

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: _____ Nickname/ Desired Callsign: _____

Present Address: _____

Phone: _____ Email Address: _____

Date of Birth: _____ Height: _____ Weight: _____

High School Name: _____

Address: _____

Year Graduated: _____

College(s) Name: _____

Address: _____

Year Graduated: _____ Degree: _____ GPA: _____

School Awards, Association Memberships, Extra-Curricular Activities, ROTC: _____

Testing:

AFOQT Scores: Pilot CSO ABM Academic Verbal Quantitative

PCSM Score: _____

Social Media Links? (LinkedIn, Facebook, Twitter, Other) _____

Military Service (Unit, State, Career Field) _____

Aviation Experience:

Total time: _____ Ratings: _____

Instrument time: _____

Aircraft Flown: _____

Additional Info: _____

Current Employer:

Position:

Supervisor Contact Info:

Previous Employer:

Position:

Supervisor Contact Info:

FAA Medical Class/Exp Date:

Military Medical Screening Completed/Date:

Have you ever been unconscious? Briefly explain.

Have you ever had any Medical Emergencies? Briefly explain.

Is your vision correctable to 20/20?

Have you had Laser vision correction surgery?

Have any other medical condition you'd like to disclose?

Are you a Contentious Objector?

If selected, are you free to attend 2 years of training without employer problems?

If selected, are you able to attend 2 years of training and balance present family commitments?

Are you willing and able to wait as much as 2 years to begin training?

Have you interviewed at other Air National Guard or Air Force Reserve Units?

Where?

Have you received a Primary or Secondary offer from another ANG/ARFC Unit?

Where?

In connection with my Application for Appointment in the West Virginia Air National Guard, I certify that the proceeding is a true and correct statement of eligibility. I understand that any information purposely left out of my application may render me ineligible for a commission with the West Virginia Air National Guard.

(Printed Full Name)

(Date)

(Signature)