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	RELATIV	ES (Check th	e relatives whi	ch are depe	ndents)		
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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
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		□c.	ertified			
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Count

Push-Ups

SG NIVIN GG -	999-99-9999																								
- AFOQT —																									
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Other Test	s																								_
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Date	Version	QT	М	Α	G	E		lest	Locati	on	GS	AR	WK	PC	MK	EI	AS	MC	AO	VE	NO	CS		Date	
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Date		oecial	tv										Ту	ре								Ove	rall		_
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ush-Ups	Count										Under							Ru	-		-	/lin		Sec	_
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Date	S	oecial	ty										Ту	ре							$\overline{}$	Ove	rall		_
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Underwater Swim 2

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Sec

Run

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Start	End	Branch	State	Grade	RE	SPD/SPN	Character of Service	AFSC/MOS	Job Title	Grade Relevance
Condi	itional Rele	ease (DD Fo	rm 368) r	equired a	and su	bmitted.				
Date Ini	itiated 368	Date Rece	ived 368	Date Fo	rward	ed Unit Ph	none #			
OD Form	260 cont	to Unit Nam	Δ	۸۵۰	iress			City	State Zip	Code

– DRUGS –

Type of Drug	Drug Used	First Used	Last Used	Age at Use	How Drug Was Used & Frequency of Use	Times Used

— 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?	

GG NMN GG - 999-99-9999			Recruiter			
ACCESSION INFORMATION						
Requiremen	nts Qualified Y N N/A	Requirements	Qualified Y N N/A	Requirements	Qualified Y N N/A	
AFQT For Progr	am	Special Medical Test				
M A G	E	Driver's License				
PULHES	x	U.S. Citizenship				
Special E	Education	Morals				
Normal Co	lor Vision	Mandatory Tech School				
Depth P	erception	Accession Category				
Boi	nus AFSC	Stripes for				
	Incentive					
BLOCKING INFORMATION		BMT IN	FORMATION _			
UNIT	ASGN GRADE	QUOT		TECH START		
PAS CODE	DOR	QUOTA DA		TECH ADD		
AUTH GRADE	POSITION #	BMT RF		TECH GRAD		
SRC OF COMSN	COMP CAT	BMT STA	ART			
TAFCSD	CHANGE CAT					
TFCSD	TYSD					
TAFMSD	PAY DATE					
DAFSC			Search			
PAFSC			Search			
ACCESSION DATA						
PS > 84 DAYS (refer to he	elp menu) TRAINING	CODE		FORCE SHAPING		
	CODE NA WAIVER	CODE NON-PAY	STATUS	QUALITY POINT RIC		
RACIAL CATEGORY AD	ON ENLISTME	NT / ASSIGNMENT / APPOIN	TMENT TYPE	GAIN DATE		
				EDCSA		
AIRFORCE ACTIVE DUTY						
COT DATE	OATH OUT	EAD DATE		COMMISSION		
DDA DATE	ASSIGNMENT					

GG NMN GG - 999-99-9999		SOURCE: Stuff							
		ORIGINAL	E-DATA REC	ORD (READ ON	ILY)			
Full Name	Gender	Citizenship	Date Of Birth	SSN	1	Ethnic	Race	Total I	Dependents
First Name	Middle Na	ime		Las	st Name			Suffix Na	me
Street	City			State	•			Zip	
							10.1/		
Work Phone	Home Pho	ne		Mar	ital Status	· · · · · · · · · · · · · · · · · · ·	HS Year	POP	
MIRS Code School Street A	l L ddress		School City			L School	State So	chool Zip	
								г	
AF Recruitment District Recruitment F	otential Flag	POCC Ba	se Active Servic	e Date	Reserve Fla	ag DOD Civ F	lag TAFM	S Months	Pay Grade Months
Prior Service Branch			N	Military (Grade	Security Cleara	ance		
Reenlistment Eligibility Code		Assignmen	t Limit Code 1			Military	/ Unit		
Separation Program Designator		Assignmen	t Limit Code 2	Г		Retiree	Status Fla	ag	
Military Service Characterization		Assignmen	t Limit Code 3			Reserv	e Compone	ent	
UIF		Assignmen	t Action Code 1			Reserv	e Compone	ent Category	
UIF Expire Date		Assignmen	t Action Code 2			Air For	ce Educatio	on Level	
Base Code (Servicing MPF)		Assignmen	t Action Code 3			Educat	ion Grad D	ate	
Interservice Separation Code		Assignmen	t Availability Rea	ason					
Date of Rank		Total Service	ce Comitment			TAFM	SD		
Pay Date		Expiration ⁻	Term of Obligation	on		EDCS	Α		
Pay Entry Base Date		Expiration ⁻	Term Of Service			EDIGS	3		
Separation Date		TAFCSD							
PAFSC 2nd AFSC	AS	VAB Date	M	A	G	E	AFQT		

ASVAB Ver.

