

# UNITED STATES AIR FORCE OTS PRE-QUALIFICATION WORKSHEET

DATE:							
<b>NAME</b>							
LAST:		FIRST:		MIDDLE:		JR/SR:	
<b>CONTACT INFORMATION</b>							
CELL #:		WORK #:		EMAIL:			
ADDRESS:			CITY:		STATE:		ZIP:
<b>DEMOGRAPHICS</b>							
AGE:		DATE OF BIRTH:		PLACE OF BIRTH:			
HAIR:		HEIGHT (INCHES):		US CITIZEN:			
EYES:		WEIGHT:		RACE:			
RELIGIOUS PREFERENCE:				HISPANIC(yes/no):			
<b>ADDITIONAL INFORMATION</b>							
DRIVERS LICENSE #:			SELECTIVE SERVICE NUMBER:				
STATE OF ISSUE:			^ (MALES ONLY) <a href="http://www.sss.gov">www.sss.gov</a> ^				
EXPIRATION DATE:							
PRIOR SERVICE:			YEARS:				
BRANCH OF SERVICE:			DD214 RE-ENTRY CODE:				
MARITAL STATUS:							
IS SPOUSE MILITARY:		CHILDREN:					
<b>EDUCATION</b>							
COLLEGE:		UNDERGRAD GPA:					
DEGREE:		DATE OF GRAD:					
<b>^ MUST BE WITHIN 365 DAYS OF GRADUATING TO APPLY (BACHELORS) ^</b>							
<b>MEDICAL (YES / NO)</b>							
HOSPITALIZED/SURGERIES:		BROKEN BONES:		ASTHMA/BRONCHITIS/INHALER USE:			
ER VISITS:		PINS/SCREWS/PLATES:		ADD/ADHD:			
COUNSELING (ANY):		PERSCRIPTION MEDICATIONS:		^ MEDS ^			
FOOD / DRUG ALLERGIES:		^ (CURRENT OR PAST USE) ^		^ LAST USE^			
HERNIA/MISSING TESTICLE:		BIRTH CONTROL:		BRACES:			
<b>MUST PROVIDE DETAILS FOR MEDICAL HISTORY NOTED ABOVE</b>							
<b>LAW VIOLATIONS</b>							
<p>Have you ever been charged, arrested, cited, or held by <b>ANY</b> law enforcement agency? To include <b>minor traffic</b> or <b>juvenile violations</b>, regardless if the charges were dropped, dismissed, expunged or found not guilty. Must list FINE AMOUNT.</p>							
<b>CHARGE</b>	<b>DATE</b>	<b>CITY/LOCATION</b>	<b>DISPOSITION (Fine amount, probation, ect.)</b>			<b>COURT</b>	
<b>DRUG USAGE(yes/no)</b>							
Have you ever used any illegal drug, to include marijuana? Please include one-time use and experimental use.							
MARIJUANA:		TIMES USED:		LAST DATE USED:			
ANY OTHER DRUG USE:							
<b>CREDIT</b>							
<p>Have you ever had any accounts sent to collections, delinquent payments, or filed for bankruptcy which would currently appear on your credit report? If yes, provide any details you think are important.</p>							

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## TATTOOS / PIERCINGS / BODY MODIFICATIONS

Do you have any tattoos, piercings, or body modifications? If any tattoos are present, do any of them appear above the collar bone, on your face, neck or scalp, or on your hands? Please give brief descriptions of all below.

## APPLICATION DETAILS

Which OTS program are you applying for?

Which positions are you applying for within that program?

Have you taken the AFOQT?

Undergrad Degree:

Graduate Degree:

Professional Degree:

1. Why are you joining the Air Force?

2. What are your long-term plans and goals?

Once completed please send your pre-qualification worksheet to [kristina.ganz@us.af.mil](mailto:kristina.ganz@us.af.mil)

We look forward to working with you! Thank you!