

———— COLORADO ————
AIR NATIONAL GUARD

EMPLOYMENT APPLICATION

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PRIVACY ACT STATEMENT -- US AIR FORCE APPLICATION RECORD

AUTHORITY: 10 USC Sections 133, 265, 275, 504, 508, 510, 672(d), 678, 837, 1007, 1071 through 1480, 1553, 2105, 2107, 3012, 5031, 8013, 8033, 8496, and 9411; 32 USC 708; 44 USC 3101; and Executive Orders 9397, 10450, and 11652.

PURPOSE: To determine your mental, medical, and moral qualifications for entry into the US Air Force. This data is **FOR OFFICIAL USE ONLY** and will be maintained in strict confidence within the Department of Defense according to Federal law and regulation. If you are accepted and subsequently enter into a component of the Air Force, the information becomes a part of your military personnel records which is used to provide information for personnel management actions. If you are not accepted or do not subsequently enter a component of the Air Force, your records will be destroyed as specified by regulation.

ROUTINE USES: This information may be disclosed to the Social Security Administration and the Department of Treasury to establish a record of income; to federal, state, local or foreign law enforcement authorities for investigating or prosecuting a violation or potential violation of law; to federal, state, or local agencies to obtain information concerning hiring or retention of an employee, issuance of a security clearance, letting of a contract, or issuance of a license, grant or other benefit; to a federal agency in response to its request in connection with the hiring or retention of an employee, issuance of a security clearance, reporting of an investigation of an employee, letting of a contract, issuance of a license, grant, or other benefit by the requesting agency to the extent that the information is relevant and necessary to the requesting agency's decision on the matter; to a congressional office in response to their inquiry made at the request of the individual; to the Office of Management and Budget (OMB) in connection with review of private relief legislation as set forth in OMB Circular A19; to foreign law enforcement, security, investigatory, or administrative authorities to comply with requirements of international agreements and arrangements; to state and local taxing authorities in accordance with Treasury Fiscal Requirements Manual Bulletin 7607; to the Office of Personnel Management (OPM) concerning information on pay and leave, benefits, retirement deductions, and other information necessary for OPM to carry out its functions; to NARA for records management functions; and to the Department of Justice for pending or potential litigation.

DISCLOSURE IS VOLUNTARY: However, failure to furnish information needed to determine your mental, medical and moral qualifications for entry into the US Air Force will result in a denial of application.

Full Name (Frst, Mdl, & Lst):		Age:	Date of Birth:	
Birth Sex:		Preferred Gender:		
Social Security #		Drivers License #:		
State of Issue:	Expiration Date:	State:	Zip:	
Home Address:		City:		
Phone Number: ()		Work Number: ()		
E-Mail Address:		Cell Phone Number: ()		

Personal Identification

Race:	Ethnic Group:	Hispanic: Y/N	Religious Preference:
Hair Color:	Eye Color:	Selective Service #	
Driver's License Number:	City/State Issued From:	Expiration Date:	

Citizenship Status

Where is your **Place of Birth?** (City, State, Zip): _____

1. If Naturalized/Citizenship Certificate or Permanent Resident list

a. Date Issued _____ Place Issued _____

b. Registration Number _____ Expiration Number _____

2. Which language (other than English) are you proficient in (1st)? _____

3. Which language (other than English) are you proficient in (2nd)? _____

Marital and Dependency Questions

What is your marital status? S/M/D:	# Adult Deps:	# Minor Deps:
Spouses Name (first, middle, last):	Spouse Date of Birth:	
Are they civilian or military?:	Spouse SSN:	

Dependents

Name (first, middle, last):	Dependent (Y/N)	Custody (Y/N)	Self-Care (Y/N)
Relationship:	DOB:		
Name (first, middle, last):	Dependent (Y/N)	Custody (Y/N)	Self-Care (Y/N)
Relationship:	DOB:		
Name (first, middle, last):	Dependent (Y/N)	Custody (Y/N)	Self-Care (Y/N)
Relationship:	DOB:		
Name (first, middle, last):	Dependent (Y/N)	Custody (Y/N)	Self-Care (Y/N)
Relationship:	DOB:		
Name (first, middle, last):	Dependent (Y/N)	Custody (Y/N)	Self-Care (Y/N)
Relationship:	DOB:		

Education Background:

List Name and Address of ALL HIGH SCHOOLS, HOME SCHOOLS AND COLLEGES you have attended.

