

APPLICATION FOR READY RESERVE ASSIGNMENT

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 U.S.C., Section 275 and Executive Order 9397.

PRINCIPAL PURPOSES: Request for Ready Reserve assignment must contain current personal information to complete processing. Use of the member's social security number is necessary to make positive identification of the individual and his or her records.

ROUTINE USE: This information may be disclosed, upon request, to Federal, State, and local agencies for law enforcement purposes or in pursuit of their official duties and to the Department of Justice for litigation.

DISCLOSURE IS VOLUNTARY: An individual who chooses not to submit necessary documentation will not be eligible for Ready Reserve assignment.

INSTRUCTIONS: Complete the application in duplicate. If you need additional space for any item, attach another sheet which indicates the applicable item number(s).

1. NAME (Last Name, First, Middle Name) APPLE, GREEN R.		2. RANK CAPT		3. DATE OF RANK 20150401		4. SSN 123-45-6789	
5. HOME ADDRESS (If different than permanent address, indicate both.) 111 SUGER LANE BALTIMORE MD 21222				6. PHONE (Include prefix) (office) 937-625-1111		7. AFSC (Primary) 21A3	
E-MAIL ADDRESS EXAMPLE@YAHOO.COM				(home) 410-111-22222		(Additional) N/A	
8. DATE OF BIRTH 19800814		9. HEIGHT (Inches) (Mandatory) 72		10. WEIGHT (Mandatory) 175		11. % DISABILITY COMP RECEIVED 10 (IF APPLICABLE)	
						12. AIRMAN (ETS) 20151010	
13. OFFICER <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> RESERVE DATE OF ORIGINAL COMMISSION 19750210				14. REMARKS/AERONAUTICAL RATING (Indicate if on flying status. If requested assignment will authorize flying duty, indicate flying experience by type of aircraft and hours in each, date and type of instrument card now held, and date of last physical examination.) IF APPLICABLE			
15. PRESENT ASSIGNMENT AND ATTACHMENT (Indicate military branch, unit address, training, and retirement category, MPF street address, and phone.) 375 MXS 1801 TURKEY POINT ROAD DOBBINS ARB GA 21222/625-1111				16. ASSIGNMENT DESIRED (Indicate unit preferred, specific program training, and retirement category or description of type of training desired.) HQ RIO/DET 4/CAT B/21A4/POSITION: ##### SEE RESUME			
17. MILITARY SCHOOLS ATTENDED (Indicate date, course number, title, and location.) SEE MILITARY RESUME				18. MILITARY EXPERIENCE (Indicate DAFSC, position title, level of command, highest grade, and duration. List only experience that directly substantiates your qualifications for assignment requested.) SEE MILITARY RESUME			
19. CIVILIAN EDUCATION (Indicate years completed, major subject, and degree, if any.) SEE MILITARY RESUME				20. CIVILIAN EXPERIENCE (In chronological order showing latest experience first, indicate pertinent experience to include employers, positions held, and duration.) SEE MILITARY RESUME			
21. I have been counseled concerning the Air Force direct deposit/electronic funds transfer.						Applicant's Initials	
22. I certify I have/have not (circle one) misused any government travel charge card (used for other than official government travel), or been seriously delinquent (payments not received by card issuer within 60 days from the billing date). I understand if I make a fraudulent statement, I am subject to immediate discharge action.						Applicant's Initials	
23. For individuals requesting assignment to a training site beyond 100 miles or 3 hours one-way driving time (AFI 36-2115). I acknowledge my responsibility for any hardships, including financial, incurred in performing the duties of the assignment. I understand I will not be reimbursed for travel expenses incurred for inactive duty training.						Applicant's Initials	
24. For all individuals requesting assignment to the Ready Reserve (Cat A Unit, IMA position, Cat E Points Only Program, Individual Ready Reserve.) I certify that I have/have not (circle one) had a UIF established (or similar derogatory information file which may include an Article 15, Captain's Mast, or Court Martial action) within the last 2 (enlisted) or 5 (officer) years. I understand that if I make a fraudulent statement I am subject to immediate discharge action.						Applicant's Initials	
25. I have been briefed on the Anthrax vaccine immunization program. I understand I will be immunized against anthrax if required under the new Air Force Anthrax Implementation Plan, dated, 11 October 2002, and its successor guidance.						Applicant's Initials	
26. If this assignment requires retraining, I agree to attend the applicable technical school.						Applicant's Initials	
27. I certify that the data contained herein are true and correct to the best of my knowledge. I also acknowledge that upon my assignment to the Ready Reserve, I am responsible to notify my employer of my Ready Reserve status and that as a Ready Reservist, I shall be subject to involuntary order to active duty in time of war or national emergency declared by the Congress, a national emergency declared by the President, or when otherwise authorized by law.							
SIGNATURE OF APPLICANT Wet Signatures						DATE (YYYYMMDD) 20150410	

