

REQUEST FOR REFERENCE

Form Approved
OMB No. 0704-0167
Exp. Date: Jun 30, 1987

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 United States Code, Sections 503, 504, 505, 508. Executive Order 9397 authorizes the solicitation of the Social Security Number (SSN)

PURPOSE: To Determine the applicant's eligibility for enlistment. The Social Security Number is used as a numerical identifier for individuals.

USE: To obtain information and to assist references which the applicant has provided to support his/her request for enlistment into the Armed Forces. The Social Security Number is used as a numerical identifier for individuals on most Federal records and automated information systems.

DISCLOSURE: Voluntary; however, failure to provide the requested information as well as the Social Security Number may result in denial of enlistment.

TO:

Your timely reply will help the defense effort. Please fill out and return promptly. A self-addressed return envelope, which requires no postage, is enclosed for your convenience.

APPLICANT IDENTIFICATION DATA

1. NAME (<i>Last, First, MI</i>)		2. MAILING ADDRESS (<i>Number, Street, City, State, Zip Code</i>)	
3. DATE OF BIRTH	4. SOCIAL SECURITY NUMBER		
5. DATE OF SCHOOL ATTENDANCE OR EMPLOYMENT FROM: (<i>Month & Year</i>) TO (<i>Month & Year</i>)			

The above named person has made application for enlistment in the Armed Service and has given your name as reference. The information you provide will be appreciated since it will assist in determining whether or not the applicant meets the eligibility standards to become a member of the Armed Forces of the United States.

Service standards require that applicants be mature, intelligent, and possess high moral qualifications. Those applicants who are selected will have an opportunity to receive schooling and training in technical fields to improve and advance their knowledge and skills in subjects essential to national defense. Additionally, college opportunities will be available.

Enlistees who cannot adjust satisfactorily to military life must be discharged, causing emotional distress to the individual, as well as loss to the taxpayers. Therefore, by giving your frank opinion of the applicant, you can render a genuine service to the applicant as well as to the United States.

Any information relevant to this applicant's leadership qualifications, ability to work harmoniously with others, character, family background, and/or local school and club activities, will be helpful in determining acceptability for military service. Your statements will be held in strict confidence, and you will not be considered personally responsible in any way for the applicant's conduct if enlisted or not enlisted.

The questions listed on the reverse of this form are of particular interest in reaching a conclusion concerning the qualifications of the applicant. Any additional information you can provide will be appreciated and may be written in the space provided for remarks or on a plain piece of paper.

RECRUITING OFFICER IDENTIFICATION DATE

6. TYPED NAME (<i>Last, First, MI</i>)	7. DATE SIGNED	8. UNIT/COMMAND NAME
9. SIGNATURE OF RECRUITING REPRESENTATIVE		10. UNIT/COMMAND MAILING ADDRESS (<i>Number, Street, City State, Zip Code</i>)

APPLICANT'S NAME:				
10. WHAT IS YOUR RELATIONSHIP TO THE APPLICANT? <i>(Indicate with and "X")</i>				
<input type="checkbox"/> EMPLOYER <input type="checkbox"/> SCHOOL OFFICIAL <input type="checkbox"/> NEIGHBOR <input type="checkbox"/> CHURCH OFFICIAL <input type="checkbox"/> OTHER <i>(Specify)</i>				
11. HOW LONG HAVE YOU KNOWN THE APPLICANT: FROM <i>(Month & Year)</i> TO <i>(Month & Year)</i>		12. APPLICANT'S HIGHEST SCHOOL GRADE COMPLETED OR JOB TITLE		
13. INCLUSIVE DATES OF SCHOOL ATTENDANCE/EMPLOYMENT IN YOUR SCHOOL OR FIRM FROM <i>(Month & Year)</i> TO <i>(Month & Year)</i>				
14. IF APPLICANT LEFT SCHOOL OR JOB, GIVE SPECIFIC REASON, IF KNOW.				
15. HOW DO YOU RATE THE APPLICANT'S <i>(Indicate with an "X")</i>	OUTSTANDING	AVERAGE	UNSATISFACTORY	NOT OBSERVED
a. TRUSTWORTHINESS				
b. GENERAL INTELLIGENCE				
c. ABILITY TO WORK WELL WITH OTHERS				
d. INITIATIVE				
e. JUDGEMENT				
f. SELF-CONFIDENCE				
g. HOME ENVIRONMENT				
h. LEADERSHIP				
i. EMOTIONAL STABILITY				
16. PLEASE ANSWER THE FOLLOWING QUESTIONS TO THE BEST OF YOU KNOWLEDGE. FOR "YES" ANSWERS, PROVIDE DETAILS IN REMARKS. <i>(Indicate with an "X")</i>			YES	NO
a. HAS THE APPLICANT SERVED IN ANY OF THE ARMED FORCES?				
b. IF APPLICANT IS KNOWN TO USE ALCOHOL OR DRUGS, HAS IT AFFECTED HIS OR HER PERFORMANCE?				
c. HAS THE APPLICANT EVER BEEN DISCHARGED FROM EMPLOYMENT FOR INEFFICIENCY, NEGLIGENCE OR MORAL UNFITNESS?				
d. HAS THE APPLICANT EVER BEEN SUSPENDED, EXPELLED OR DISMISSED FROM SCHOOL?				
e. HAS THE APPLICANT ANY CHRONIC AILMENTS OR PHYSICAL DEFECTS?				
f. IS THERE ANY REASON WHY YOU WOULD NOT RECOMMEND THIS PERSON FOR A POSITION OF TRUST?				
g. DOES THE APPLICANT POSSESS ANY SPECIAL SKILLS, KNOWLEDGE OR EXPERIENCE?				
17. PLEASE WRITE A PERSONAL NARRATIVE EVALUATION OF THE APPLICANT ON A PLAIN PIECE OF PAPER, AND ATTACH TO THIS FORM.				
18. REMARKS <i>(Indicate item number to which remarks apply)</i>				
19. TYPED OR PRINTED NAME OF PERSON COMPLETING QUESTIONNAIRE			20. TITLE	
21. SIGNATURE			22. DATE SIGNED	