

ENLISTED COMMISSIONING PROGRAM

PRIVACY ACT STATEMENT

1. Authority. The authority to request this information is contained in Section 532 of Title 10, United States Code. **2. Principal Purpose or Purposes.** The information in this document is to determine your eligibility for enlistment or appointment in an officer program of the United States Navy. **3. Routine Uses.** The information provided by you is to validate your basic qualifications for commissioned officer status. It will be used for record checks with local, state and federal law enforcement agencies and for investigatory purposes in determining eligibility for security clearance. If you are accepted and appointed, this information will become part of your military service records which are used to provide promotion, training, assignment and other personnel management actions for you. This information is FOR OFFICIAL USE ONLY and will be maintained and used in accordance with Federal laws and regulations. **4. Whether Disclosure Is Mandatory or Voluntary and Effect on Individual of Not Providing Information.** Some of the information requested is of a personal and confidential nature, and you do not have to provide such information unless you voluntarily wish to be appointed to officer status. Failure to answer completely any of the questions or to provide the information requested in this form may result in your being refused consideration or selection for an officer program.

NAME (Last, First, Middle Initial(s))		RATE		SSN	
CURRENT DUTY STATION (Complete mailing address, including zip code)				TELEPHONE	
U.S. CITIZEN		DATE OF BIRTH (Y-M-D)		AGE ON NEXT 1 SEPT	
<input type="checkbox"/> NATIVE <input type="checkbox"/> NATURALIZED					
GCT SCORE	ARI SCORE	COMBINED SCORE	MONTHS ACTIVE DUTY IN OTHER THAN SCHOOL	EAOS	PRD

EDUCATION HIGH SCHOOL

NAME AND ADDRESS OF HIGH SCHOOL	DATES ATTENDED		GRADUATE		CLASS STANDING (If applicable)
	FROM	TO	YES	NO	

COLLEGE

NAME OF COLLEGE	SEM HRS	GPA	DATES ATTENDED		GRADUATE		MAJOR
			FROM	TO	YES	NO	

SERVICE SCHOOLS

TYPE OF SERVICE SCHOOL	NO. WEEKS	MO / YR COMPLETED	FINAL GRADE	RANK & NO. IN CLASS	REASON FOR NONCOMPLETION (If applicable)

SCHOOLING AND TRAINING (OTHER THAN FULL TIME)

(Include DANTES and off-duty courses (exclusive of NTC required for rate). Submit transcript if attending civilian college or university.)

TITLE OF COURSE	SPONSOR	DATE COMPLETED	FINAL GRADE

PREVIOUS OFFICER CANDIDATE (Basic ROTC college training in any military service)

OFFICER PROGRAM	SPONSORING SERVICE	DATE OF ENTRY	WITHDRAWAL DATE	REASON FOR WITHDRAWAL

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CIVILIAN VIOLATIONS

DATE	PLACE	CHARGE	FINE OR SENTENCE (if none, so state)

MILITARY DISCIPLINE MILITARY OFFENSES (Within the past two years)

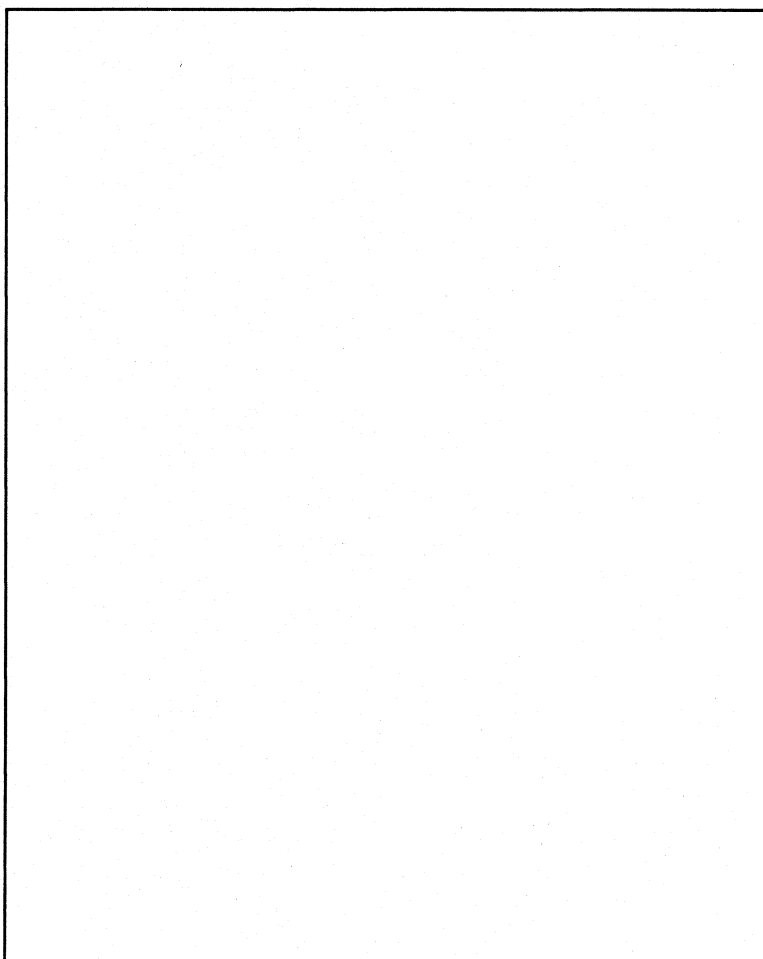
DATE	PLACE	CHARGE	FINE OR SENTENCE (if none, so state)

COURT-MARTIAL (Summary, special, general)

DATE	PLACE	CHARGE	FINE OR SENTENCE (if none, so state)

I certify that to the best of my knowledge, I am not subject to chronic air, car, or sea motion sickness.

APPLICANT'S PHOTOGRAPH



I agree to reenlist in the regular navy for a period of six years or extend my present enlistment as appropriate in order to meet the minimum requirement.

APPLICANT'S SIGNATURE

DATE