

# **United States Coast Guard Prospect Questionnaire**



Please fill out this information and return to your local recruiting office via mail or fax (please do not email this form to your recruiter). Locate your local recruiting office via our Find A Recruiter link: http://www.GoCoastGuard.com/about-us/find-recruiter (do not email this form to your recruiter).

You may also deliver this form in person to your local recruiting office, but please call ahead to make sure a recruiter will be available.

Date form completed:		Contact	t Detai							
Name: First:		Middle:		Last:		Maiden:				
Current	Country:	/: Street Address (No PO		ox): City:		State:	Zip:			
Address:							County:			
Email Add	dress:		F	Phone Nun	nber:					
How did you first hear about us?										
Programs	of Interest:			Compone	ent:					

#### **Biographical Details**

Citizensh	ip Status:				Social Security Number:				
Alien Registration "Green Card" Number (Lawful Permanent Resident only):									
Ethnicity	:		<b>Race</b> #1:	<b>Race</b> #2:					
Birth	Date of 1	Birth (mm/dd/yy	yy): A		Age:		Gender:		
Info:	Country	•	State:	State:			City:		
Marital S	Marital Status (select one): Number of Dependent Children:								
Height:		Weight	(in lbs):	Hai	r Color:	]	Eye Color:		
Education	n (Highest	Attained):							
High Sch	ool (Last A	Attended):							
School / C	Communi	ty Activity #1:			#2	:			
College (	current / la	st attended):			De	egree Type:			
Current GPA (for most recent education):   Major (if applicable):									
Current Education Status:									
Current Employment Status:									
Number of College Credits: Total Ye					ars of Education (including high school):				
Driver's	License	Number:		State:		Expiration <b>D</b>	Date:		
Selective Service Number (males ages 18-26. To obtain a number, go to www.sss.gov):									

### **Military and ASVAB Information**

Have you ever talked to a Coast Guard Recruiter?										
If yes, when and where?										
Have you served or are you currently serving in another military branch?				Branch:		Component:				
If Curren	ntly Serving:		If Discha	If Discharged:						
Remainir	ng Service Obligat	Date of Separation:		Type of Discharge/Character of Service:						
Years:	Months:	Days:								
Anticipat	ed Separation Dat	<b>RE Code:</b>		Pay Grade at Separation:						
Time in S	Service (prior or cu	embers)	Years:	Мо	nths:	Days:				
Highest <b>F</b>	Pay Grade Achieve	ed:	Rate/MOS/Job (in layman's terms):							
Have you	Have you ever been rejected from joining another military service?									
If Yes, which branch (including Coast Guard), what was the reason, and where did it happen?										
ASVAB	Have you ever ta	ken the ASVA		When:		core:				
Test	Location (name of	of School/MET	E	Branch for or N/A:						

			Additional Ba	ackg	round Informa	tion				
Have you ever been arrested, charged, or convicted of a crime (whether as a juvenile or an adult), including cases which are expunged or pending?				If yes, please briefly explain. Include appx dates:						
· · ·					If yes, please list violations by type. Including appx dates:					
How Many: Do you have any court cases, laws adjudications, etc	uits, child	-	ending, including port or custody	If ye	es, please explai	n:				
					t which substances: times? How many times? How many Last					
Do you have any Piercings, Gages, or Mutilations?			If yes, please desc	ribe (	include size, con	itent, and l	ocation):	1		
Finances. Have you had any of the following:	Overdue/late payments or payments in collection (ex: pho medical, etc):				Declared Bankruptcy?	Do you pay child support or alimony? How Much (per month):				
List all debts. Include credit card car payment, mortgage, student loans, cell phone,	1: 1s, 2: 3: 4:	by	company. Includ	e wha	at the debt is for	, total ow	ed, & monthly	y payment		
	• •		rms/weapons to p				- duty 24/79			
Do you have any religious or other beliefs prevent you from being available for duty 24/7?Are you afraid of the water?Rate your swimming confidence:										
			f the following ac			0				
Boy Scouts Girl Scouts Sea Scout					Police Expl		Sea Explo	rers		
Civil Air Patrol Naval Sea Cadet Corps				Coast Guard Auxiliary ROTC/JROTC				C/JROTC		

#### **Medical Information**

**Please list any current or past\* chronic medical conditions** (such as orthopedic, mental health, surgeries, allergies, or asthma) and any prescription medications you have taken. \*For past conditions, please provide estimated dates.

#### **Recruiter Section**

#### **Recruiter Assigned:**

Screening/Interview Date (and who if different from Assigned Recruiter):

#### Comments /

Notes:

#### PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. §§ 504, 1475-1480; 14 U.S.C. §§ 211, 350, 632; Homeland Security Presidential Directive (HSPD) 12.

**PURPOSE:** To identify and process individuals interested in applying for enlistment or commission in the United States Coast Guard (CG) or CG Reserve.

**ROUTINE USES:** Authorized CG personnel will use this information to assess an individual's interest for enlistment and/or commissioning, to screen qualified applicants, and to initiate pay and benefits for new members. Any external disclosures of data within this record will be made in accordance with DHS/USCG-014, Military Pay and Personnel System of Records, 76 Federal Register 66,933, October 28, 2011. **DISCLOSURE:** Disclosure is voluntary. However, failure to provide requested information may result in not being contacted by a recruiter and ultimately, prohibit enlistment or commissioning.

## **Optional Additional Explanations**

You may use this space to explain any of the above answers more fully, if necessary.