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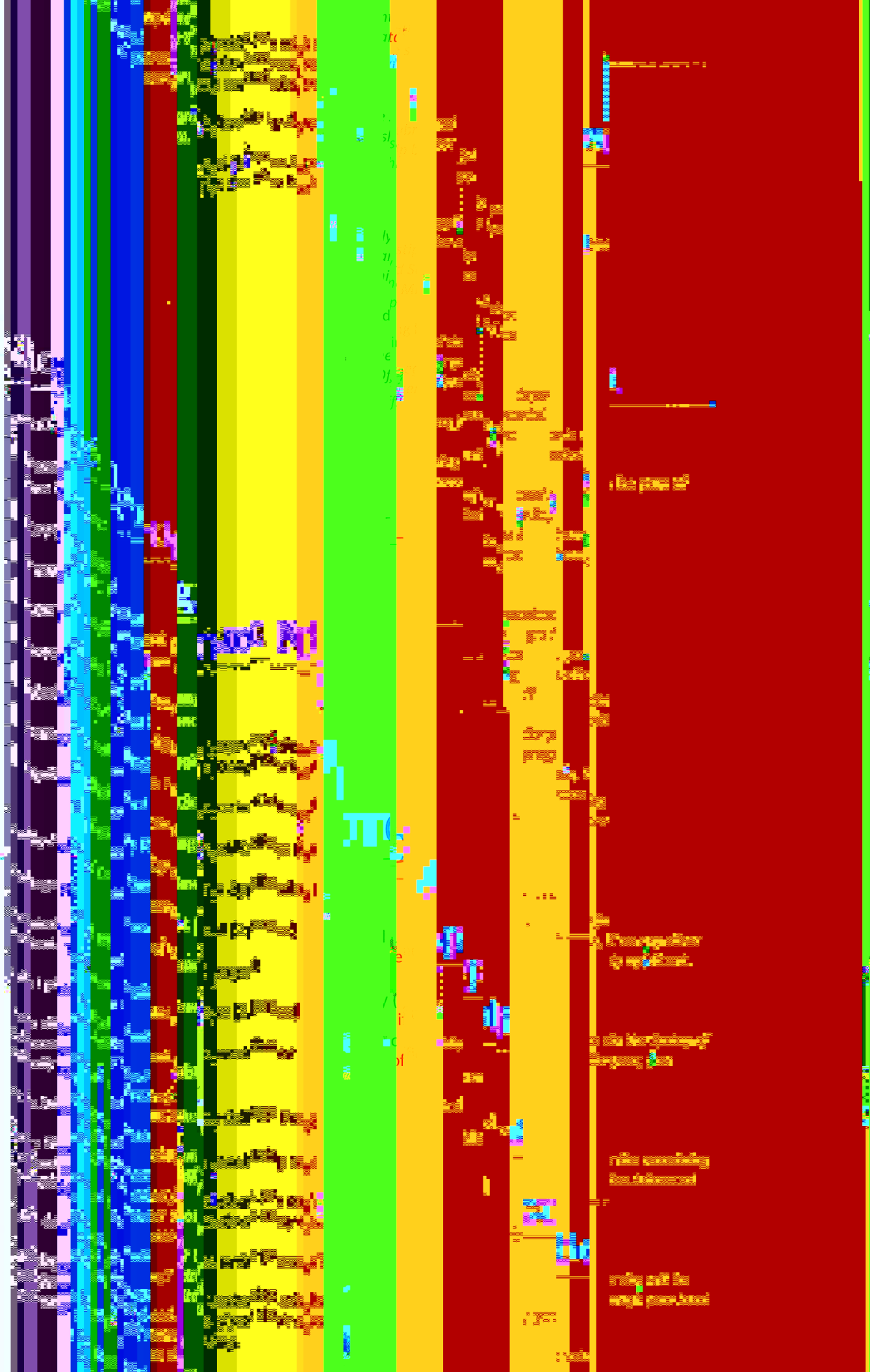
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Authority: The authority to request this information is contained in the Department of Defense and Regulations; Executive Order 12958 (Use of Social Security Numbers).		Principal Purpose(s): To be completed by Reserve Officers Training Corps (ROTC) College Program.	
Routine Use: Information you provide will not be released outside the Department of Defense without your permission unless it is necessary for the routine use of the information.		Privacy Act Statement: This information is not to be released outside the Department of Defense without your permission unless it is necessary for the routine use of the information.	
Disclosure: You are not required to provide information if you are unable to do so.		Naval Reserve Officers Training Corps (ROTC) Program:	
Name:		Date of Birth:	
Phone Number:		SSN (Last Four Digits):	
Current Mailing Address:		Name of Employer (if any):	
Are you a U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		Address:	
If Naturalized: Give date, place, court of jurisdiction.		Service:	
Training Programs:		Grades of Performance:	
JROTC (Service Number):		Highest Rank:	
Civil Air Patrol:		Awards:	
Other (NCO, etc.):		ROTC is particularly interesting to you because:	
READ CAREFULLY: Identify only those activities in which an applicant has participated.		Mark the year in which you received the award.	
Organization:		Year:	
Letter:		Year:	
Letter:		Year:	
Letter:		Year:	
Attach additional sheets, if needed, to identify the number of hours devoted to the activity.		Responsibility and Leadership Positions:	

