	APPLICATION FOR APPOINTMENT For use of this form, see AR 135-100, AR 145-1, AR 351-5, and AR 601-100; the proponent agency is DCSPER																		
	DATA REQUIRED BY THE PRIVACY ACT OF 1974																		
A	AUTHORITY: Title 10 United States Code, Section 3012 (Title 5 United States Code, Section 552a)																		
PRINCIPAL PURPOSE:			E: To obtair	obtain an appointment as a commissioned or warrant officer in the Regular Army or Army Reserve, or to obtain selection to attend the US Army Officer Candidate hool.															
ROUTINE USES:				is for determination of qualifications and background information for eligibility for consideration for appointment as a Regular Army or Army Reserve															
			commiss	mmissioned/warrant officer or for selection for attendance at the US Army Officer Candidate School.															
	ISCLOS	SURE	Disclosu	closure of information requested in DA Form 61 is voluntary. Failure to							to provide the required information will result in non-acceptability of the application.								
	1. TYPE OF APPOINTMENT FOR WHICH APPLICATION IS SUBMITTED							2. G	2. GOVERNING REGULATION OR CIRCULAR (Specify appropriate section(s) if applicable)										
		COMMISSIONED OFFICER - REGULAR ARMY 3. GRADE FOR WHICH APPLYING (Reserve appointments of								nly)									
		COMMISSIO	NED OFFIC	FFICER - ARMY RESERVE 4.							OURC	E OF A	APPLICATIO	N (ROTC or	nly)				
		WARRANT O	FFICER - R	EGULAR ARM	1Y						DM	G DA	TE DESIGNA	ATED:					
		WARRANT O	FFICER - A	RMY RESERV	/E						SCH	HOLAR	SHIP - ENTE	R 1, 2, 3 OF	R 4 YEARS	S:			
		OFFICER CA	NDIDATE S	CHOOL												MENT AS	WARRANT OFFICERS		
6.	BRANC	H AND SPEC	IALTY PRE	FERENCES									oice by MOS	code and uni					
F	Regular A	Army and Offic	er Candidat	e applicants ar	nd all R0	OTC grad	uates:			a. MO	S COE	DE			b	. MOS TITL	<u>.E</u>		
	In nume	rical sequence	e, indicate 10	0 branch prefe	rences o	other thar	CA and SS	S.											
				pecific Reserv				Y the											
	branch o	of the vacant p	oosition; all o	ther applicants	s may er	nter more	than one b	ranch.											
										_l	DE	PSON/	AL DATA						
				7. NAME <i>(L</i>	ast, firs	t, middle)	(Explain va	riations fro	m birth ce	PERSONAL DATA rtificate in Item 41) 8. GRADE 9a. SOCIAL SECURITY NUMBER									
	EFER-	BRANCH	SPECIALTY																
	10. B				10. BRANCH 11. TOTAL YRS 12. MARITAL MOS if enl or wo) ACTIVE SERVICE STATUS					13. NU YEARS	3. NUMBER OF DEPENDENTS UNDER 18 9b. SELECTIVE SERVICE (FARS OF AGE					VE SERVICE NUMBER			
		AG		14. DATE OF 15. PLACE OF BIRTH (City, county, 16. SEX 17. COM							COMPLETE N	MILITARY AI	DDRESS	(If prese	ntly on active duty) (Include ZIP Code)				
