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.

wame:			Nickname/ Desired Calisign:			
Present Addr	ess:					
Phone:			Email Address:			
Date of Birth / Age:			Height:	Weight:		
High School	Name:					
	Address:					
	Year Graduated:					
College(s)	Name:					
	Address:					
	Year Graduated:	Deg	gree:		GPA:	
	School Awards, Association Memberships, Extra-Curricular Activities, ROTC:					
	T Scores: Pilot:	CSO	Verbal	Quantitative	Academic	
	Score:					
Social Media	Links? (LinkedIn, Fac	cebook, iwi	tter, Uther)			
Military Serv	ice (Unit, State, Care	er Field)				
Aviation Expe	erience:					
Total time:	Ratino	gs:				
Instrument ti	me:					
Aircraft Flow	/n:					
Additional In	fo:					

(Sign	ature)		
(11111)	is a unit		(200)
(Print	ted Full Name)		(Date)
true and correct statement of eligibility. me ineligible for a commission with the	. I understand that any inform	ation purposely left out of 1	
In connection with my Application for A			
Where?			
Have you accepted a Primary or So	econdary Conditional Offer	r from another Unit?	
Where?			
Have you interviewed at other Air	National Guard or Air Forc	e Reserve Units?	
Are you willing and able to wait a	s much as 2 years to begin	training?	
If selected, are you able to attend	d 2 years of training and ba	alance present family co	ommitments?
If selected, are you free to attend	ປ 2 years of training withoເ	ut employer problems?	
Are you a Contentious Objector?			
Have any other medical condition	you'd like to disclose?		
Have you had Laser vision correcti			
Is your vision correctable to 20/20			
Have you ever had any Medical Em		·.	
Have you over had any Madical Em	oorgonoise? Euglain briefly		
Have you ever been unconscious?	Explain briefly.		
FAA Medical Class/Exp Date:	Military Medical Scre	eening Completed?	
Supervisor Contact Info:			
Position:			
Previous Employer:			
Supervisor Contact Info:			
Position:			
Current Employer:			