

DATE: _____
SQ/DQ: _____
APPOINTMENT DATE AND TIME: _____

AZ ANG PRE-QUALIFYING WORKSHEET

CONTACT INFORMATION

NAME: _____
PHONE: _____
EMAIL: _____
ADDRESS: _____
AGE: _____ BIRTHDAY: _____

QUESTIONS

WHERE WERE YOU BORN? (CITY & STATE OR COUNTRY) _____

WHAT IS YOUR PRESENT HEIGHT? _____

WHAT IS YOUR PRESENT WEIGHT? _____

WHAT IS YOUR PRESENT MARITAL STATUS? _____

(IF MARRIED) IS YOUR SPOUSE A MILITARY MEMBER? _____

DO YOU HAVE ANY CHILDREN OR ANYONE ELSE DEPENDENT UPON YOU FOR FINANCIAL SUPPORT? _____

DO YOU HAVE ANY PRIOR MILITARY SERVICE? IF SO, WHAT BRANCH? WHAT RANK? *RE CODE*?
WHAT ARE YOUR DATES OF SERVICE? (YES/NO) _____ (IF YES, EXPLAIN)

HAVE YOU EVER BEEN CHARGED, ARRESTED, CITED OR HELD BY ANY LAW ENFORCEMENT AGENCY REGARDLESS OF WHETHER THE CHARGES WERE DROPPED, DISMISSED, EXPUNGED, EXPELLED OR STRICKEN TO INCLUDE MINOR TRAFFIC OR PARKING CITATIONS? DO YOU HAVE ANY JUVENILE VIOLATIONS REGARDLESS OF THE DISPOSITION? (YES/NO) _____ (IF YES, EXPLAIN)

HAVE YOU EVER USED, SOLD, POSSESSED, OR TRANSPORTED ANY ILLEGAL DRUGS OR NARCOTICS TO INCLUDE EXPERIMENTAL USE OF MARIJUANA? (YES/NO) _____ (IF YES, EXPLAIN)

HAVE YOU EVER BEEN DIAGNOSED WITH ASTHMA OR SEIZURES? _____ (YES/NO)

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HAVE YOU EVER BROKEN OR FRACTURED BONES THAT REQUIRED PINS OR PLATES? _____
(YES/NO)

ARE YOU CURRENTLY OR HAVE YOU EVER TAKEN ANY MEDICATIONS PRESCRIBED BY A DOCTOR FOR ANYTHING OTHER THAN COMMON COLDS OR ALLERGIES, OR TO ALSO IMPROVE YOUR BEHAVIOR? (YES/NO) _____ (IF YES, EXPLAIN)

HAVE YOU EVER HAD ANY TYPE OF EYE SURGERY SUCH AS PRK OR LASIK? _____ (YES/NO)

HAVE YOU EVER BEEN HOSPITALIZED OR HAD ANY SURGERIES? _____ (YES/NO)

HAVE YOU EVER HAD **ANYTHING** MEDICALLY (DOCTOR DIAGNOSED) WRONG WITH YOU?
(YES/NO) _____ (IF YES, EXPLAIN)

DO YOU HAVE ANY TATTOOS? _____ (YES/NO)

DO YOU HAVE ANY PIERCINGS OR BODY BRANDING? _____ (YES/NO)

ARE YOU CURRENTLY OR HAVE YOU EVER BEEN ON A MEDICAL PROFILE? _____ (YES/NO)

ARE YOU RECEIVING DISABILITY COMPENSATION OR IN THE PROCESS OF APPLYING FOR DISABILITY COMPENSATION FROM THE VA? _____ (YES/NO)

WHAT IS THE HIGHEST GRADE LEVEL OF FORMAL EDUCATION YOU HAVE SUCCESSFULLY COMPLETED? (IF COLLEGE, WHAT COLLEGE, MAJOR & DATES ATTENDED)

WHAT IS THE NAME OF THE HIGH SCHOOL YOU GRADUATED FROM AND WHAT YEAR DID YOU GRADUATE?

DO YOU HAVE A VALID SOCIAL SECURITY NUMBER? _____ (YES/NO)

HAVE YOU REGISTERED WITH THE SELECTIVE SERVICE? _____ (YES/NO)

ARE YOU FAMILIAR WITH THE TERM CONSCIENTIOUS OBJECTOR? IF NOT READ BELOW.

(A CONSCIENTIOUS OBJECTOR IS A PERSON WHO HAS A FIRM, FIXED AND SINCERE OBJECTION TO THE PARTICIPATION IN WAR IN ANY FORM OR TO THE PERFORMANCE OF MILITARY SERVICE BECAUSE OF RELIGIOUS TRAINING OR BELIEFS.)

DO YOU CONSIDER YOURSELF TO BE A CONSCIENTIOUS OBJECTOR? _____ (YES/NO)

HOW DID YOU HEAR ABOUT THE AIR NATIONAL GUARD?