		AR		BIRTH		state)		(-)	, , ,										
		AV		-															
		CA		-								РНО	NE AND/OR	DSN NUMB	ER				
		CM 18. PERMANENT ADDRESS (Include ZIP Code)							19. 0	CURRENT MA	AILING ADD	RESS (I	If difference	from Item 18) (Include ZIP Code)					
		EN		1															
		FA		1															
		FI		PHONE (In	clude ar	ea code)					PHONE (Include area code)								
		IN 20. US a. NATIVE b. NATURALIZATION					c. APPLICANT'S CERTIFICATE NO. (If Item b. checked) (Date, place, court)												
		CITIZEN MI YES YES DERIVED																	
		MP																	
		OD		NO		NO													
		QM		21. CIVILIAN EDUCATION (See page 3 for additional requireme							ments for professional personnel) ATION OF HIGH SCHOOL								
		SC		a. HIGH SCHOOL GRADUATE b. NAME AND LOCA							ONTOR OF HIGH SCHOOL								
		SS											1	1	(4)				
		TC							(1)		2) ESTER	(3) YEARS	DATE GR			(5) MAJOR			
		AN							EĞŔEE	GREE CRE		ATTENDED			DUATE YEAR	MAJOR SUBJECT			
		CH DE												DAT	MONTH	TEAR			
		JA																	
		MC																	
		MS																	
d. SPECIAL EDUCATIONAL HONORS, SCHOLAR- e. IF You								e. IF YOU HAVE EVER BEEN EXPELLED FROM SCHOOL, OR PLACED ON PROBATION, EITHER FOR ACADEMIC OR DISCIPLINARY REASONS, EXPLAIN (Continue in Item 41(Remarks))							ED ON PROBATION, EITHER FOR				
		VC		SHIPS, ETC					AC	ADEMIC	or di	SCIPLI	NARY REAS	ONS, EXPL	AIN (Cont	inue in Iten	n 41(Remarks))		
22.	HIGHE		ERVICE SC	HOOL ATTEN	IDED														
						١. ٥٠	NIBOL		c. DATE	S (Mo-	Yr)	CON	MPLETED		J 1F	NOT COL	DI ETED CIVE DE ACON		
a. NAME OF SCHOOL b. COURSE FROM							ТО	TO YES NO d. IF NOT COMPLETED GIVE REASON					LLEIED GIVE KEASON						
23a.	FOREI	GN LANGUA	GES AND D	EGREE OF PF	ROFICIE	ENCY			ı	ı			1	b. ALAT S	SCORE (If applicable	e)		

24. AR	RE YOU NOW, OR HAVE YOU EVER BEEN A CONSCIENTIOUS OBJE	:CTOR?	YE	:S	L	NO (If ye	es, attach affidavit)				
OF	UNDERSTAND THAT, IF I AM SELECTED FOR APPOINTMENT, I V GARDLESS OF MY MARITAL STATUS AND/OR RESPONSIBILITY FO MY DEPENDENTS SHOULD I BE REQUIRED TO PERFORM DUTY II	IN AN AREA WHE	IERE D	DEPE	NDENT	S ARE NOT	PERMITTED.				DE
pro PR	26. HAVE YOU EVER UNDER EITHER MILITARY OR CIVILIAN LAW BEEN INDICTED OR SUMMONED IN TO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING (Including any proceedings involving juvenile offenses, article 15, UCMJ, and any court-martial) REGARDLESS OF THE RESULT OF TRIAL, OR CONVICTED, FINED, IMPRISONED, PLACED ON PROBATION, PAROLED OR PARDONED, OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE? (Exclude traffic violations involving a fine or forfeiture of \$100 or less).										
