APPLICATION FOR APPOINTMENT

Attachments Menu

For use of this form, see AR 135-100, AR 145-1, AR 351-5, and AR 601-100; the proponent agency is DCSPER.

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 United States Code, Section 3012 (Title 5 United States Code, Section 552a)

PRINCIPAL PURPOSE: To obtain an appointment as a commissioned or warrant officer in the Regular Army or Army Reserve, or to obtain selection to attend the US Army Officer Candidate School.

ROUTINE USES: Basis for determination of qualifications and background information for eligibility for consideration for appointment as a Regular Army or Army Reserve commissioned/warrant officer or for selection for attendance at the US Army Officer Candidate School.

DISCLOSURE: Disclosure of information requested in DA Form 61 is voluntary. Failure to provide the required information will result in non-acceptability of the application.

1. **TYPE OF APPOINTMENT FOR WHICH APPLICATION IS SUBMITTED**

- ☐ COMMISSIONED OFFICER - REGULAR ARMY
- ☐ COMMISSIONED OFFICER - ARMY RESERVE
- ☐ WARRANT OFFICER - REGULAR ARMY
- ☐ WARRANT OFFICER - ARMY RESERVE
- ☐ OFFICER CANDIDATE SCHOOL

2. GOVERNING REGULATION OR CIRCULAR *(Specify appropriate section(s) if applicable)*

3. GRADE FOR WHICH APPLYING *(Reserve appointments only)* _____

4. **SOURCE OF APPLICATION** *(ROTC only)*

- ☐ DMG DATE DESIGNATED: _____
- ☐ SCHOLARSHIP - ENTER 1, 2, 3 OR 4 YEARS: _____

5. **ONLY FOR APPLICANTS FOR APPOINTMENT AS WARRANT OFFICERS** *(List choice by MOS code and title)*

a. MOS CODE	b. MOS TITLE

6. **BRANCH AND SPECIALTY PREFERENCES**

Regular Army and Officer Candidate applicants and all ROTC graduates: In numerical sequence, indicate 10 branch preferences other than CA and SS.

USAR applicants: If applying for a specific Reserve vacancy, indicate *ONLY* the branch of the vacant position; all other applicants may Enter more than one Branch.

PREFERENCE	BRANCH	SPECIALTY
	AD	
	AG	
	AR	
	AV	
	CA	
	CM	
	EN	
	FA	
	FI	
	IN	
	MI	
	MP	
	OD	
	QM	
	SC	
	SS	
	TC	
	AN	
	CH	
	DE	
	JA	
	MC	
	MS	
	SP	
	VC	

PERSONAL DATA

7. NAME *(Last, first, middle)(Explain variations from birth certificate in Item 41)*

8. GRADE

9a. SOCIAL SECURITY NUMBER

10. BRANCH *(MOS if enl or wo)*

11. TOTAL YEARS ACTIVE SERVICE

12. MARITAL STATUS

13. NUMBER OF DEPENDENTS UNDER 18 YEARS OF AGE

9b. SELECTIVE SERVICE NUMBER

14. DATE OF BIRTH

15. PLACE OF BIRTH *(City, county, state)*

16. SEX

17. COMPLETE MILITARY ADDRESS *(If presently on active duty) (Include ZIP Code)*

PHONE AND/OR DSN NUMBER _____

18. PERMANENT ADDRESS *(Include ZIP Code)*

PHONE *(Include area code)* _____

19. CURRENT MAILING ADDRESS *(If difference from Item 18) (Include ZIP Code)*

PHONE *(Include area code)* _____

20. U.S. CITIZEN ☐ YES ☐ NO

a. NATIVE ☐ YES ☐ NO

b. ☐ NATURALIZATION ☐ DERIVED ☐ IMMIGRANT

c. APPLICANT'S CERTIFICATE NO. *(If Item b. checked) (Date, place, court)*

21. **CIVILIAN EDUCATION** *(See page 3 for additional requirements for professional personnel)*

a. HIGH SCHOOL GRADUATE ☐ YES ☐ NO

b. NAME AND LOCATION OF HIGH SCHOOL

c. NAME AND LOCATION OF EACH COLLEGE OR UNIVERSITY ATTENDED *(Include USMA, USNA, USAFA, USCGA, and USMMA)*	*(1)* DEGREE	*(2)* SEMESTER CREDITS EARNED	*(3)* YEARS ATTENDED	*(4)* DATE GRADUATED OR WILL GRADUATE DAY	MONTH	YEAR	*(5)* MAJOR SUBJECT

d. SPECIAL EDUCATIONAL HONORS, SCHOLARSHIPS, ETC.

