

APPLICATION FOR READY RESERVE ASSIGNMENT

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 U.S.C., Section 275 and Executive Order 9397.

PRINCIPAL PURPOSES: Request for Ready Reserve assignment must contain current personal information to complete processing. Use of the member's social security number is necessary to make positive identification of the individual and his or her records.

ROUTINE USE: This information may be disclosed, upon request, to Federal, State, and local agencies for law enforcement purposes or in pursuit of their official duties and to the Department of Justice for litigation.

DISCLOSURE IS VOLUNTARY: An individual who chooses not to submit necessary documentation will not be eligible for Ready Reserve assignment.

INSTRUCTIONS: Complete the application in duplicate. If you need additional space for any item, attach another sheet which indicates the applicable item number(s).

1. NAME (Last Name, First, Middle Name)		2. RANK	3. DATE OF RANK	4. SSN
5. HOME ADDRESS (If different than permanent address, indicate both.)		6. PHONE (Include prefix)		7. AFSC
		(office)		(Primary)
E-MAIL ADDRESS		(home)		(Additional)
8. DATE OF BIRTH	9. HEIGHT (Inches) (Mandatory)	10. WEIGHT (Mandatory)	11. % DISABILITY COMP RECEIVED	12. AIRMAN (ETS)
13. OFFICER <input type="checkbox"/> REGULAR <input type="checkbox"/> RESERVE DATE OF ORIGINAL COMMISSION-		14. REMARKS/AERONAUTICAL RATING (Indicate if on flying status. If requested assignment will authorize flying duty, indicate flying experience by type of aircraft and hours in each, date and type of instrument card now held, and date of last physical examination.)		
15. PRESENT ASSIGNMENT AND ATTACHMENT (Indicate military branch, unit address, training, and retirement category, MPF street address, and phone.)		16. ASSIGNMENT DESIRED (Indicate unit preferred, specific program training, and retirement category or description of type of training desired.)		
17. MILITARY SCHOOLS ATTENDED (Indicate date, course number, title, and location.)		18. MILITARY EXPERIENCE (Indicate DAFSC, position title, level of command, highest grade, and duration. List only experience that directly substantiates your qualifications for assignment requested.)		
19. CIVILIAN EDUCATION (Indicate years completed, major subject, and degree, if any.)		20. CIVILIAN EXPERIENCE (In chronological order showing latest experience first, indicate pertinent experience to include employers, positions held, and duration.)		
21. I have been counseled concerning the Air Force direct deposit/electronic funds transfer.				Applicant's Initials
22. I certify I have / have not misused any government travel charge card (used for other than official government travel), or been seriously delinquent (payments not received by card issuer within 60 days from the billing date). I understand if I make a fraudulent statement, I am subject to immediate discharge action.				Applicant's Initials
23. For individuals requesting assignment to a training site beyond 100 miles or 3 hours one-way driving time (AFI 36-2115). I acknowledge my responsibility for any hardships, including financial, incurred in performing the duties of the assignment. I understand I will not be reimbursed for travel expenses incurred for inactive duty training.				Applicant's Initials
24. For all individuals requesting assignment to the Ready Reserve (Cat A Unit, IMA position, Cat E Points Only Program, Individual Ready Reserve.) I certify that I have / have not had a UIF established (or similar derogatory information file which may include an Article 15, Captain's Mast, or Court Martial action) within the last 2 (enlisted) or 5 (officer) years. I understand that if I make a fraudulent statement I am subject to immediate discharge action.				Applicant's Initials
25. I have been briefed on the Anthrax vaccine immunization program. I understand I will be immunized against anthrax if required under the new Air Force Anthrax Implementation Plan, dated, 11 October 2002, and its successor guidance.				Applicant's Initials
26. If this assignment requires retraining, I agree to attend the applicable technical school.				Applicant's Initials
27. I certify that the data contained herein are true and correct to the best of my knowledge. I also acknowledge that upon my assignment to the Ready Reserve, I am responsible to notify my employer of my Ready Reserve status and that as a Ready Reservist, I shall be subject to involuntary order to active duty in time of war or national emergency declared by the Congress, a national emergency declared by the President, or when otherwise authorized by law.				
SIGNATURE OF APPLICANT				DATE (YYYYMMDD)

FIRST ENDORSEMENT

TO	FROM
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<input checked="" type="checkbox"/> RECOMMEND	<input type="checkbox"/> APPROVAL	<input type="checkbox"/> DISAPPROVAL (State reason(s) in the "REMARKS" section.)	UIF	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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MEMBER HAS / HAS NOT COMPLETED THE FITNESS PROGRAM (DATE LAST TEST IF APPLICABLE) AND DOES / DOES NOT MEET THE PHYSICAL QUALIFICATIONS FOR CONTINUING SERVICE. MEMBER MEETS / DOES NOT MEET OTHER QUALITY FORCE STANDARDS FOR CONTINUING SERVICE.

REMARKS

NAME AND TITLE (Please type)	SIGNATURE	DATE (YYYYMMDD)
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SECOND ENDORSEMENT

TO	FROM
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<input checked="" type="checkbox"/> RECOMMEND	<input type="checkbox"/> APPROVAL (Furnish assignment data)	<input type="checkbox"/> DISAPPROVAL (State reason(s) in the "REMARKS" section.)
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AUTHORIZED GRADE	AUTHORIZED AFSC 51JX	FUNCTIONAL CODE	TRAINING & RETIREMENT CATEGORY
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UNIT OR TYPE OF ASSIGNMENT	<input type="checkbox"/> UNIT <input type="checkbox"/> IMA <input type="checkbox"/> OTHER (Specify)
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RESERVE SECTION CODE	DUTY POSITION NUMBER 0108843934	ASSIGNMENT LOCATION
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UNIT OF ATTACHMENT	REPORTING OFFICIAL (Name and SSN)
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PAS L22IFMM4	UNIT OF ATTACHMENT PAS
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EDCSA	RECRUITER ID CODE SC169FOBXS	RECRUITER DUTY PHONE (DSN and Commercial) DSN: 803-305-3289 COM: 803-305-3289
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GRADE WAIVER	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> AUTH
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REMARKS

NAME AND TITLE (Please type)	SIGNATURE	DATE (YYYYMMDD)
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THIRD ENDORSEMENT (Do not include assignment data except to correct original data)

TO	FROM
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<input type="checkbox"/> RECOMMEND	<input type="checkbox"/> APPROVAL	<input type="checkbox"/> DISAPPROVAL (State reason(s) in the "REMARKS" section.)
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REMARKS

NAME AND TITLE (Please type)	SIGNATURE	DATE (YYYYMMDD)
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