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																			
AUTHOR	RITY:	Title 10 l	United States Co	ode, Se	ection 30	12 (Title 5 U	nited State	es Co	de, Se	ection 552a)									
PRINCIP	PAL PURPOS	E: To obtain School.	n an appointmer	nt as a	commiss	sioned or wa	rrant office	er in th	ne Reg	gular Arr	ny or <i>i</i>	Army F	Reserve, or to	obtain sele	ction to att	end the US	Army Officer Candidate		
ROUTINE USES: Basis for determination of qualifications and background information for el commissioned/warrant officer or for selection for attendance at the US Arr													intment as a	a Regular A	rmy or Arm	ny Reserve			
DISCLO	SURE	Disclosu	re of informatior	n reque	sted in D	0A Form 61 i	s voluntary	y. Fail	lure to	provide	the re	equired	I information	will result in	non-accep	tability of th	ne application.		
1. TYPE OF APPOINTMENT FOR WHICH APPLICATION IS SUBMITTED								2. GOVERNING REGULATION OR CIRCULAR (Specify appropriate section(s) if applicable)											
COMMISSIONED OFFICER - REGULAR ARMY									3. GRADE FOR WHICH APPLYING (Reserve appointments only)										
	COMMISSIC	NED OFFIC	ER - ARMY RES	SERVE						4. SOURCE OF APPLICATION (ROTC only)									
			EGULAR ARM							ļЦ	DMO	-	TE DESIGN						
	-	-	RMY RESERVE								SCH	HOLAR	SHIP - ENTE	ER 1, 2, 3 O	R 4 YEAR	S:			
6. BRANC	OFFICER CA												FOR APPLIC oice by MOS			MENT AS	WARRANT OFFICERS		
Regular	Army and Offi	cer Candidat	e applicants and	all RC	OTC grad	luates:				a. MO	S COE	DE			b	. MOS TITL	E		
			0 branch prefere				i.												
USAR ap	oplicants: If ap	plying for a s	specific Reserve	vacan	cy, indica	ate ONL	Y the												
branch	of the vacant	position; all c	other applicants	may er	nter more	e than one br	anch.					_							
			7. NAME <i>(La</i>	ast firs	t middle	)(Explain var	riations from	m hirt	th certi	ificate in			AL DATA	8. GRADE	9a	SOCIAL	SECURITY NUMBER		
PREFER-	BRANCH	SPECIALTY	· ·		,, <i></i> aa.o,	/( <u></u> ,				nouto in		,							
ENCE	10. BRANCH (MOS if enl or wo) ACTIVE SERVICE STATUS						. NUMBER OF DEPENDENTS UNDER 18 9b. SELECTIVE SERVICE NUMBER ARS OF AGE					VE SERVICE NUMBER							
	AD		14. DATE OF		15 DI	ACE OF BIR		cour	atu -	16. SE	×	17 (	COMPLETE			(If prese	ntly on active duty) (Include ZIP Code)		
	AG		BIRTH		state)		(Oity,	, cour	ny,										
	AR		1																
	AV		1								PHONE AND/OR AUTOVON NUMBER								
	CA CM		18. PERMAN	FNT A		3 (Include Z	ZIP Code)						19. CURRENT MAILING ADDRESS (If difference from Item 18) (Include ZIP Code)						
	EN		1				,												
	FA																		
	FI		PHONE (Incl	lude ar	ea code)					PHONE (Include area code)									
	IN		20. US	a. NA	ATIVE	b. NA	TURALIZ		N	c. APPLICANT'S CERTIFICATE NO. (If Item b. checked) (Date, place, court)									
	МІ				YES		DERIVED	<b>`</b>											
	MP				_														
	OD				NO		MIGRANT												
	QM		21. CIVILIAN				for additio	onal re	equirer	ments fo	or prof	essiona	al personnel)						
	SC		a. HIGH SCH	OOL G	_		b. NAME	AND	LOCA	ATION (	OF HIC	GH SCI	HOOL						
	SS		YES		∐ N	0				,			1	1			I		
	TC					ON OF EACH				(1)	(2) (1) SEMES		(3)	<i>(4)</i> DATE GRADUATED			(5)		
	AN								GREE	CREDITS		YEARS ATTENDED	)		1	MAJOR SUBJECT			
	СН									CAR			DAY	MONTH	YEAR				
	DE																		
	JA																		
	MC																		
	MS SP		d. SPECIAL E	DUCA	TIONAL	HONORS, S	SCHOLAR	:-									ED ON PROBATION, EITHER FOR		
	VC		SHIPS, ETC.														n 41(Remarks))		
22. <b>HIGH</b>		ERVICE	I HOOL ATTEND	DED					I										
								c. D	ATES	(Mo-Y	(r)	CON	<b>MPLETED</b>						
	a. NAME OF	SCHOOL			b. CC	OURSE		-	OM	TO		YES	NO	d. IF NOT COMPLETED GIVE REASON					
23a. FORE	23a. FOREIGN LANGUAGES AND DEGREE OF PROFICIENCY b. ALAT SCORE (If applicable)																		

