOL ATTENDED						
a. NAME OF SCHOOL	b. COURSE	c. DATES <i>(Mo-Yr)</i>		COMPLETED		d. IF NOT COMPLETED GIVE REASON
		FROM	TO	YES	NO	

23a. FOREIGN LANGUAGES AND DEGREE OF PROFICIENCY	23b. ALAT SCORE <i>(If applicable)</i>
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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						
WARRANT OFFICER						
COMMISS- SIONED						

f. DATE CURRENT ACTIVE DUTY TOUR TERMINATES _____ g. DATE OF LAST ADL PROMOTION _____

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						
WARRANT OFFICER						
COMMISS- SIONED						

29. SOURCE OF CURRENT COMMISSION (If applicable) OTHER

ARNGUS: OCS DIRECT APPOINTMENT

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

DIRECT APPOINTMENT

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

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

a. ROTC		b. OCS	
YES	NO	YES	NO
c. APPOINTMENT IN RESERVE COMPONENT (USAR/ARNG)		d. APPOINTMENT IN REGULAR ARMY	
AS A WARRANT OFFICER		AS A WARRANT OFFICER	
AS A COMMISSIONED OFFICER		AS A COMMISSIONED OFFICER	

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)

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)	(2)	(3)	(4)	
SUBJECT OR COURSE	NAME AND LOCATION OF SCHOOL OR HOSPITAL	SEMESTER CREDITS EARNED	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 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
				FROM
b. PRINCIPAL DUTIES <i>(Describe briefly)</i>				
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>				
42. THE INFORMATION CONTAINED HEREIN IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.			DATE	SIGNATURE OF APPLICANT

PART I - RECOMMENDATION FOR APPOINTMENT OF ROTC GRADUATE AS A (REGULAR) OR (RESERVE) COMMISSIONED OFFICER OF THE ARMY (AR 601-100, AR 145-1) (To be completed by PMS only)

FROM: (Name and Address of Institution)

TO: (Appropriate Region Commander)

- a. APPLICANT WILL HAVE SUCCESSFULLY COMPLETED AT THIS INSTITUTION THE PRESCRIBED COURSE FOR THE UNIT ON _____ (Date)
- b. APPLICANT HAS HAS NOT COMPLETED SUCCESSFULLY THE REQUIRED CAMP TRAINING.
- c. APPLICANT WILL HAVE ATTAINED WILL NOT HAVE ATTAINED, A BACCALAUREATE DEGREE UPON SUCCESSFUL COMPLETION OF THE ROTC COURSE.
- d. I CONSIDER APPLICANT PHYSICALLY, MENTALLY, MORALLY, AND PROFESSIONALLY QUALIFIED FOR APPOINTMENT AS A REGULAR RESERVE COMMISSIONED OFFICER OF THE ARMY RECOMMEND HIS APPOINTMENT.
- e. APPLICANT WILL ATTAIN FULL QUALIFICATION FOR, AND SHOULD BE APPOINTED ON _____ (Day, Month and Year)

DATE	BRANCH FOR ASSIGNMENT	SIGNATURE AND GRADE (PMS)
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PART II - RECOMMENDATION FOR APPLICANTS FOR OCS ONLY (AR 351-5)

a. STATEMENT

TO:	DATE
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- 1. I HAVE KNOWN THE APPLICANT FOR _____ MONTHS. HE HAS SERVED UNDER ME FOR _____ MONTHS. HIS PRINCIPAL DUTY IS _____
- 2. I DO DO NOT RECOMMEND THE APPLICANT.
- 3. REMARKS (Include your opinion as to his/her overall ability (to include leadership) and value to the service).

ENCLOSURES	SIGNATURE
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ORGANIZATION	TYPED NAME, GRADE AND TITLE
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b. STATEMENT

TO:	DATE
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- 1. I HAVE KNOWN THE APPLICANT FOR _____ MONTHS. HE HAS SERVED UNDER ME FOR _____ MONTHS. HIS PRINCIPAL DUTY IS _____
- 2. I DO DO NOT RECOMMEND THE APPLICANT.
- 3. REMARKS (Include your opinion as to his/her overall ability (to include leadership) and value to the service).

ENCLOSURES	SIGNATURE
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ORGANIZATION	TYPED NAME, GRADE AND TITLE
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