e. IF YOU HAVE EVER BEEN EXPELLED FROM SCHOOL, OR PLACED ON PROBATION, EITHER FOR ACADEMIC OR DISCIPLINARY REASONS, EXPLAIN *(Continue in Item 41(Remarks))*

22. **HIGHEST LEVEL SERVICE SCHOOL ATTENDED**

a. NAME OF SCHOOL	b. COURSE	c. DATES *(Mo-Yr)* FROM	TO	COMPLETED YES	NO	d. IF NOT COMPLETED GIVE REASON
				☐	☐	

23a. FOREIGN LANGUAGES AND DEGREE OF PROFICIENCY

b. ALAT SCORE *(If applicable)*

24. ARE YOU NOW, OR HAVE YOU EVER BEEN A CONSCIENTIOUS OBJECTOR? ☐ YES ☐ NO *(If yes, attach affidavit)*

25. ☐ I UNDERSTAND THAT, IF I AM SELECTED FOR APPOINTMENT, I WILL BE EXPECTED TO ACCEPT SUCH ASSIGNMENTS AS ARE IN THE BEST INTEREST OF THE SERVICE REGARDLESS OF MY MARITAL STATUS AND/OR RESPONSIBILITY FOR DEPENDENTS; AND IT IS MY RESPONSIBILITY TO MAKE APPROPRIATE ARRANGEMENTS FOR THE CARE OF MY DEPENDENTS SHOULD I BE REQUIRED TO PERFORM DUTY IN AN AREA WHERE DEPENDENTS ARE NOT PERMITTED.

26. HAVE YOU EVER UNDER EITHER MILITARY OR CIVILIAN LAW BEEN INDICTED OR SUMMONED IN TO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING *(Including any proceedings involving juvenile offenses, article 15, UCMJ, and any court-martial)* REGARDLESS OF THE RESULT OF TRIAL, OR CONVICTED, FINED, IMPRISONED, PLACED ONPROBATION, PAROLED OR PARDONED, OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION ORORDINANCE? *(Exclude traffic violations involving a fine or forfeiture of $100 or less).*

☐ YES ☐ NO

IF YES, ATTACH REQUEST FOR WAIVER LISTING THE DATE, THE NATURE OF EACH ALLEGED OFFENSE OR VIOLATION, THE NAME AND LOCATION OFTHE COURT OR PLACE OF HEARING, AND THE PENALTY IMPOSED OR OTHER DISPOSITION OF EACH CASE AND FURNISH COPY OF COURT ACTION OR DETAILED STATEMENT INAFFIDAVIT FORM AS TO THE OUTCOME OF EACH CASE.

27. **ACTIVE MILITARY SERVICE** *(Indicate tour with each organization separately - show ROTC Camps in Item 39)*

	a. ORGANIZATION *(US Armed Forces, USCG, NOAA, US Public Health Service, Peace Corps)*	b. DATES *(Day, Month, Year)* FROM	b. DATES TO	c. BRANCH/MOS *(As appropriate)*	d. PRIOR SERVICE NO. *(If applicable)*	e. HIGHEST GRADE AND COMPONENT
ENLISTED						
WARRANT OFFICER						
COMMIS-SIONED						

f. DATE CURRENT ACTIVE DUTY TOUR TERMINATES _____

g. DATE OF LAST ADL PROMOTION _____

28. **RESERVE OR NATIONAL GUARD SERVICE** *(Not on active duty)*

	a. ORGANIZATION *(US Armed Forces, USCG, NOAA, US Public Health Service, Peace Corps)*	b. DATES *(Day, Month, Year)* FROM	b. DATES TO	c. BRANCH/MOS *(As appropriate)*	d. PRIOR SERVICE NO. *(If applicable)*	e. HIGHEST GRADE AND COMPONENT
ENLISTED						
WARRANT OFFICER						
COMMIS-SIONED						

