PROCESSING PROG	RAMS			⊤ BRII	EFING ITE	MS				
Program/Subpro	ogram	Officer Type		Bri	efed on th	e Privacy Act	Reg	gistered to	Vote & ST	
EA NPS				Br	iefed on Se	eparation Policy	NP:	S Viewed	BMT Film	
DEMOGRAPHICS —				•						
Lead Date 20121217	Lead Origination	on	No Lead S		4-11		G	ender	Verified SS	
20121217		Middle Name (if			ast Name			Male Suffix	320-88-8	
Prefix First Name Ppeeki		Qienpb	none enter NM		ckfmkbd			Julia	19930301	Age
Maiden Name / Alias Nar	nes									
Citizenship U.S. AT BIRT		Racial	Category	CA		Ethnic Ca	tegory	 NOT HISPA	NIC OR LATI	NO
Hair Color Brown	Eye Color E		eligious Pre		00					
1st Foreign Language N	one			2nd Fo	oreign Lan	guage None				
Selective Service Number	9211083895									
Home Phone 907-927-540	00 Woi	rk Phone		Cell Ph	one					
Current Address 8412 A	Acvly Si. Fairban	ks Fairbanks North Sta	ar AK 99709	US						
Home of Record 8412 A	Acvly Si. Fairbank	s Fairbanks North Sta	r AK 99709 I	US						
Personal Email py.hpd84	@jgpnt.lvg	Business Emai	il			Present Occupati	ion			
Valid Drivers License	Drivers	License #			State	EXP Da	ate			
BIRTH VERIFICATION	v									
City of Birth		County	State	Counti	у					
Fairbanks		Fairbanks North St	ar AK	us						
Naturalization #		INS # (Citizen Cer	tificate)		Alien R	egistration #				
-INTERVIEW						ССМ	APPEDI	DS Verifica	ation ———	
REMARKS						ΥΥ	N		<u>\</u>	Y N
				A		Citizenship		Pri	or Service	
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					Don	nestic Violence		Waiver(s)	Required	
					G	ov Credit Card	_		UIF	_ _
				▼		Malpractice	Se	ec. Cleara	nce Req'd	

Height/Weight H	listory					
Name:	Ppeeki Qienpb	Ackfmkbd		SSN: 320-8	8-8792	Gender: Male
MEPS Height:		MEPS	Weight:			
Open Data	Height (in)	Weight (lbs)	Min. Weight	Max. Weight	BFM	Remarks
20121217	68	165	125	180		

LITARY SPOUSE Jouse's Pany grade: Jouse's pany for of service: Jouse's pany for of service: Jouse's current duty station: Joilitary spouse the step-parent of any children in the applicant's custody? JOHN COLOR OF STATE OF STATE OF COUNTRY DEPENDENT CUSTODY SELFCARE LAST NAME JORESS JOHN STAME JOHN STATE OF COUNTRY DEPENDENT CUSTODY SELFCARE LAST NAME JOHN STAME JOHN STAME JOHN STATE OF COUNTRY DEPENDENT CUSTODY SELFCARE LAST NAME JOHN STAME JOHN STAME JOHN STATE JOHN COUNTRY DEPENDENT CUSTODY SELFCARE LAST NAME JOHN STAME JOHN STATE JOHN STATE JOHN COUNTRY DEPENDENT CUSTODY SELFCARE LAST NAME JOHN STAME JOHN STATE JOHN COUNTRY DEPENDENT CUSTODY SELFCARE LAST NAME JOHN STATE JOHN STATE JOHN STATE JOHN COUNTRY DEPENDENT CUSTODY SELFCARE LAST NAME JOHN STATE JOHN STATE JOHN STATE JOHN COUNTRY DEPENDENT CUSTODY SELFCARE LAST NAME JOHN STATE JOHN	eki Qienpb Ackfmkbo	i - 320-88-8792						
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Duse's SNE: Duse's branch of service: Duse of Marial and/or Dependents Duse of Brith Duse of	rital Status	Single What de	ocument did y	ou use to verify the	Marital Status?	?		
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PENDENTS PRODUCTS	ouse's branch of serv	vice:						
PENDENTS Decident	ouse's current duty s	tation:						
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	ADDRESS	C	ITY	STATE ZIP	COUNTRY	DEPENDENT	CUSTODY	SELFCARE

The applicant has been shown the following films:
Aptitude Index Film
BMTS Film
CCT/PJ Film
COT Film
MEPS Processing
OTS/COT Film
Security Forces Film
EOD Film
Peace Keepers Film

ALTERNATE EMAILS											
Туре	Email										

ALTERNATE PHONES										
Туре	Email									

Ppeeki Qienpb Ackfmkbd - 320-88-8792

Name Action Occurred Under

Have you ever been a party to any public record civil court actions?

No

- Civil Court								
Date Initia	ated Org	anization Handlin	ng Case	Natur	e of Action		Names	of Parties Involved
	-							
Finance —								
Гуре	Da	ate Initiated	Date 9	Satisfied	Organization			
mount	Account No			ruptcy Type		tatus		
	Occurred Under	First		Last			Middle	Suffix
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	Occurred Under	First		Last			Middle	Suffix
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mount	Account No		Bank	ruptcy Type	S	tatus		
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Туре		ate Initiated		Satisfied	Organization			
Amount	Account No	umber	Bank	ruptcy Type	S	tatus		