Chronological order beginning from		Employment		Date		To		Employer Name and Address		Type of Work		Performance	
Chronological order beginning from		Education		Date		To		School Name		Type of Work		Performance	
Chronological order beginning from		Academics		Date		To		High School Name		Class Rank		GPA	
Chronological order beginning from		Military Service		Date		To		Branch of Service		Rank		Duties	
Chronological order beginning from		Criminal Record		Date		To		Nature of Offense		Sentence		Date of Completion	
Chronological order beginning from		Civil Record		Date		To		Nature of Offense		Sentence		Date of Completion	
Chronological order beginning from		Substance Use		Date		To		Type of Substance		Frequency		Consequences	
Chronological order beginning from		Travel		Date		To		Destination		Purpose		Duration	
Chronological order beginning from		References		Date		To		Name of Reference		Relationship		Contact Information	

1533/13 10-11 NROTC Cadet

I hereby certify that the information provided on this form is true and correct to the best of my knowledge and belief. I understand that providing false information is a violation of the law and may result in the revocation of my commission and other legal consequences. I understand that this form is a permanent record and may be used for future employment and security clearance purposes. I understand that I am responsible for keeping this form up to date and for providing accurate information. I understand that I am responsible for the accuracy of the information provided on this form. I understand that I am responsible for the accuracy of the information provided on this form. I understand that I am responsible for the accuracy of the information provided on this form.

Date: _____

Signature: _____

PERSONAL DATA QUESTIONNAIRE

S S N: _____

Date of Birth: _____
(Example: 11-AUG-2008)

Name (Last, First, Middle) _____

PERS

Address: _____

Local Mailing Address where you are currently staying with (Street, City, State, Zip) _____

Local Phone or Cell #: () _____

E-Mail Address: _____

Place of Birth (City, State) _____

Home of Record Address where you were born (Parents or Guardian mailing address) _____

(Street, City, State, Zip)

Service Option: (circle one) _____

Marine Corps

Blood Type: _____

Place of Birth (City/State) _____

Are you a U.S. Citizen: (circle one) Yes No

If you are a naturalized U.S. citizen, please provide the following:

Citizenship Certificate Number: _____

Date granted: _____
(Example: 11-AUG-2008)

Issuing Court Name: _____

City/State of Court: _____

BACKGROUND:

Religion: _____

Sex: _____

Race: (DoD Race choice)

American Indian/Native Alaskan

Asian

Black/African American

White/Caucasian

Native Hawaiian/Other Pacific Islander

Decline to Respond

Marital Status: _____

(M-Married, D-Divorced)

Number of dependents: _____

(Enter 0, 1, 2, as appropriate)