You must list the Major you declared if it is college.

Name of School:				
Street:		City:		State:
Dates Attended:	From:	To:	Did you Graduate?	
Degree Title:		Major:		

Name of School:				
Street:		City:		State:
Dates Attended:	From:	To:	Did you Graduate?	
Degree Title:		Major:		

Name of School:				
Street:		City:		State:
Dates Attended:	From:	To:	Did you Graduate?	
Degree Title:		Major:		

Prior Service/Currently Serving ONLY: Note: You will need to provide a copy of your DD 214 (Member 4 copy) or NGB 22 along with this packet.

Current/Last Branch of Service:		Current Rank:		Date of Rank:	
AFSC/MOS/RATE:		RE Code:		SPD Code:	
Dates Served:	From:	To:	DOS/ETS:		
Palace Chase/Palace Front/ State to State Transfer?:		Character of Service:		UIF/UCMJ Offenses?	

Have you ever taken the below courses: Circle YES or NO

Algebra	YES or NO	Geometry	YES or NO	Physics	YES or NO
Trigonometry	YES or NO	Biology	YES or NO	Chemistry	YES or NO
Typing	YES or NO	English Comp	YES or NO	Computer	YES or NO
English	YES or NO	Mathematics	YES or NO	General Science	YES or NO

Other Job Qualifiers	
Do you have a fear of insects or spiders?	
Do you have a fear of blood?	
Do you have a fear of guns?	
Do you have a fear of fire?	
Do you have a history of emotional instability?	
Do you have a history of conviction for embezzlement?	
Do you have a history of confinement?	
Do you have a history of Claustrophobia?	
Do you speak distinct English?	
Have you ever been in the Peace Corps?	
Do you have a history of Temporomandibular Joint Disorder, jaw locking or jaw pain?	
Have you ever been convicted of a crime of domestic violence?	

Medical Screening

Do you have or have you had any **DOCUMENTED** cases of the following illnesses or injuries below. If so, you'll need to provide medical documentation regarding what happened (how and why you went to the doctor), all follow-up reports, and the **CURRENT** status of your health (prognosis):

"YES" or "NO"

EYES	
1. Double Vision	
2. Detached retina or surgery to repair a detached retina	
3. Cataracts or surgery for cataracts	
4. Eye surgery to improve vision (RK, PRK, LASIK, etc.)	
5. Night Blindness	
6. Glaucoma	
7. Strabismus or "lazy eye" or any surgery to correct these	
8. Any other eye condition, injury or surgery	
VISION	
9. Worn/wear contact lenses or glasses	
10. Loss of vision in either eye	
11. Color vision deficiency or color blindness	
EARS	
12. Perforated ear drum or tubes in ear drum(s)	
13. Ear surgery, to include mastoidectomy or repair of perforated ear drum	
14. Loss of balance or vertigo	
HEARING	
15. Hearing Loss or wear of hearing aid	
NOSE, SINUSES, MOUTH, AND LARYNX	
16. Ear, Nose, or throat trouble including tonsillectomy	
17. Chronic sinus infections or recurrent nose bleeds	
18. Absence of, or disturbance of sense of smell	
19. Any surgery of face, mandible or jaw	
DENTAL	
20. Do you wear dental braces or plan to wear braces?	
21. Toot or gum problems (other than cavities)	
LUNGS, CHEST WALL, PLEURA, AND MEDIASTINUM	
22. Asthma	
23. Wheezing	
24. Shortness of breath	
25. Bronchitis	