DAFSC

3rd AFSC

AFQT-CAT

—— Physical Data ——————————————————————————————————						
Source (TOSIP, DD FORM 2807-1)						
Physical Date Physical Type	Specify if Other					
Physical Location Location Type	Specify if Other					
Physical Height Physical Weight						
PULHESXX	6					
Uncorrected distant vision for left eye 20/ right eye 20/ Corrected distant vision f	or left eye 20/ right eye 20/					
Uncorrected near vision for left eye 20/ right eye 20/ Corrected near vision for						
Is vision corrected with glasses, or contacts? Color Vision Passed?	Depth Perception 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 heights						
Boes the approant have a special impediment.						
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%	4					
Uncorrected distant vision for left eye 20/ right eye 20/ Corrected distant vision f						
Uncorrected near vision for left eye 20/ right eye 20/ Corrected near vision for	, — , —					
Is vision corrected with glasses, or contacts? Corrected flear vision for left eye 20/ Corrected flear vision for left eye 20/ Corrected flear vision flear visi	Depth Perception Passed?					
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 heights	? Explain					
Source (TOSIP, DD FORM 2807-1)						
Physical Date Physical Type	Specify if Other					
Physical Location Location Type	Specify if Other					
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Physical Height Physical Weight						
	,					
P U L H E S X BFM%						
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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/ Corrected near vision for left eye 20/ Co	or left eye 20/ right eye 20/ right eye 20/					
P U L H E S X D BFM% Uncorrected distant vision for left eye 20/ right eye 20/ Corrected distant vision for left eye 20/ right eye 20/ Corrected near vision for left eye 20/ S vision corrected with glasses, or contacts? Color Vision Passed?	or left eye 20/ or left eye 20/ Depth Perception Passed?					
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Uncorrected distant vision for left eye 20/ Uncorrected near vision for left eye 20/ Incorrected near vision for left eye 20/ Is vision corrected with glasses, or contacts? Does the applicant have unrestricted use of all fingers on both hands? Does the applicant have a speech impediment? Does the applicant have a fear of heights Source (TOSIP, DD FORM 2807-1) Physical Date Physical Location Location Type	or left eye 20/ or left eye 20/ right eye 20/ Depth Perception Passed? Drug Use ? Explain					
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P U L H E S X	or left eye 20/ or left eye 20/ or left eye 20/ Depth Perception Passed? Drug Use Perception Passed? Drug Use Perception Passed? Or left eye 20/ or left eye 20/ or left eye 20/ Depth Perception Passed? Drug Use					
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MAIDEN NAME / ALIAS NAMES Enter maiden name and alias names used. Mark checkbox if maiden name. Include from and 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	

GG NMN GG - 999-99-9999

GG NMN GG - 999-99-9999		Recruiter	Shearin, Mark Cleavon - U6ALAOM
Algebra	Geometry	Physi	cs
Trigonometry	Biology	Chemist	rry
Typing	English Composition	Comput	er
English	Mathematics	General Scien	ce
OTHER JOB QUALIFIERS			
SJC Code		F	
Does the applicant have a fear of	f insects or Spiders?		
Does the applicant have a fear of	of blood?		
Does the applicant have a fear of	of guns?		
Does the applicant have a fear	of fire?		
Does the applicant have a histor	y of emotional instability?		
Does the applicant have a histo	ry of conviction for embezzlement?		
Does the applicant have a histor	y of confinement?		
Does the applicant have a histor	y of claustrophobia?		
Does the applicant speak distinc	t English?		
Have you ever been in the Peac	e Corps?		
Does the applicant have a histo (TMJ), jaw locking or jaw pain?	ry of Temporomanibular Joint Disorder		
Have you ever been convicted o	of a crime of domestic violence?		