

STATEMENT FOR REENLISTMENT/EXTENSION IN THE AIR NATIONAL GUARD

(The proponent is ANG/DPPSO)

PRIVACY ACT STATEMENT

1. Authority: Section 275 Title 10, USC
 2. Principal Purpose: To assist in determining eligibility for reenlistment: in the National Guard by having applicant furnish information as to criminal and traffic violations (regardless of subsequent disposition of cases) for which he/she has been convicted by civil authorities; whether or not he/she has ever been rejected for military service or discharge therefrom under other than honorable conditions for security or medical reasons, unsuitability or undesirable habits or traits.
 3. Routine uses: Official document for use as evidence in processing fraudulent enlistment cases - may be used by HQ-USAF, Gaining Major Commands and/or Defense investigations. Services in the conduct of investigations concerning security clearances and/or suitability for retention in National Guard.
 4. Mandatory or Voluntary Disclosure and Effect on Individual not Providing Information Mandatory - Failure to disclose (willfully conceal) could subject individual to disciplinary action or discharge upon its discovery.

DATE	PLACE
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1. In connection with any reenlistment in the Air National Guard this date, the following is a complete and accurate record of all violations and offenses since my last enlistment/extension (including minor traffic violations) for which I have been arrested by civil law enforcement officials. If none, so state.

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|--------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| YES | NO | (For each answer checked YES set forth a full explanation under REMARKS , Item 1e below) |
| <input type="checkbox"/> | <input type="checkbox"/> | a. Have you been arrested, charged or held by Federal, State or other law enforcement authorities for any violation of any Federal Law, State Law, County or Municipal Law, regulation or ordinance? |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Have you been convicted of a felony or any other offense, or adjudicated a youthful offender or juvenile delinquent (Including violations of local ordinance)? |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Have you been imprisoned, under sentence of any court? |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Are you now or have you been on suspended sentence, parole, probation or are you awaiting final action on charges against you? |
| <input type="checkbox"/> | <input type="checkbox"/> | e. REMARKS: (Enter full explanation for those questions answered "Yes"). |

<u>REFERENCE ITEM</u>	<u>OFFENSE</u>	<u>DATE AND PLACE</u>	<u>DISPOSITION</u>
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2. Indicate below the number, relationship and age of persons dependent on you for support. If none, so state.

<u>RELATIONSHIP</u>	<u>AGE</u>
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I certify that I have been informed that should I willingly conceal any information required above, I may later be subject to disciplinary action or discharge upon its discovery.

TYPED FIRST, MIDDLE, LAST NAME	SIGNATURE
TYPED NAME OF CMDR OR AUTH REPRESENTATIVE (<i>Witness</i>)	SIGNATURE