26. Other breathing problems worsened by exercise, weather, pollens, etc.	
27. Used inhaler(s) or steroids for breathing problem(s)	
28. Chronic cough or frequent coughing at night	
29. Collapsed lung or other lung condition	
30. History of chest, chest wall, or breast surgery	
HEART	
31. Heart Murmur, valve problem or mitral valve prolapse	
32. Palpitation, pounding heart or abnormal heartbeat	
33. Heart surgery	
34. pain or pressure in chest	
35. An abnormal electrocardiogram (EKG)	
36. Any other hear promlems	
ABDOMINAL ORGANS AND GASTROINTESTINAL SYSTEM	
37. Stomach, esophageal or intestinal ulcer	
38. Difficulty swallowing	
39. Frequent indigestion or heartburn	
40. Gall bladder trouble or gallstones	
41. Jaundice (except neonatal) or hepatitis (liver desease)	
42. Rupture/hernia	
43. Surgery to remove or repair a portion of the intestine or spleen (other than the appendix)	
44. Chronic or recurrent intestinal problem of the small or large bowel such as Irritable Bowel Syndrome, Crohn's disease, Ulcerative Colitis, or Celiac disease	
45. Rectal disease, hemorrhoids, or blood from the rectum	
46. Hemorrhoid surgery	
47. Bariatric surgery (weight loss surgery)	
FEMALES ONLY:	
48. A change of menstrual pattern (other than pregnancy)	
49. Pregnancy, abortion or miscarriage	
50. Any abnormal PAP smear(s)	
51. Date of last PAP smear (YYYYMMDD)	
52. Diagnosed with endometriosis or ovarian cysts	
53. Evaluation, treatment or surgery for any other gynecological (female) disorder	
54. Sexually transmitted disease (syphilis, gonorrhea, chlamydia, genital warts, herpes, etc.)	
55. First day of last menstrual period (YYYYMMDD)	
MALES ONLY:	
56. Missing a testical, testicular implant, or undescended testical	
57. Variocele, hydrocele, or any scrotal mass, swelling or pain	
58. Prostate problems	
59. Sexually transmitted disease (syphilis, gonorrhea, chlamydia, genital warts, herpes, etc.)	
URINARY SYSTEM	
60. Missing a kidney	
61. Kidney stone, infection or disease	
62. Kidney or urinary tract surgery of any kind	
63. Blood or protein in urine	
64. Painful or difficult urination	
65. Bedwetting or treatment for bedwetting (after childhood)	
66. Hernia	
SPINE AND SACROILIAC JOINTS	
67. Recurrent back pain or back problem	

68. Herniated disk	
69. Recurrent neck pain	
70. Back or neck surgery	
71. Abnormal curvature of your spine (any part)	
UPPER EXTREMITIES	
72. Painful shoulder, elbow, wrist, hand or fingers	
73. Dislocated shoulder, elbow, wrist, hand or fingers	
LOWER EXTREMITIES	
74. Foot troubles (e.g., pain, corns, bunions, warts, ingrown toenails, etc.)	
75. Knee trouble (e.g., locking, giving out, or ligament injury, etc.)	
76. Painful hip, knee, ankle, foot or toes	
77. Dislocated hip, knee, ankle, foot or toes	
MISCELLANEOUS CONDITIONS OF THE EXTREMITIES	
78. Bone, joint, or other orthopedic deformity	
79. Loss of finger or toe, or extra finger or toe	
80. Loss of the ability to fully flex (bend) or fully extend finger, toe, or other joint	
81. Impaired use of arms, hands, legs, or feet (any reason)	
82. Arthritis, rheumatism, or bursitis	
83. Any swollen joint(s)	
84. Surgery on any joint/bone (including arthroscopy)	
85. Plate(s), screw(s), rod(s) or pin(s) in any bone	
86. Pain or swelling at the site of an old fracture	
87. Any need to use corrective devices such as prosthetic devices, knee brace(s), back support(s), lifts or orthotics	
88. Any other orthopedic, muscle or sports injury problems	
VASCULAR	
89. High or low blood pressure	
90. Raynaud's phenomenon or disease	
91. Deep vein Thrombosis (blood clot; leg or elsewhere)	
92. Pulmonary embolism (blood clot in lung)	
SKIN AND CELLULAR	
93. Acne or psoriasis	
94. Eczema	
95. Atopic dermatitis	
96. Large or painful scars	
97. Any other skin problems	
BLOOD AND BLOOD FORMING TISSUE	
98. Anemia	
99. Blood clots requiring blood thinner medicine	
100. Absence or removal of the spleen	
101. Prolonged bleeding (after an injury or tooth extraction)	
102. Any other blood or circulation problems	
SYSTEMIC	
103. Adverse reaction to medication (describe reaction in remarks)	
104. Adverse reaction to serum, insect stings, or tree nuts	
105. Allergy to common foods (milk, eggs, fish, meat, etc.)	
106. Allergy to wool, latex, or other material	
107. Tuberculosis or lived with someone who had tuberculosis	
108. Positive test for tuberculosis (PPD or blood test)	
109. Malaria	