DA FORM 61, JUN 1981

24.	24. ARE YOU NOW, OR HAVE YOU EVER BEEN A CONSCIENTIOUS OBJECTOR?												
25. I UNDERSTAND THAT, IF I AM SELECTED FOR APPOINTMENT, I WILL BE EXPECTED TO ACCEPT SUCH ASSIGNMENTS AS ARE IN THE BEST INTEREST OF THE SERVICE REGARDLESS OF MY MARITAL STATUS AND/OR RESPONSIBILITY FOR DEPENDENTS; AND IT IS MY RESPONSIBILITY TO MAKE APPROPRIATE ARRANGEMENTS FOR THE CARE OF MY DEPENDENTS SHOULD I BE REQUIRED TO PERFORM DUTY IN AN AREA WHERE DEPENDENTS ARE NOT PERMITTED.													
<ol> <li>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 foreiture of \$100 or less).</li> </ol>													
	YES IN O IF YES, ATTACH REQUEST FOR WAIVER LISTING THE DATE, THE NATURE OF EACH ALLEGED OFFENSE OR VIOLATION, THE NAME AND LOCATION OF THE COURT OR PLACE OF HEARING, AND THE PENALTY IMPOSED OR OTHER DISPOSITION OF EACH CASE AND FURNISH COPY OF COURT ACTION OR DETAILED STATEMENT IN AFFIDAVIT FORM AS TO THE OUTCOME OF EACH CASE.												
27.	27. ACTIVE MILITARY SERVICE (Indicate tour with each organization separately - show ROTC Camps in Item 39)												
	a. ORGANIZATION (US Armed Forces, USCG, NOAA,	b. DATES	S (E	Day, N	Month,	Ye	ear)	c. BRANCH/MOS	d. PRIOR SERVICE NO.	e. HIGHE	ST GR	ADE	
	US Public Health Service, Peace Corps)	FROM				тс	)	(As appropriate)	(If applicable)	AND CO	MPON	ENT	
	3			_						<u> </u>			
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WARRANT	OFFICER												
COMMIS-													
MO	Q												
0	0												
4 5	DATE CURRENT ACTIVE DUTY TOUR TERMINATES							F LAST ADL PROMOTI		L			-
	RESERVE OR NATIONAL GUARD SERVICE (Not on active duty)						9. DATE C						_
	a. ORGANIZATION	b. DATES	(D	ay, N	Nonth,	Ye	ar)	c. BRANCH/MOS	d. PRIOR	e. HIGHI	EST GF	ADE	
	(US Armed Forces, USCG, NOAA, US Public Health Service, Peace Corps)	FROM				тс	)	(As appropriate)	SERVICE NO. (If applicable)	AND CC	MPON	ENT	
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RA	OFFICER												
WARRANT													
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COMMIS-	Os												
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29.	SOURCE OF CURRENT COMMISSION (If applicable)         ARNGUS:       OCS       DIRECT APPOINTMENT			]от	HER		30. AWAR	DS (Do not list theater	or service medals)				
31.	HAVE YOU EVER APPLIED AND NOT BEEN SELECTED FOR: a. ROTO	; [	Y	ES			NO		b. OCS YES	NO			
	c. APPOINTMENT IN RESERVE COMPONENT (USAR/ARNG)	)	YE	S	NO				IN REGULAR ARMY		YES	N	10
-	A WARRANT OFFICER A COMMISSIONED OFFICER			╡┼		_		ARRANT OFFICER	P		┝┝┽	┥┝	╡
	F ANSWER IS "YES", EXPLAIN FULLY						A3 A C		IX				
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.	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												