Other Pacific Islands: _____

Single: _____ (S-Single)

Are you a military dependent: (X One) YES NO

Color Hair: _____ Color Eyes: _____ HT: _____ WT: _____

EDUCATION HISTORY:

High School Graduate: (X One) YES NO

High School type: (X One) Public Private

Location of high school: (X One) Urban Suburban Rural

Was your graduating class more or less than 100: (X One) More Less

Are you an Eagle Scout: (X One) YES NO

High School Class Ranking Percentile: _____

Enter _____ if you were in top 20% Enter _____ if you were in top 40%

Enter _____ if you were in top 60% Enter _____ if you were in top 80%

SAT Scores: Math: _____ Verb _____ Composite _____ or

ACT Scores: English _____ Math _____

Did you participate in a JROTC program in high school? (Circle One) Yes No

If yes: (Circle One) Army Navy Marine Air Force

What is your intended major and minor (if applicable): _____

Estimated College Graduation Date: _____

MILITARY HISTORY:

Have you ever served in the armed forces? (Circle One) Yes No

If yes Branch of Service: _____ Rank Rate _____

If you have ever been discharged from any armed forces, please provide a copy of your DD-214 (discharge certificate).

OTHER:

What university/college will you be attending? (X One) _____

_____ (SF)

_____ (IT)

_____ (CCC)

PRIVACY STATEMENT

Under authority of Title 10 U.S. Code 2102, information is solicited for the purpose of implementation into the Automatic Data Processing System. The information will become a permanent part of your record and will not be divulged without your written consent to anyone other than the Bureau of Personnel.

You are not required to provide the information requested; however, failure to do so may result in an inability to process your appointment as a Midshipman.

COLLEGE PROGRAM ELIGIBILITY REQUIREMENTS

The PNS is authorized to select students for the basic course of Four-Year College Program. The minimum criteria for selection are:

- (1) Motivated to serve as a commissioned officer in naval service.
- (2) Must be a U.S. or Naturalized Citizen or if naturalization papers have been submitted. (Must be naturalized prior to entrance to College Program (Advanced Standing)).
- (3) Must be at least 16 years of age on 30 June of the year the student is enrolled.
- (4) Must be enrolled as a full-time student at a host university or a university with a cross-enrollment agreement.
- (5) High school graduate or possession of an equivalency certificate.
- (6) High school GPA-minimum 2.3 (4.0) / College GPA minimum 2.0 (4.0).
- (7) No apparent physically disqualifying factors based on a review of the Report of Medical History (SF93).
- (8) Meets commissioning standards as stated in the Manual of Medical Department, i.e., not color blind, refractive error must not exceed plus or minus 6 diopters in each eye and visual acuity must be correctable to 20.
- (9) Must meet the Height/Weight requirements.
- (10) Hair neat, clean and well groomed. (No faddish styles or outrageous multicolored hair.)
- (11) Jewelry. Men, no earrings while in uniform. Women, one earring per each ear (no faddish jewelry) while in uniform.
- (12) Have no record of conviction by court-martial or court for other than minor traffic violations.
- (13) Cannot be awaiting trial or sentence, on probation or under suspended sentence or under any other type of military or civil restraint as a result of violation of law or regulation, or who has been convicted of an offense, the nature of which renders him/her unfit for commissioned service.
- (14) Must not be addicted, or physically or psychologically dependent on any drug or alcohol.

(15) Must not have been arrested for possession of illegal drugs.

(16) Must not have been arrested for possession of drugs.

(17) Must not have been arrested for possession of drugs within the past year.

Waivers for pre-service drug use may be granted to any applicant if:

(18) Used/experimented with marijuana between six months and one year previous.

(19) No body piercings visible (other than ears for women).

(20) Tattoos. In a cadet's case, may be granted by and Marine Corps policy.

(21) Students in the Basic Cadet Leadership Course (BCLC) may be in a dual status, i.e. drilling reserve, before the Advanced Course, students must be released from the drilling reserve or FRC, however, a student elected to remain in the BCLC, he/she must be disenrolled from the NROTC College Program. Some PLC students may desire to remain in the NROTC program and may do so, with the following stipulations:

(a) May not be the sole instructor during ERTs. The AMOI and/or AMOI must be present.

(b) If attending drill/rifle and pistol meets, etc., may not be issued orders by the PNS. If the Officer in Charge (OIC) cannot issue orders, PNS' should be cautioned to consider the liability of a PLC student to attend. Contact CDET (MDDN ADMIN) for guidance.

(22) PNS' are authorized to accept Navy Nurse Option College Program students in the Four-Year College Program; however, they must be on scholarship at the time of commissioning.

(23) PRT Standards. Incoming students should meet the following minimum standards:

	17-19 Years	20-24 Years	25-29 Years
	Male	Male	Female
Sit Ups (2 min.)	62	58	58
Push Ups (2 min.)	51	47	21
1.5 Mile Run	11:00	12:00	14:15

Female

62

58

21

13:00

REPORT OF MEDICAL HISTORY

1. NAME (Last, first, middle)

4. ADDRESS (Street or RFD; City or Town; State; and ZIP Code)

4c. STATE

6. OCCUPATION

7. STATEMENT OF PATIENT'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Use additional pages if necessary)

8. ALLERGIES (Include insect bites/stings and reactions)

9. SURGICAL HISTORY

10. PAST/CURRENT MEDICAL HISTORY

CHECK EACH ITEM	YES	NO	DON'T KNOW
Shortness of breath			
Pain or pressure in chest			
Chronic cough			
Palpitation or pounding heart			
Heart trouble			
High or low blood pressure			
Cramps in your legs			
Frequent indigestion			
Stomach, liver, or intestinal trouble			
Gall bladder trouble or gallstones			
Jaundice or hepatitis			
Broken bones			
Adverse reaction to medication			
Skin diseases			
Tumor, growth, cyst, cancer			
Hemorrhoids or rectal disease			
Frequent or painful urination			
Bed wetting since age 12			
Kidney stone or blood in urine			
Sugar or albumin in urine			
Sexually transmitted disease			
Recent gain or loss of weight			
Eating disorder (anorexia, bulimia, etc.)			
Arthritis, Rheumatism or Bursitis			
Thyroid trouble or goiter			

REPORT OF MEDICAL HISTORY

Medically-confidential use only and will not be released

2. IDENTIFICATION NUMBER

5. EXAMINING FACILITY

4d. ZIP CODE

3. HEIGHT (Inches and feet)

3. ARE YOU (Check ONE) LEFT OR RIGHT HANDED

10. PAST/CURRENT MEDICAL HISTORY

11. CURRENT MEDICATIONS

12. ALLERGIES

13. SURGICAL HISTORY

14. PAST/CURRENT MEDICAL HISTORY

15. CURRENT MEDICATIONS

16. ALLERGIES

17. SURGICAL HISTORY

18. PAST/CURRENT MEDICAL HISTORY

19. CURRENT MEDICATIONS

20. ALLERGIES

21. SURGICAL HISTORY

22. PAST/CURRENT MEDICAL HISTORY

23. CURRENT MEDICATIONS

24. ALLERGIES

25. SURGICAL HISTORY

26. PAST/CURRENT MEDICAL HISTORY

27. CURRENT MEDICATIONS

28. ALLERGIES

29. SURGICAL HISTORY

30. PAST/CURRENT MEDICAL HISTORY

OF ATTACHMENTS: DATE OF EXAM

3. GRADE

REGULAR OR INTERM.

WEIGHT

LE

YES NO DON'T KNOW

YES NO DON'T KNOW

YES NO DON'T KNOW

YES NO DON'T KNOW

YES NO DON'T KNOW

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DATE OF LAST MENSTRUAL
PERIOD

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DATE OF LAST MAMMO

YES NO

DATE OF BIRTH

DATE OF EXAMINATION

EXAM NUMBER

DATE OF LAST

ANALYSIS BY

ABLE TO HOLD JOB OR

IF YES, SPECIFY

STATE REASON

ANY OPERATIONS?

IF YES, SPECIFY ADDRESS OF HOSPITAL

PHYSICIANS, HEALTH OFFICERS, OR OTHER PERSONS IN MINOR ILLNESSES? (If any, specify)

REASON FOR REJECTION (Physical, mental, or other)

REASON, TYPE OF DEFECT, OR UNFITNESS

YOU EVER APPLIED FOR THIS POSITION? (If yes, specify what kind)

OTHER THAN MINOR DEFECTS?

IF YES, GIVE REASON

complete to the best of my knowledge and for the purposes of processing my application

authorize any of this employment

doctors, hospitals, or other health care facilities. I understand that this information will be used for the purpose of processing my application.

DATE

EXAMINER, OFFICIAL, OR MAJOR SUPERVISOR OF ALL PERSONNEL TO SIGN

WORK ENVELOPE "TO BE OPENED BY PHYSICIAN" shall comment on all positive findings here.)

MEDICAL OFFICER'S COMMENTS (Items 7 through 11)

PHYSICIAN ONLY. Physician may develop

my knowledge and for my application

OPENED BY PHYSICIAN (To be used for answers in items 7 through 11)

EXAMINER

DATE

STANDARD FOR

(REV. 6-96) BA

STANDARD STATEMENT OF UNDERSTANDING AND ALCOHOL ABUSE

Privacy Act Statement

The Navy will be responsible for preventing drug and alcohol abuse by its members. Navy personnel are subject to policy. Authority to obtain your information is provided by 5 U.S.C. 301 and Executive Order No. 12958. Failure to disclose this information may result in disciplinary action.

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ing which (OTAL) ill

(Full name)

(Last name, first name, last)

ers and/or disciplining subject to drug and alcohol abuse. Security number is information, however

INITIAL

The United States Navy Reserve places me in a position of responsibility.

The United States Navy Reserve places me in a position of responsibility.

Executive Order No. 1939

Members of the Navy are prohibited from using alcohol, marijuana, and other controlled substances.

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as Navy is against the law; and of behavior and duty performance.

und stand that:

Use of alcohol, marijuana, and other controlled substances is prohibited.

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of social trust.

Administrative separation for drug and alcohol abuse may result in a court-martial or court-martial sentence. Conviction by a court-martial may result in a court-martial sentence. Conviction by a court-martial may result in a court-martial sentence.

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drug and alcohol abuse will not be taken against me. In the event of administrative separation in lieu of trial by court-martial, this can result in a denial of benefits administered by the Department of Defense.

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Zero tolerance policy toward drug and alcohol abuse. Testing for the presence of marijuana, cocaine, and other controlled substances will be conducted.

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of drug discharge hearing

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alcohol abuse or other a single office

The Navy drug testing program is designed to detect the use of illegal drugs.

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alcohol abuse by use with

The Navy drug testing program is designed to detect the use of illegal drugs.

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The Navy drug testing program is designed to detect the use of illegal drugs.

given to all personnel within 72 hours of arrival and at other follow-on times

**ALCOHOL /
OF UNDERST**

b. (En

**DRUG AND
STATEMENT**

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TESTING

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(2) If I fail a NAVET/OSVET and am
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any illegal drug
ing processed

(4) I understand that drug abuse may disqual
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CERTIFICATION
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in of the Navy.

Typed/Printed

enlisted has advised me that if I
marijuana or other illegal drug use
per enclosure (7) to OPNAV

Grade

test indications
sed for

Signature

C

I have read and fully understand
(last, first, middle)

OFFICIAL / D WIT
signed this certifi

signed on this form.

Typed/Printed

(if applicable) SSN

Signature

Date

CERTIFYING

Typed/Printed

I certify the above individual

in my presence.

Signature

Title of Official Certifying

Remarks:

Date

Title of Witness

Date