110. Disorder(s) of your immune system (including HIV)	
111. Car, train, sea, or air sickness	
ENDOCRINE AND METABOLIC	
112. Thyroid trouble or goiter	
113. High or low blood sugar	
114. Diabetes or told that you should be tested for diabetes	
NEUROLOGIC	
115. Cerebrovascular incident (stroke)	
116. Frequent or severe headaches, including migraines	
117. Taking medication to prevent headaches	
118. Lost time from work or school due to frequent or severe headaches	
119. A skull fracture	
120. A head injury, memory loss, amnesia	
121. A period of unconsciousness or concussion	
122. Loss of memory or amnesia, or neurological symptoms	
123. Paralysis	
124. Meningitis, encephalitis, or other neurological problems	
125. Seizures, convulsions, epilepsy or fits	
126. Dizziness or fainting spells	
127. Any other neurological problems	
SLEEP DISORDERS	
128. Sleepwalking or narcolepsy	
129. Frequent trouble sleeping	
130. Sleep apnea or severe snoring	
LEARNING, PSYCHIATRIC, AND BEHAVIORAL	
131. Evaluated or treated for Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD)	
132. Taken (or taking) medication, drugs, or any substance to improve attention, behavior, or physical performance	
133. Diagnosed with learning disorder, to include dyslexia	
134. Received counseling of any type	
135. Seen a psychiatrist, psychologist, social worker, counselor or other professional for any reason (in or out-patient)	
136. Been expelled or suspended from school	
137. Been kicked out or removed from your house	
138. Been arrested or other encounters with law enforcement	
139. Been evaluated or treated, either with medication or counseling, for a mental condition, depression, or excessive worry	
140. Nervous trouble of any sort (anxiety or panic attacks)	
141. Anorexia, bulimia, or other eating disorder	
142. Habitual stammering or stuttering	
143. Have you ever purposely cut or harmed yourself	
144. Have you ever attempted or considered suicide	
145. Used illegal drugs or abused prescription drugs	
146. Have you been evaluated or treated, or hospitalized for substance abuse, addiction or dependence (including illegal drugs, prescription medications or other substances)	
147. Have you been evaluated, treated, or hospitalized for alcohol abuse, dependence, or addiction	
148. Post-traumatic Stress Disorder or excessive stress requiring counseling and/or medication following a traumatic experience	
149. Any other learning, psychiatric, or behavioral problems	
TUMORS AND MALIGNANCIES	
150. Tumor, growth, cyst, or cancer of any type	

MISCELLANEOUS	
151. Cold injury, frostbite, cyst, or cold tolerance	
152. Heat injury, heat stroke or heat tolerance	
SUPPLEMENTAL QUESTIONS	
153. Are you taking any medications, to include over the counter medications (OTCs), vitamin, herbal or nutritional supplements	
154. Any recent unexplained gain or loss of weight	
155. Artificial or replacement body part (eye, bone, palate, hip, knee, joint, leg, arm, etc.)	
156. Have you ever had any illness or injury other than those already noted?	
157. Have you ever been treated in an Emergency Room?	
158. Have you ever been a patient in any type of hospital (including being kept overnight)?	
159. have you ever had, or have been advised to have any operations or surgery?	
160. Have you ever been rejected for military service for any reason?	
161. Have you ever been discharged from military service for any reason?	
162. Have you ever been refused employment or been unable to hold a job or stay in school for any of the following: a. Sensitivity to chemicals, dust, sunlight, etc. b. Inability to perform certain motions c. Inability to stand, sit, kneel, lie down, etc. d. Other medical reasons	
163. Applied for and/or received disability evaluation and/or compensation for an injury or other medical conditions?	
164. Have you ever been denied life insurance?	
APPLICANT MEDICAL COMMENTS:	
Explician all "Yes" answers to questions 1-64. Describe answer fully (date(s), problem(s)/condition(s), current medical status)	

83. Current Medical Doctor's Name:	
84. Current Medical Doctor's Address:	
85. Current Medical Doctor's Phone:	()
86. Current Medical Insurance Name:	
87. Current Medical Insurance Address:	
88. Current Medical Insurance ID#:	

<i>Height and Weight</i>	
89. What is your current height?	
90. What is your current weight?	

Financial Questions: Once joining the Air National Guard, you will be asked to complete a series of questions that describes your financial background. You must be able to obtain a security clearance in order to be a member of the Air Guard. The following questions are designed for us to be able to ensure you will be able to get a clearance. Please be honest because your background will be investigated and you will be discharged for any information not disclosed that ultimately prevents you from obtaining a clearance.

<p>Have you ever filed for bankruptcy, been delinquent on any accounts or had any accounts go to a collection agency? Please describe in as much detail if the answer is yes.</p> <p>Remarks: _____</p> <p>_____</p> <p>_____</p>	
<p>Do you have, what you would consider, an extensive amount of personal debt? This includes credit cards, loans, bills, & overdrawn accounts. If yes, are you currently making payments on such debt or have a plans in place, with the respective agencies, to make payments on said debt?</p> <p>Remarks: _____</p> <p>_____</p> <p>_____</p>	

Law Violation Questions:

The Air Force does a background check on ALL it's applicants. We use a part of the FBI to accomplish these checks. We need to know every offense you've been charged with, juvenile or otherwise, in your entire life. It's important to understand that we can find offenses regardless if they were dropped, dismissed, or sealed. It's vitally important that we know EVERYTHING so that we can clearly assess you and ensure a smooth application process. **PLEASE LIST ALL VIOLATIONS REGARDLESS OF DISPOSITION!!!!**

Have you ever been party to any public record civil court actions?	
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Have you EVER been charged, arrested, cited, held or questioned by any law enforcement agency to include juvenile and/or minor traffic violations, regardless of the disposition? You are not required to claim any law violations that have been expunged from your record.	
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Name of Offense	Date of Offense	City/State	Penalty/Cost/Fee (fine, Comm. Svc, Probation ,Etc)	Date Completed

DD 1966 Interview Please answer of **YES** or **NO** in the boxes to the right

FOR ALL YES ANSWERS PLEASE FILL IN EXPLANATION IN REMARKS SECTION OF THE QUESTION



<p>Have you ever been enrolled in ROTC, Jr. ROTC, Sea Cadet Program or Civil Air Patrol?</p> <p>Remarks:</p> <p>_____</p>	
<p>Is anyone dependent on you for support?</p> <p>Remarks:</p> <p>_____</p>	
<p>Is there any court order or judgment in effect that directs you to provide alimony or support for children?</p> <p>Remarks:</p> <p>_____</p>	
<p>Do you have an immediate relative who: (1) is now a Prisoner of War or Missing In Action; (2) Died or became 100% permanently disabled while serving in the Armed Services?</p> <p>Remarks:</p> <p>_____</p>	
<p>Are you the only living child in your immediate family?</p> <p>Remarks:</p> <p>_____</p>	
<p>Are you now or have you ever been in any regular or reserve branch of the Armed Forces or in the Army National Guard or Air National Guard?</p> <p>Remarks:</p> <p>_____</p>	
<p>Has any branch of the Armed Forces of the United States ever rejected you for enlistment, reenlistment or induction?</p> <p>Remarks:</p> <p>_____</p>	
<p>Are you now or have you ever been a deserter from any branch of the Armed Forces?</p> <p>Remarks:</p> <p>_____</p>	
<p>Have you ever been employed by the US Government?</p> <p>Remarks:</p> <p>_____</p>	
<p>Are you now drawing, or do you have an application pending, or approval for: retired pay disability allowances, severance pay, or pension from any agency of the US Government?</p> <p>Remarks:</p> <p>_____</p>	
<p>Are you now or have you ever been a conscientious objector? <i>Any individual with a firm, fixed, or sincere objection to the participation in war, in any form, or to the performance of military service because of religious training or beliefs?</i></p> <p>Remarks:</p> <p>_____</p>	
<p>Have you ever been discharged from any branch of the Armed Forces of the US for reasons pertaining to being a conscientious objector?</p> <p>Remarks:</p> <p>_____</p>	

Is there <i>anything</i> that would preclude you from performing military duties or participating in military activities whenever necessary? Remarks: _____ _____	
<i>For Officers Only:</i> Have you ever been passed over for promotion? If so, how many times? Remarks: _____ _____	

****DRUG USE HISTORY****

Have you ever used, possessed, sold or transported any controlled substance? For example, marijuana, cocaine, crack cocaine, hashish, narcotics, (opium, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.),					
Drug(s) Used:		How was it/they used:		Times Used:	
First Use (DATE):			Last Used (DATE):		

Other known names/alias and Non-US Citizen information for Self/Spouse:

