

## LOCAL APPLICANT QUESTIONNAIRE

**AUTHORITY:** 10 U.S.C. 8013, Secretary of the Air Force: powers and duties; delegation by.

**PURPOSE:** Used by civilian personnel specialist to make determinations regarding eligibility for employment with the US Forces and employment referral priorities.

**ROUTINE USES:** Records from this system of records may be disclosed for any of the blanket routine uses published by the Air Force. Furnishing the information is voluntary. If you do not give the requested information it may result in erroneous employment determinations and may be grounds for not employing you or dismissal after you begin work.

|  |                          |
|--|--------------------------|
| NAME (Last, First, Middle Initial)         | SOCIAL SECURITY NUMBER   |
| PLACE OF BIRTH (City and State or Country) | DATE OF BIRTH (YYYYMMDD) |

**SECTION A. TO BE COMPLETED BY ALL**

1. STATUS AND REASONS FOR BEING IN THE OVERSEAS AREA (Mark "X" and complete information where applicable)

A.  SPOUSE OF ACTIVE DUTY MILITARY MEMBER ASSIGNED TO \_\_\_\_\_  
(Attach copy of sponsor's PCS orders, or agency documentation showing command sponsorship, and complete Section B.)

B.  SPOUSE OF A DOD CIVILIAN EMPLOYEE ASSIGNED TO \_\_\_\_\_  
(Attach copy of sponsor's orders etcetera, and complete Section B.)

C.  CHILD OF ACTIVE DUTY MILITARY OR DOD CIVILIAN EMPLOYEE (Attach copy of sponsor's PCS orders, if any and complete Section B.)

D.  FORMER MILITARY MEMBER (Includes those applying in anticipation of military separation. Complete Sections C and D.)

E.  OTHER (Explain, e.g., tourist, student, employed by private company, off-duty military, etcetera. For those employed by a private company or a dependent of a person employed by private company, be sure to include the name of the company. Complete Section D.)

|   |                    |
|---|--------------------|
| 2. US CITIZEN BY <input type="checkbox"/> BIRTH <input type="checkbox"/> NATURALIZATION (Give original citizenship) | 3. PASSPORT NUMBER |
|---|--------------------|

4. ARE YOU A CITIZEN, OR DO YOU HAVE A CLAIM TO CITIZENSHIP IN OTHER COUNTRIES?  NO  YES (List each country and identify whether or not you have passports from those countries)

**SECTION B. TO BE COMPLETED BY SPOUSES AND CHILDREN OF MILITARY AND GOVERNMENT EMPLOYEE**

|  |                               |
|--|-------------------------------|
| 5. SPONSOR'S NAME AND GRADE  | 6. SPONSOR'S ORGANIZATION     |
| 7. SPONSOR'S DUTY PHONE  | 8. SPONSOR'S DEROS (YYYYMMDD) |
| 9. ARE YOU CURRENTLY RESIDING WITH YOUR SPONSOR?<br><br><input type="checkbox"/> NO <input type="checkbox"/> YES |                               |

**SECTION C. TO BE COMPLETED BY FORMER MILITARY MEMBERS**

|  |  |
|--|--|
| 10. DATE OF SEPARATION (YYYYMMDD)<br><br><input type="checkbox"/> WAS: _____ <input type="checkbox"/> WILL BE: _____ | 11. PLACE OF SEPARATION<br><br><input type="checkbox"/> WAS: _____ <input type="checkbox"/> WILL BE _____  |
| 12. REASON FOR SEPARATION<br><br><input type="checkbox"/> WAS: _____ <input type="checkbox"/> WILL BE: _____         | 13. MILITARY TRANSPORTATION ENTITLEMENT<br><br><input type="checkbox"/> WAS USED <input type="checkbox"/> WILL BE USED <input type="checkbox"/> WILL NOT BE USED |

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### **About the ITAOP/savePDF Method**

The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

The field creation process is about 10,000 times faster than the traditional method; the list of ITAOP features is not even available for the traditional method.

ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).

**SECTION D. TO BE COMPLETED BY ALL THOSE WHO ARE NOT DEPENDENTS**

14. DATE (YYYYMMDD) OF ORIGINAL ARRIVAL IN THIS OVERSEAS COUNTRY (Periods of travel outside the country for business, pleasure, etcetera, do not change this date)

15. CURRENT RESIDENCE

- A.  OWNED HOUSE, APARTMENT, ETC. (By applicant or family member including in-laws)
- B.  RENTED HOUSE, APARTMENT, ETC., SINCE (Give date) \_\_\_\_\_ CURRENT LEASE EXPIRES (Give date) \_\_\_\_\_  
(YYYYMMDD) (YYYYMMDD)
- C.  OTHER (Give details) \_\_\_\_\_

16. DO YOU HAVE A PLACE OF RESIDENCE IN THE US?  NO  YES (Give full address)

17. LOCAL RESIDENCE (Include registration with local police where applicable)

PERMIT DATE OF EXPIRATION \_\_\_\_\_  VISA DATE OF EXPIRATION \_\_\_\_\_  
(YYYYMMDD) (YYYYMMDD)

18. DO YOU HAVE A LOCAL WORK PERMIT?  NO  YES

19. DO YOU HAVE EXPERIENCE WORKING ON THE LOCAL ECONOMY?  NO  YES

20. WERE HOUSEHOLD GOODS SHIPPED TO THE OVERSEAS AREA?  
 NO  YES, THE SHIPMENT WAS PAID BY:  THE US GOVERNMENT  MY CURRENT EMPLOYER  
 MY FORMER EMPLOYER  MYSELF  
 OTHER (Explain) \_\_\_\_\_

21. ARE HOUSEHOLD GOODS IN STORAGE?  
 NO  YES, THE STORAGE IS PAID BY:  THE US GOVERNMENT  MY CURRENT EMPLOYER  
 MY FORMER EMPLOYER  MYSELF  
 OTHER (Explain) \_\_\_\_\_

22. I INTEND TO STAY IN THE OVERSEAS AREA (Regardless of whether or not I am employed by the US Forces)

INDEFINITELY  3 - 5 YEARS  2 - 3 YEARS  1 - 2 YEARS  6 - 12 MONTHS  LESS THAN SIX MONTHS

23. MARITAL STATUS?

I AM NOT MARRIED  I AM MARRIED, MY SPOUSE:  IS WORKING  
 HAS WORKED ON THE ECONOMY  
 HAS NEVER WORKED

24. DO YOU OR YOUR SPOUSE OWN PROPERTY IN THIS COUNTRY?  NO  YES

25. DO YOU HAVE A DRIVER'S LICENSE ISSUED BY THE LOCAL GOVERNMENT?  NO  YES

26. HAVE YOU PAID TAXES IMPOSED ON LOCAL RESIDENTS?  NO  YES

27. IS YOUR INCOME SUBJECT TO LOCAL TAXES?  NO  YES

28. DO YOU HAVE A RETURN TICKET TO THE US?

NO  YES (Give date of return flight) \_\_\_\_\_ IF OPEN. TICKET EXPIRES (Give date) \_\_\_\_\_  
(YYYYMMDD) (YYYYMMDD)

**SECTION E. REMARKS (Use this space if you need additional room to explain your answers)**

REMARKS (Use this space if you need additional room to explain your answers)

|                          |           |                 |
|--------------------------|-----------|-----------------|
| APPLICANT'S PRINTED NAME | SIGNATURE | DATE (YYYYMMDD) |
|--------------------------|-----------|-----------------|