34. APPLICANTS FOR JUDGE ADVOCATE GENERAL'S CORPS ONLY								35. APPLICANTS FOR CHAPLAINS BRANCH ONLY			
BARS OF WHICH YOU	ARE A MEMBER (Spec	ify dates)					RELIGIOUS D WHICH YOU W	ENOMINATION BY			
36. APPLICANTS FO	OR MEDICAL AND DENT	AL CORPS ONLY									
	RAINING	c. DATES (Month and Year)									
LEVEL	TYPE		b. NAME AND LOCA	TION OF HOSPITAL		F	ROM	то			
INTERNSHIP											
RESIDENCY TNG											
SPECIALTY TNG		D.1750									
	e. DATES OF CERTIFICATION (Day, Month, Yr)										
f. PLACE IN WHICH C	URRENTLY LICENSED										
37. APPLICANTS FO	R ARMY NURSE CORPS	AND ARMY MEDIC	AL SPECIALIST CORPS ONLY								
a. NAME OF NURSING	G OR ACCREDITED PRO	FESSIONAL SCHOC	DL	b. LOCATION							
c. DATES OF ATTE FROM	NDANCE (Mo, Yr) TO	I. STATE AND CURI	RENT REGISTRATION NUMBEI	2		e. STATE REGIS	AND DATE OF TRATION (Da	FINITIAL y, Month, Year)			
			COURSES (Include courses at g	general hospitals, service schoo	ls, and short courses	s)					
(1) SUBJECT C		2) NAME	AND LOCATION OF SCHOOL	OR HOSPITAL	(3) SEMESTER CREDITS	DATE	ANCE (Month, Year)				
					EARNED	F	ROM	то			
38. HAVE YOU BEEN	EMPLOYED BY THE US	ARMY AS A DIETITI	AN, OCCUPATIONAL OR PHYS	ICAL THERAPIST? (If y	es, give dates)						
YES I	NO										
39. ARMY ROTC (To	be completed only by pro	spective ROTC grad	uates applying for appointment in	USAR or RA)							
i			SUCCESSFULLY COMPLETED	AROTC PROGRAM AS FOLL	ows						
COURSE	DATES ATTENDED	,	_	с. (	CAMP TRAINING						
	FROM	ТО	(1) INSTALLATION (Basic)	· · · · · · · · · · · · · · · · · · ·				DATE (Month, Year)			
a. BASIC						COMPLETION DATE (Month, Year					
b. ADVANCED			(2) INSTALLATION (Advar.	iced/Ranger)			COMPLETION	DATE (Month, Year)			
40. MAIN CIVILIAN E			b. JOB TITLE				MONTH				
a. NAME AND ADDRE	33 OF EMPLOTER		D. JOB IIILE			c. MONTH AND					
						FROM					
b. PRINCIPAL DUTIES	6 (Describe briefly)										
		special abilities not sl	nown elsewhere in this application	n. Those required to enter prin	ary entry specialties,	see Para 1	1-27d,e, AR 601	-100). (If more			
	attach additional sheet)							<i>,</i> , ,			
			TE	SIGNATURE OF APPLICANT							
	ATION CONTAINED HER OF MY KNOWLEDGE AN										

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INIS	PAGE	NUL	1 U BE	COMPL	EIED	וזס	APPL	ICANT

	PART I - RECOMMENDATION FOR APPOINTMEN (RESERVE) COMMISSIONED OFFICER OF THE ARMY								
FROM: (Name and Address of Instit	ution)	TO: (Appropriate Region Commander)							
	SSFULLY COMPLETED AT THIS INSTITUTION THE PRESCRIBE								
b. APPLICANT 🔄 HAS 🗌 H	ASSOCIATE COMPLETED AT THIS INSTITUTION THE PRESENCE HAS NOT COMPLETED SUCCESSFULLY THE REQUIRED CAMP ATTAINED INVILL NOT HAVE ATTAINED, A BACCALAUREA	P TRAINING.		(Date) IPLETION OF THE ROTC COURSE.					
d. I CONSIDER APPLICANT PHYSICALLY, MENTALLY, MORALLY, AND PROFESSIONALLY QUALIFIED FOR APPOINTMENT AS A REGULAR RESERVE COMMISSIONED OFFICER OF THE ARMY RECOMMEND HIS APPOINTMENT.									
e. APPLICANT WILL ATTAIN FULL QUALIFICATION FOR, AND SHOULD BE APPOINTED ON (Day, Month and Year)									
DATE	BRANCH FOR ASSIGNMENT		RADE (PMS)						
	PART II - RECOMMENDATION FOR APPLIC		ONLY (AP 251.5)						
a. STATEMENT		CANTS FOR OCS	UNLT (AR 351-5)						
TO:				DATE					
1. I HAVE KNOWN THE APPLICANT	T FOR MONTHS. HE HAS SERVED UNDER ME I	FOR	MONTHS. HIS PRIN	CIPAL DUTY IS					
	COMMEND THE APPLICANT.								
3. REMARKS (Include your opinion	as to his/her overall ability (to include leadership) and value to the	service).							
		1							
ENCLOSURES		SIGNATURE							
ORGANIZATION		TYPED NAME, GF	RADE AND TITLE						
b. STATEMENT		•		DATE					
TO:				DATE					
1. I HAVE KNOWN THE APPLICANT	FORMONTHS. HE HAS SERVED UNDER ME F	FOR	MONTHS. HIS PRING	CIPAL DUTY IS					
2. I DO DO NOT REC	COMMEND THE APPLICANT.								
3. REMARKS (Include your opinion as to his/her overall ability (to include leadership) and value to the service).									
ENCLOSURES		SIGNATURE							
ORGANIZATION		TYPED NAME, GF	RADE AND TITLE						
		,							
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