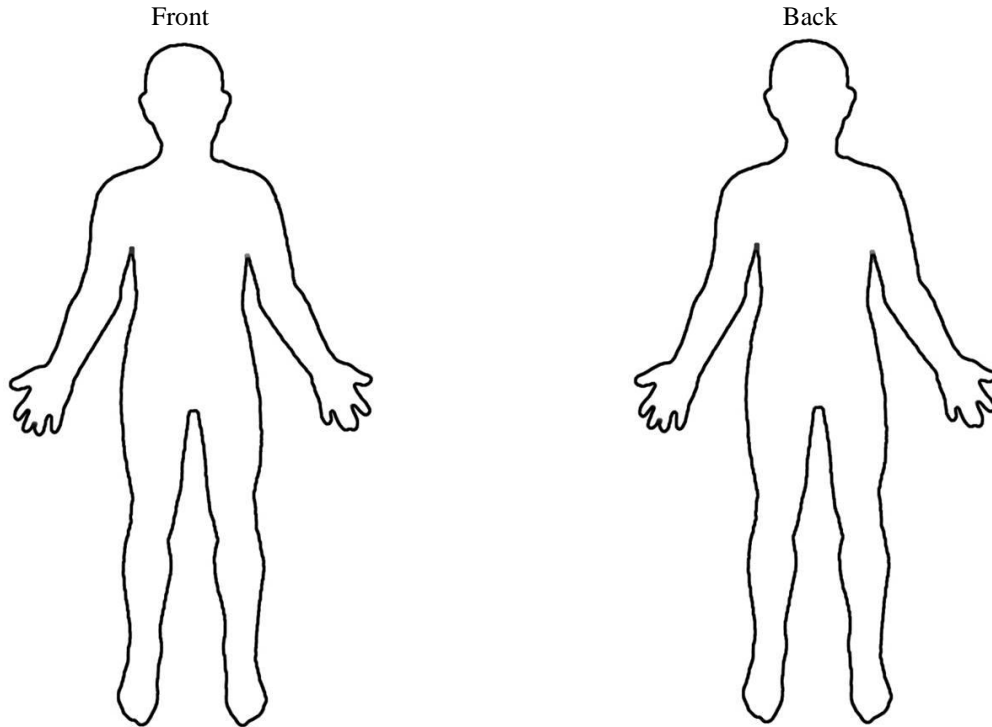
<i>Other known names/Alias:</i>					
Full Name:		Date started Use:		Last Date Used:	
Reason for Change:					
Place of Birth (City):		Zip Code:			
<i>Non-US Citizen Information of Self and/or Spouse:</i>					
Are you a US Citizen: Y / N:			Is your spouse a US Citizen? Y/N		
INS Registration #:		Date Issued:		Exp. Date:	
City, State Issued:		Court of Record		Court of Record:	
Marriage Date:		Separation Date if applicable:			
Court of Record:		Marriage Certificate Date Issued:			

WARNING! The information you have given constitutes an official statement. Federal law provides severe penalties (up to 5 years confinement or a \$10,000 fine or both), to anyone making a false statement. If you are selected for enlistment based on a false statement, you can be tried by courts-martial or meet an administrative board for discharge and could receive a less than honorable discharge that would affect your future. **WARNING!**

I certify the information on this form is true and complete to the best of my knowledge and belief, and no person has advised me to conceal or falsify any information collected in this document.

Applicant Signature _____ Date _____

Tattoo Questionnaire



I currently have _____ tattoos.

“I fully understand that any additional tattoos I get may disqualify me from entry into the United States Air Force. If I elect to get any additional tattoos, I may be discharged from the Air Force Student Flight Program and any job I have reserved will be cancelled.”

Signature

NON-PRIOR SERVICE: If you haven't already done so, bring in all original or true certified copies of documents required for verification of data upon your first appointment			
High School Diploma/Counselor Letter		Marriage Certificate/Divorce Decree	
Birth Certificate		College Transcripts	
Social Security Card		JROTC/ROTC Certificate	
Driver's License		Eagle Scout/Golden Palm	
Court Documents (name change, law violations, etc.)		Naturalization Documents	
Medical Documents (surgeries hospitalizations, medications, PRK/LASIK records, ect.)			
PRIOR SERVICE			
DD Form 368/1288			
PT Test (Passing/Current)		RIP/SURF/Army: PQR or IPERMS	
DD Form 93- Record of Emergency Data		SGLV 8286 Milconnect Printout	
DD Form 214/215 or Form 100 or SS Card		NGB 22	
Driver's License		Marriage Certificate/Divorce Decree	
Completed Medical checklist with all required medical source documents		PCARS (Point Credit Summary)	

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