29. SOURCE OF CURRENT COMMISSION *(If applicable)*

ARNGUS: ☐ OCS ☐ DIRECT APPOINTMENT ☐ OTHER

USAR: ☐ ROTC ☐ ROTC *(ECP)* ☐ ROTC *(SMP)* ☐ OCS ☐ DIRECT APPOINTMENT

30. AWARDS *(Do not list theater or service medals)*

31. HAVE YOU EVER APPLIED AND NOT BEEN SELECTED FOR: a. ROTC ☐ YES ☐ NO b. OCS ☐ YES ☐ NO

c. APPOINTMENT IN RESERVE COMPONENT *(USAR/ARNG)*	YES	NO	d. APPOINTMENT IN REGULAR ARMY	YES	NO
AS A WARRANT OFFICER	☐	☐	AS A WARRANT OFFICER	☐	☐
AS A COMMISSIONED OFFICER	☐	☐	AS A COMMISSIONED OFFICER	☐	☐

e. IF ANSWER IS "YES", EXPLAIN FULLY

32. ARE YOU NOW OR HAVE YOU EVER BEEN IN THE MILITARY SERVICE OF OR BEEN EMPLOYED BY A FOREIGN GOVERNMENT *(If yes, give dates, country and type of service or employment)*

33. HAVE YOU EVER RESIGNED OR BEEN ASKED TO RESIGN IN LIEU OF ELIMINATION PROCEEDINGS; BEEN DISCHARGED IN LIEU OF ELIMINATION, FURLOUGHED *(other than regular furlough or leave),* OR PLACED ON INACTIVE STATUS WHILE SERVING IN THE US ARMED FORCES; OR, HAVE YOU EVER RESIGNED OR BEEN ASKED TO RESIGN FROM A POSITION WHILE IN PRIVATE OR GOVERNMENT EMPLOYMENT? *(If yes, state circumstances; if more space is required, continue on separate sheet).* ☐ YES ☐ NO

34. ***APPLICANTS FOR JUDGE ADVOCATE GENERAL'S CORPS ONLY***	35. ***APPLICANTS FOR CHAPLAINS BRANCH ONLY***
BARS OF WHICH YOU ARE A MEMBER *(Specify dates)*	RELIGIOUS DENOMINATION BY WHICH YOU WILL BE ENDORSED

36. **APPLICANTS FOR MEDICAL AND DENTAL CORPS ONLY**

a. TRAINING		b. NAME AND LOCATION OF HOSPITAL	c. DATES *(Month and Year)*	
LEVEL	TYPE		FROM	TO
INTERNSHIP				
RESIDENCY TNG				
SPECIALTY TNG				

d. SPECIALTY BOARDS	e. DATES OF CERTIFICATION *(Day, Month, Yr)*

f. PLACE IN WHICH CURRENTLY LICENSED

37. **APPLICANTS FOR ARMY NURSE CORPS AND ARMY MEDICAL SPECIALIST CORPS ONLY**

a. NAME OF NURSING OR ACCREDITED PROFESSIONAL SCHOOL	b. LOCATION

c. DATES OF ATTENDANCE *(Mo, Yr)*		d. STATE AND CURRENT REGISTRATION NUMBER	e. STATE AND DATE OF INITIAL REGISTRATION *(Day, Month,Year)*
FROM	TO		

f. POSTGRADUATE COURSES *(Include courses at general hospitals, service schools, and short courses)*

(1) SUBJECT OR COURSE	*(2)* NAME AND LOCATION OF SCHOOL OR HOSPITAL	*(3)* SEMESTER CREDITS EARNED	DATES OF ATTENDANCE *(Month, Year)*	
			FROM	TO

38. HAVE YOU BEEN EMPLOYED BY THE US ARMY AS A DIETITIAN, OCCUPATIONAL OR PHYSICAL THERAPIST? *(If yes, give dates)*

☐ YES ☐ NO

39. **ARMY ROTC** *(To be completed only by prospective ROTC graduates applying for appointment in USAR or RA)*

