

DUTY PREFERENCE FOR MEDICAL PROGRAMS

Privacy Act Statement

AUTHORITY AND PURPOSE: 5 U.S.C. 301, Departmental Regulations; and E.O. 9397(SSN). Provided information is used to assist officials and employees of the Navy in the management, supervision and administration of Navy personnel (officer and enlisted) and the operations of related personnel affairs and functions.

ROUTINE USES: Information will be utilized by **Department** of the Navy officials in verifying qualifications and **suitability for future assignments**. Contact information may also be provided to applicable personnel as it relates to your established future duty stations.

DISCLOSURE: Voluntary. However, failure to provide the requested information may result in an administrative assignment to future duty without your preference.

To be completed by Applicant

Name: (Last Name, First Name, Middle Initial)

DOB (dd/mm/yyyy)

Gender:

☐

Male

☐

Female

Email:

Home Phone

Work Phone

Collocation With Aactive Duty Spouse Requested:

☐

Yes

☐

No

☐

N/A

Is Buddy System Requested?

☐

Yes

☐

No

If yes to the question above or this question, please provide the following information:

Name: (Last Name, First Name, Middle Initial)

Rank.and Corps:

Duty Station:

Detailer's Name:

Telephone Number:

Duty Preferences:

1.

2.

3.

OIS Class (dd/mm/yyyy)

To be completed by NAVCRUITDIST personnel

NAVCRUITDIST:

UIC:

Recruiter:

Telephone Number:

Please provide the following Applicant information:

Home of Record with Zip Code:

Mailing Address with Zip Code:

Education Level (Yrs):

Graduation Date (dd/mm/yyyy):

Current License:

☐

Yes

☐

No

B.D. Cert. Date (dd/mm/yyyy):

Current Pending License:

☐

Yes

☐

No

Active Service?

☐

Yes

☐

No

☐

Prior

☐

Current

If Yes - Specialty:

Years:

Rank.and Corps:

Brief Summary of Civilian Experience:

Marital Status:

☐

Married

☐

Single/Divorced/Widow

Number of Family members (excluding active duty members):

To be completed by NAVMEDCOM/NAVCRUITCOM personnel

Grade:

Designator:

OIS Class:

Subspecialty Code(s):

1st

2nd

3rd

Scholarship Student?

☐

Yes

☐

No

New Accession Bonus?

☐

Yes

☐

No

End of Obligated Service Date: