167th Airlift Squadron Non-Rated Pilot Application

Please read Application Workbook before submitting application.

PURPOSE: The information is requested to screen applicants for minimal qualifications for appointment in the Air National Guard. Disclosure is voluntary, but missing or incomplete responses may affect consideration. Legibility counts.

Name:					
Present Addr	ess:				
Phone:			Email Address:		
Date of Birth / Age:			Height:	Weight:	
High School	Name:				
	Address:				
	Year Graduated:				
College(s)	Name:				
	Address:				
	Year Graduated: School Awards, A		egree: mberships, Extra	-Curricular Activities,	GPA: ROTC:
	,		F.,	,	
Testing:					
AFOQT Scores: Pilot: Nav:			Verbal:	Quantitative:	Academic:
PCSM Score:					
Social Media	Links? (LinkedIn,	Facebook, Tv	vitter, Others)		
Military Servi	ice (Unit, State, Ca	reer Field)			
Aviation Expe	erience:				
Total time:	Ra	itings:			
Instrument ti	ime:				
Aircraft Flow	'n:				
Additional In	fo:				
Current Empl	loyer:				
Position:					

(Signature)	
(Printed Full Name) (Date)	_
In connection with my Application for Appointment in the West Virginia Air National Guard, I certify that the proceed a true and correct statement of eligibility. I understand that any information purposely left out of my application may reme ineligible for a commission with the West Virginia Air National Guard.	_
Have you accepted a Primary or Secondary Conditional Offer from another Unit? Where?	
Where?	
Have you interviewed at other Air National Guard or Air Force Reserve Units?	
Where?	
Have you applied at other Air National Guard or Air Force Reserve Units?	
Are you willing and able to wait as much as 2 years to begin training?	
If selected, are you able to attend 2 years of training and balance present family commitments?	
If selected, are you free to attend 2 years of training without employer problems?	
Are you a Contentious Objector?	
Have any other medical condition you'd like to disclose?	
Have you had Laser vision correction surgery?	
Is your vision correctable to 20/20?	
That'e you ever that any medical Emergencies. Explain briefly.	
Have you ever had any Medical Emergencies? Explain briefly.	
Have you ever been unconscious? Explain briefly.	
FAA Medical Class/Exp Date: Military Medical Screening Completed?	
Supervisor Contact Info:	
Position:	
Previous Employer:	
Supervisor Contact Info:	