Last

Middle

Suffix

— EDUCAT	TON													
Grade Relev	ance	Name of Sc	hool		Accredited	1		- о	No. Y	rs Comp	Grad	uated	Qual Degree	Tie
		West Valley Hi	gh School(Rcj)			200708	ll ll	0110501				es		
Major Code	Majo	or		Other Major			Total	Quality	Points	Total C	redit H	ours	Total Semest	ter Hr
School Ty	pe	Degree Title	Degree Type	Addres	s		Apt	City			State	Zip	Country	,
Secondary or	•	Dog. co milo	High School Dipl		kndc Svpi			Fairbar	nks		Ak	997		
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Major Code	Majo	or		Other Major		•	Total	Quality	Points	Total C	redit H	ours	Total Semest	ter Hr
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Major Code	Majo	or		Other Major		•	Total	Quality	Points	Total C	redit H	ours	Total Semest	ter Hr
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Vhat paramili	itary	organizations (JROTC/CAP/Sco	outs) has the lead p	participated v	with? P	- Didr	ı't partici	pate in .	JROTC o	r CAP	progra	ım.	
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Push-Ups

Count

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Underwater Swim 2

Min

Sec

Run

Ppeeki Qienpb Ackfmkbd - 320-88-8792

Accessions Interview
What AFSC is the applicant enlisting / training into? (DAFSC)
Is this a Critical AFSC?
Is member fully qualified for the AFSC?
What PAS Code / Unit will the applicant be accessing into?
What Position number will the applicant be placed into?
Enter Date of Appointment
Enter Date of Enlistment
Enter Enlistment Pay Grade
Did applicant attend the Air Force Academy?

Physical Data ——————————————————————————————————	7	
Source (TOSIP, DD FORM 2807-1)		
Physical Date Physical Type	Specify if Other	
Physical Location Type	Specify if Other	
Physical Height Physical Weight	_	
P U L H E S X BFM	%	
Uncorrected distant vision for left eye 20/ right eye 20/ Corrected distant vision	for left eye 20/	right eye 20/
Uncorrected near vision for left eye 20/ right eye 20/ Corrected near vision	for left eye 20/	right eye 20/
Is vision corrected with glasses, or contacts? Color Vision Passed?	Depth Percep	tion Passed?
Does the applicant have unrestricted use of all fingers on both hands? Explain		Drug Use
Does the applicant have a speech impediment? Does the applicant have a fear of height	s? Explain	
Source (TOSIP, DD FORM 2807-1)		
Physical Date Physical Type	Specify if Other	
Physical Location Location Type	Specify if Other	
Physical Height Physical Weight		
P U L H E S X BFM	%	
Uncorrected distant vision for left eye 20/ right eye 20/ Corrected distant vision	for left eve 20/	right eye 20/
Uncorrected near vision for left eye 20/ right eye 20/ Corrected near vision		right eye 20/
Is vision corrected with glasses, or contacts? Color Vision Passed?	Depth Percep	_
Does the applicant have unrestricted use of all fingers on both hands?		Drug Use
Does the applicant have a speech impediment? Does the applicant have a fear of height	s? Explain	Drug Ose
Does the applicant have a speech impediment?	Explain	
Source (TOSIP, DD FORM 2807-1)		
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Physical Location Location Type	Specify if Other	
Physical Height Physical Weight		
P U L H E S X BFM	0/	
		right ove 20/
		right eye 20/
Uncorrected near vision for left eye 20/ right eye 20/ Corrected near vision		right eye 20/
Is vision corrected with glasses, or contacts? Color Vision Passed?	Depth Percep	
Does the applicant have unrestricted use of all fingers on both hands?		Drug Use
Does the applicant have a speech impediment? Does the applicant have a fear of height	s? Explain	
Source (TOSIP, DD FORM 2807-1)		
Physical Date Physical Type	Specify if Other	
Physical Location Location Type	Specify if Other	
	Specify if Other	
Physical Height Physical Weight		
P U L H E S X BFM		
Uncorrected distant vision for left eye 20/ right eye 20/ Corrected distant vision		right eye 20/
Uncorrected near vision for left eye 20/ right eye 20/ Corrected near vision		right eye 20/
Is vision corrected with glasses, or contacts? Color Vision Passed?	Depth Percep	_
Does the applicant have unrestricted use of all fingers on both hands?		Drug Use
Does the applicant have a speech impediment? Does the applicant have a fear of height	s? Explain	
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Ppeeki (Qienpb Ackfmkbd - 32	20-88-8792				
	N NAME / ALIAS NAMES naiden name and alias i	names used. Mark checkbox if maiden n	ame. Include from a	nd to dates.		
Maiden	First Name	Middle Name Last Name	Suffix	From Date To Date	Reason	Other
Maiden	First Name	Middle Name Last Name	Suffix	From Date To Date	Reason	Other
Maiden	First Name	Middle Name Last Name	Suffix	From Date To Date	Reason	Other
Maiden	First Name	Middle Name Last Name	Suffix	From Date To Date	Reason	Other

eki Qienpb Ackfmkbd - 320-88-8792		Recruiter Rpbnktd, Etnbc J - AK168ROWZ8	
COURSES			
Algebra	Geometry	Physics	
Trigonometry	Biology	Chemistry	
Typing	English Composition	Computer	
English	Mathematics	General Science	
THER JOB QUALIFIERS			
SJC Code		F	
Does the applicant have a fear of insects or Spiders?			
Does the applicant have a fear of blood?			
Does the applicant have a fear of guns?			
Does the applicant have a fear of fire?			
oes the applicant have a histo	ory of emotional instability?		
oes the applicant have a hist	ory of conviction for embezzlement?		
Does the applicant have a history of confinement?			
oes the applicant have a histo	ory of claustrophobia?		
Does the applicant speak distinct English?			
Have you ever been in the Peace Corps?			
Does the applicant have a history of Temporomanibular Joint Disorder (TMJ), jaw locking or jaw pain?			
Have you ever been convicted of a crime of domestic violence?			