SUCCESSFULLY COMPLETED ROTC PROGRAM AS FOLLOWS

COURSE	DATES ATTENDED *(Month and Year)*		c. CAMP TRAINING	
	FROM	TO		
a. BASIC			*(1)* INSTALLATION *(Basic)*	COMPLETION DATE *(Month, Year)*
b. ADVANCED			*(2)* INSTALLATION *(Advanced/Ranger)*	COMPLETION DATE *(Month, Year)*

40. **MAIN CIVILIAN EMPLOYMENT**

a. NAME AND ADDRESS OF EMPLOYER	b. JOB TITLE	c. MONTH AND YEAR	
		FROM	TO

b. PRINCIPAL DUTIES *(Describe briefly)*

41. REMARKS *(Experience, proficiencies and special abilities not shown elsewhere in this application. Those required to Enter primary entry specialties, see Para 1-27d,e, AR 601-100). (If more space is required, attach additional sheet)*

42. THE INFORMATION CONTAINED HEREIN IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	SIGNATURE OF APPLICANT	DATE *(YYYYMMDD)*

THIS PAGE NOT TO BE COMPLETED BY APPLICANT

PART I - RECOMMENDATION FOR APPOINTMENT OF ROTC GRADUATE AS A *(REGULAR)* **OR**
(RESERVE) **COMMISSIONED OFFICER OF THE ARMY** *(AR 601-100, AR 145-1) (To be completed by PMS only)*

FROM: *(Name and Address of Institution)*	TO: *(Appropriate Region Commander)*

a. APPLICANT WILL HAVE SUCCESSFULLY COMPLETED AT THIS INSTITUTION THE PRESCRIBED COURSE FOR THE UNIT ON _____ *(DATE)*

b. APPLICANT ☐ HAS ☐ HAS NOT COMPLETED SUCCESSFULLY THE REQUIRED CAMP TRAINING.

c. APPLICANT ☐ WILL HAVE ATTAINED ☐ WILL NOT HAVE ATTAINED, A BACCALAUREATE DEGREE UPON SUCCESSFUL COMPLETION OF THE ROTC COURSE.

d. I CONSIDER APPLICANT PHYSICALLY, MENTALLY, MORALLY, AND PROFESSIONALLY QUALIFIED FOR APPOINTMENT AS A ☐ REGULAR ☐ RESERVE COMMISSIONED OFFICER OF THE ARMY RECOMMEND HIS APPOINTMENT.

e. APPLICANT WILL ATTAIN FULL QUALIFICATION FOR, AND SHOULD BE APPOINTED ON _____ *(Day, Month and Year)*

BRANCH FOR ASSIGNMENT	GRADE	SIGNATURE *(PMS)*	DATE *(YYYYMMDD)*

PART II - RECOMMENDATION FOR APPLICANTS FOR OCS ONLY *(AR 351-5)*

a. STATEMENT

TO:	DATE

1. I HAVE KNOWN THE APPLICANT FOR _____ MONTHS. HE/SHE HAS SERVED UNDER ME FOR _____ MONTHS. HIS/HER PRINCIPAL DUTY IS:

2. I ☐ DO ☐ DO NOT RECOMMEND THE APPLICANT.

3. REMARKS *(Include your opinion as to his/her overall ability (to include leadership) and value to the service).*

ENCLOSURES	SIGNATURE
ORGANIZATION	TYPED NAME, GRADE AND TITLE

b. STATEMENT

TO:	DATE

1. I HAVE KNOWN THE APPLICANT FOR _____ MONTHS. HE/SHE HAS SERVED UNDER ME FOR _____ MONTHS. HIS/HER PRINCIPAL DUTY IS:

2. I ☐ DO ☐ DO NOT RECOMMEND THE APPLICANT.

3. REMARKS *(Include your opinion as to his/her overall ability (to include leadership) and value to the service).*

ENCLOSURES	SIGNATURE
ORGANIZATION	TYPED NAME, GRADE AND TITLE