	YES NO IF YES, ATTACH REQUEST FOR WAIVER LIST IE COURT OR PLACE OF HEARING, AND THE PENALTY IMPOSED OF FIDAVIT FORM AS TO THE OUTCOME OF EACH CASE.	TING THE DATE, OR OTHER DISP	, THE 'OSITI	NATU ON O	JRE OF)F EAC	EACH ALI H CASE ANI	LEGED OFFENSE OR D FURNISH COPY OF C	VIOLATION, THE NA COURT ACTION OR DE	ME AND LOCA	TION (OF N
27. AC	CTIVE MILITARY SERVICE (Indicate tour with each organization separa	ately - show ROT	C Car	mps ir	n Item 3	39)					
	a. ORGANIZATION	b. DATE	S (D	ay, M	lonth, Y	ear)	c. BRANCH/MOS	d. PRIOR	e. HIGHE	ST GR	ADE
	(US Armed Forces, USCG, NOAA, US Public Health Service, Peace Corps)	FROM		\top	Т	О.	(As appropriate)	SERVICE NO. (If applicable)	AND CO		
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f DATE	E CURRENT ACTIVE DUTY TOUR TERMINATES					~ DATE (DF LAST ADL PROMOTION	ON			
	ESERVE OR NATIONAL GUARD SERVICE (Not on active duty)					g. DATE C	JE LAST ADL FRONGT	<u></u>			
26. NE	a. ORGANIZATION	b. DATES		av Mo	onth. Yo	ear)		d. PRIOR	e. HIGHE		
	(US Armed Forces, USCG, NOAA, US Public Health Service, Peace Corps)	FROM	J (19,		O	c. BRANCH/MOS (As appropriate)	SERVICE NO. (If applicable)	e. HIGH		
	OG Public Health Gervice, Feder Gerpay			+				(II applicasis)			
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COMMIS- SIONED				+							
	DURCE OF CURRENT COMMISSION (If applicable)	L				T ₀₀ A)A/AE	70- not list theater				
AR	RNGUS: OF CORRENT COMMISSION (IT applicable) RNGUS: OCS DIRECT APPOINTMENT SAR: ROTC ROTC (ECP) ROTC (SMF	P) [] отн cs	I ER	30. AVVAN	RDS (Do not list theater	or service medais;			
	DIRECT APPOINTMENT										
31. HA	VE YOU EVER APPLIED AND NOT BEEN SELECTED FOR: a. ROTO	c [YE	S		NO		b. OCS YES	NO		
	c. APPOINTMENT IN RESERVE COMPONENT (USAR/ARNG	<i>i)</i>	YE	s	NO		d. APPOINTMENT	Γ IN REGULAR ARMY		YES	NO
AS A W	AS A WARRANT OFFICER AS A WARRANT OFFICER										
AS A COMMISSIONED OFFICER AS A COMMISSIONED OFFICER											
e. IF Al	NSWER IS "YES", EXPLAIN FULLY										
	32. ARE YOU NOW OR HAVE YOU EVER BEEN IN THE MILITARY SERVICE OF OR BEEN EMPLOYED BY A FOREIGN GOVERNMENT (If yes, give dates, country and type of service or employment)										
33. HAVE YOU EVER RESIGNED OR BEEN ASKED TO RESIGN IN LIEU OF ELIMINATION PROCEEDINGS; BEEN DISCHARGED IN LIEU OF ELIMINATION, FURLOUGHED (other than regular furlough or leave), OR PLACED ON INACTIVE STATUS WHILE SERVING IN THE US ARMED FORCES; OR, HAVE YOU EVER RESIGNED OR BEEN ASKED TO RESIGN FROM											
A POSITION WHILE IN PRIVATE OR GOVERNMENT EMPLOYMENT? (If yes, state circumstances; if more space is required, continue on separate sheet). YES NO											
	, tes I NO										

	34. APPLICANTS	35. APPLICANTS FOR CHAPLAINS BRANCH ONLY										
BARS OF WHICH YOU	JARE A MEMBER <i>(Spe</i>	RELIGIOUS DENOMINATION BY WHICH YOU WILL BE ENDORSED										
36. APPLICANTS FO	OD MEDICAL AND DENT	TAL CORRE ONLY										
	OR MEDICAL AND DENT	TAL CORPS ONLY					n DATES (M	onth and	Year)			
LEVEL	a. TRAINING b. NAME AND LOCATION OF HOSPITAL							c. DATES (Month and Year) FROM TO				
INTERNSHIP	1112											
RESIDENCY TNG												
SPECIALTY TNG												
		d. SPE	CIALTY BOARDS			e. DATES	OF CERTIFICA	ATION	(Day, Month, Yr)			
f. PLACE IN WHICH C	URRENTLY LICENSED											
37. APPLICANTS FO	R ARMY NURSE CORPS	S AND ARMY MEDICAL	L SPECIALIST CORPS ONLY	,								
a. NAME OF NURSING	G OR ACCREDITED PRO	DFESSIONAL SCHOOL		b. LOCATION								
	110/1102 (1110, 11)	d. STATE AND CURR	ENT REGISTRATION NUMBE	ER			AND DATE OF TRATION (Da		Year)			
FROM	ТО											
			OURSES (Include courses at	general hospitals, service school	ols, and short courses	s)						
(1) SUBJECT (OR COURSE	(2) NAME A	AND LOCATION OF SCHOOL	OR HOSPITAL	(3) SEMESTER CREDITS	DATE	Month, Year)					
				EARNED	FROM		то					
YES	NO		N, OCCUPATIONAL OR PHYS		es, give dates)							
39. ARMY ROTC (To	be completed only by pr		ates applying for appointment	<i>IN USAR OF RA)</i> D AROTC PROGRAM AS FOLLO	OWE							
	DATES ATTENDED		CCESSFULLY COMPLETED	AROTO PROGRAMI AS FOLL	Jvv3							
COURSE	FROM	TO	+	с. (
	TROW	10	(1) INSTALLATION (Basic		COMPLETION	DATE ((Month, Year)					
a. BASIC			(-)	-7				, , , , , , , , , , , , , , , , , , , ,				
b. ADVANCED			(2) INSTALLATION (Adva	nced/Ranger)		COMPLETION	DATE (Month, Year)				
a. NAME AND ADDRE			b. JOB TITLE				c. MONTH	AND VE	\D			
a. Wille hite heart	OO OF EINE LOTEIX		b. 00B 111EE					TO	AIX.			