FIRST ENDORSEMENT			
TO HQ RIO/DET 4 (GAINING DET CC)		FROM 375 MXS/CC (LOSING UNIT/CC)	
<input type="checkbox"/> RECOMMEND	<input checked="" type="checkbox"/> APPROVAL	<input type="checkbox"/> DISAPPROVAL (State reason(s) in the "REMARKS" section.)	
		<input type="checkbox"/> UIF	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
MEMBER HAS/HAS NOT COMPLETED THE FITNESS PROGRAM (DATE LAST TEST IF APPLICABLE) AND DOES/DOES NOT MEET THE PHYSICAL QUALIFICATIONS FOR CONTINUING SERVICE. MEMBER MEETS/DOES NOT MEET OTHER QUALITY FORCE STANDARDS FOR CONTINUING SERVICE.			
REMARKS UNIT/DET PM ENSURES READINESS DATA IS CURRENT. ANNOTATE 1288 DATA: PHA: __ DENTAL: __ FITNESS: __ (Note: Red DLC codes need SG confirmation member medically approved for assignment.)			
NAME AND TITLE (Please type)		SIGNATURE	DATE (YYYYMMDD)
LOSING UNIT COMMANDER			
SECOND ENDORSEMENT			
TO 375 MXS/CC (LOSING COMMANDER)		FROM HQ RIO DET 4/PM (GAINING CC)	
<input type="checkbox"/> RECOMMEND		<input checked="" type="checkbox"/> APPROVAL (Furnish assignment data)	
		<input type="checkbox"/> DISAPPROVAL (State reason(s) in the "REMARKS" section.)	
AUTHORIZED GRADE MAJ	AUTHORIZED AFSC 21A4	FUNCTIONAL CODE 31B100	TRAINING & RETIREMENT CATEGORY CAT B
UNIT OR TYPE OF ASSIGNMENT	<input type="checkbox"/> UNIT <input checked="" type="checkbox"/> IMA <input type="checkbox"/> OTHER (Specify)		
RESERVE SECTION CODE MC	DUTY POSITION NUMBER 1L00033548	ASSIGNMENT LOCATION SCOTT AFB IL	
UNIT OF ATTACHMEN 375 MXS	REPORTING OFFICIAL (Name and SSN) AF Active Duty Rater: Input Full SSAN xxx-xx-xxxx Active Duty Rater (other service): Input Full Name only. Civilian Rater: Input Full Name and grade only.		
PAS SFILFRY3	UNIT OF ATTACHMENT PAS SFILFRY3		
EDCSA 1 May 2015	RECRUITER ID CODE	RECRUITER DUTY PHONE (DSN and Commercial)	
<input checked="" type="checkbox"/> GRADE WAIVER	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> AUTH		
REMARKS MEMBER HAS BEEN INTERVIEWED AND ACCEPTED. Note: Interviews req for MSgt and above/Maj & above positions for Chaplain, Medical, Legal, Top Secret, OSI, regardless of grade.			
NAME AND TITLE (Please type)		SIGNATURE	DATE (YYYYMMDD)
HQ RIO/Det 4 PM (GAINING PM) PROGRAM MANAGER		Wet Signatures	
THIRD ENDORSEMENT (Do not include assignment data except to correct original data)			
TO HQ RIO/DET 4 PM (GAINING PM) PROGRAM MANAGER		FROM 375 MXS/CC (LOSING UNIT/CC)	
<input type="checkbox"/> RECOMMEND		<input checked="" type="checkbox"/> APPROVAL	
		<input type="checkbox"/> DISAPPROVAL (State reason(s) in the "REMARKS" section.)	
REMARKS UNIT/DET PM ENSURES READINESS DATA IS CURRENT. ANNOTATE 1288 DATA: PHA: __ DENTAL: __ FITNESS: __ (Note: Red DLC codes need SG confirmation member medically approved for assignment.)			
NAME AND TITLE (Please type)		SIGNATURE	DATE (YYYYMMDD)
GAINING AC COMMANDER		Wet Signatures	