119th Wing NDANG
Officer Application Worksheet

This form is for use by the MPF and the NDANG Selection Board only. Any information provided will not be released to anyone outside the Department of Defense components.

Officer Position desired:_____

Personal Information

Name (First, Full Middle, Last):_____
Sex:_____ **DOB:**_____ **Age:**_____ **US Citizen: Yes** ☐ **No** ☐
Mailing Address:_____
Personal Phone: (___)_____ **Work Phone: (___)**_____
Civilian E-mail Address:_____
Marital Status: **Spouse Status:** **Branch:**_____ **Rank:**_____
Spouse Name (First, Full Middle, Last):_____

Please list any other family members in the North Dakota Air National Guard (including parents):
Name:_____ **Relationship:**_____
Name:_____ **Relationship:**_____

Education Information

Years of Education:_____
Semester/Quarter hours if degree is not completed:_____
Degree:_____ **Major:**_____ **Grad Date (DDMMMYYYY):**_____
Degree:_____ **Major:**_____ **Grad Date (DDMMMYYYY):**_____
Degree:_____ **Major:**_____ **Grad Date (DDMMMYYYY):**_____

AFOQT

Date of Test:_____ **Testing Location:**_____
Scores:
Pilot:_____ **CSO:**_____ **ABM:**_____ **Acad Aptitude:**_____ **Verbal:**_____ **Quantitative:**_____

Employment Information

Place of Employment:_____
Job Title:_____
Position Duties:_____

Military Service

Branch of Service:_____ **Highest Rank Held:**_____ **Duty Title/AFSC:**_____
Branch of Service:_____ **Highest Rank Held:**_____ **Duty Title/AFSC:**_____
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Security Clearance Type:_____ **Date Granted (DDMMMYYY):**_____

Medical Eligibility

Do you have any deployment restrictions: Yes ☐ **No** ☐
If yes, explain:_____
Have you had PRK/Lasik or other eye surgery: Yes ☐ **No** ☐
Have you ever used, supplied, sold, been arrested for, been convicted of, or been involved in illegal drugs? Yes ☐ **No** ☐
If yes, explain:_____
Have you ever had any law violations? Yes ☐ **No** ☐
If yes, explain:_____

Pilot Applicants Only

Do you wear glasses or contact lenses? Yes ☐ **No** ☐

What is your corrected vision?: _____

What is your uncorrected vision?: _____

PCSM Score: _____

Remarks: (Please include any additional information that is relevant to your officer application)

If not a current member of the NDANG, please attach prior service documents. (OPR's, DD Form 214's, Promotion orders, Separation orders and any other prior service information you can supply)

I certify the above information to be current and true.

Signature: _____ **Date (DDMMMYYYY):** _____