b. PRINCIPAL DUTIES	S (Describe briefly)		<u> </u>									
S. 1 M. 1011 / L. 2011 L.	(200020 20)											
41. REMARKS (Exp	erience, proficiencies and	special abilities not sho	wn elsewhere in this application	on. Those required to enter prin	narv entrv specialties.	see Para 1	-27d.e. AR 601	-100). (If	more			
	attach additional sheet)	.,		, , , , , , , , , , , , , , , , , , , ,	.,, .,		.,.,	/ (
		DATE		SIGNATURE OF APPLICANT								
	ATION CONTAINED HER OF MY KNOWLEDGE AN											

THIS PAGE NOT TO BE COMPLETED BY APPLICANT

PART I - RECOMMENDATION FOR APPOINTMENT OF ROTC GRADUATE AS A (REGULAR) OR (RESERVE) COMMISSIONED OFFICER OF THE ARMY (AR 601-100, AR 145-1) (To be completed by PMS only)									
FROM: (Name and Address of	of Institution)	TO: (Appropriate Region Commander)							
b. APPLICANT HAS c. APPLICANT WILL F d. I CONSIDER APPLICANT I OFFICER OF THE ARMY	UCCESSFULLY COMPLETED AT THIS INSTITUTION THE PRESCRIE HAS NOT COMPLETED SUCCESSFULLY THE REQUIRED CAN HAVE ATTAINED WILL NOT HAVE ATTAINED, A BACCALAURE PHYSICALLY, MENTALLY, MORALLY, AND PROFESSIONALLY QUAL RECOMMEND HIS APPOINTMENT. N FULL QUALIFICATION FOR, AND SHOULD BE APPOINTED ON	MP TRAINING. EATE DEGREE UPON SUCCESSFUL COM	(Date) IPLETION OF THE ROTC COURSE. REGULAR RESERVE COMMISSIONED						
DATE	BRANCH FOR ASSIGNMENT	SIGNATURE AND GRADE (PMS)							
	PART II - RECOMMENDATION FOR APPL	LICANTS FOR OCS ONLY (AR 351-5)							
a. STATEMENT TO:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DATE						
1. I HAVE KNOWN THE APP	LICANT FOR MONTHS. HE HAS SERVED UNDER ME	FOR MONTHS. HIS PRIN	CIPAL DUTY IS						
ENCLOSURES		SIGNATURE							
ORGANIZATION		TYPED NAME, GRADE AND TITLE							
b. STATEMENT									
TO:			DATE						
1. I HAVE KNOWN THE APPI	LICANT FORMONTHS. HE HAS SERVED UNDER ME	FOR MONTHS. HIS PRING	CIPAL DUTY IS						
3. REMARKS (Include your o	OT RECOMMEND THE APPLICANT. opinion as to his/her overall ability (to include leadership) and value to th								
ENCLOSURES		SIGNATURE							
ORGANIZATION		TYPED NAME, GRADE AND TITLE							