DEPARTMENT OF THE ARMY
UNITED STATES ARMY PARACHUTE TEAM
"GOLDEN KNIGHTS"
BLDG. 3-3327 BUTNER ROAD
FORT BRAGG, NC 28310

MRSB-PT 4 March 2016

MEMORANDUM FOR RECORD

SUBJECT: Golden Knight Assessment and Selection Application Form

1. Purpose: The U.S. Army Parachute Team (USAPT) conducts the Golden Knight Assessment and Selection (GKAS) Program annually to fill vacant positions.

2. Scope: Per AR 614-5, personnel assigned to the U.S. Army Parachute Team are stabilized for a period of 48 months. Applicants must have a minimum of 4 years remaining in service following the date of assignment to the USAPT. Selectees must reenlist or extend to meet the service obligation, if they fail to meet the minimum requirement. Commanders must ensure that all stop-loss and current unit stabilization codes are lifted prior to acceptance to attend the Golden Knight Assessment and Selection Program. Applicants may request an exception to GKAS requirements through the USAPT Command Sergeant Major prior to the Assessment and Selection start date. **This packet is due to the USAPT NLT 15 July 2016**.

3. Background: Soldiers who successfully complete Assessment and Selection and are selected to become a Golden Knight will be assigned to one of the Demonstration Teams. Competitors are selected from within the U.S. Army Parachute Team. Our Black and Gold Demonstration Teams spend over 250 days per year TDY. It is important that GKAS candidates and their families understand this reality prior to applying to mitigate issues, problems, or concerns with the tough and demanding operational tempo.

4. Notes to Commanders:
   a) Applicants are not required to be on Jump Status or Airborne Qualified.
   b) Upon successful completion, soldiers will receive assignment instructions to the United States Army Parachute Team (W027T1), Fort Bragg, NC 28310. Report date will be NLT 30 November 2016.
   c) Questions concerning this application should be addressed directly to the CSM, USAPT.

5. Point of contact for this memorandum is the undersigned at 910-907-3204 or rodney.d.odell.mil@mail.mil

Encl
GK Form 1

RODNEY D. O'DELL
CSM, USA
Command Sergeant Major

UNITED STATES ARMY PARACHUTE TEAM

Golden Knights

Assessment and Selection
Application

PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

The collection of data for this form is permitted under Title 10 USC 3012 and Executive Order 9397. It's purpose is for providing The USAPT Chain of Command and the GKAS Cadre with information pertinent to the selection of qualified applicants. Data on this worksheet is releasable only in accordance with the Freedom of Information Act (AR 340-17) and The Army Privacy Program (AR 340-21) or with the prior consent of the individual. Personal data contained herein will be suitably safeguarded and is not releasable to outside agencies.

(Signature authorizing collection and retention of Personal Data) (Date)

I. PERSONAL INFORMATION

1a.NAME (Last)	b. (First)	c. (Middle)	2.RANK	3.DOB
4.DoD IDN	5..MIL EMAIL	6.CIVILIAN EMAIL		

7.CURRENT ADDRESS	8.HOME PHONE
	9.CELL PHONE

10.MARITAL STATUS ☐ SINGLE ☐ MARRIED	11. NO. OF DEPENDENTS	12.SINGLE PARENT *(If "YES" see 12b)* ☐ YES ☐ NO

12b.CHILDREN (Single Parents) *(If selected, you must provide a copy of your Family Care Plan to the GKAS Cadre upon arrival. If you have more than four children or have any special needs for your family, annotate it in the space provided on Page 3 Item 1)*	12a.SPOUSES NAME	b.DOB	c.EFMP ☐ YES ☐ NO
	12b1a.CHILDS NAME	b.DOB	c.EFMP ☐ YES ☐ NO
	12b2a.CHILDS NAME	b.DOB	c.EFMP ☐ YES ☐ NO
	12b3a.CHILDS NAME	b.DOB	c.EFMP ☐ YES ☐ NO

13a.EMERGENCY CONTACT	b.RELATIONSHIP
c.PHONE	d.ADDRESS
e.EMAIL	

II. MILITARY INFORMATION

14.PMOS	15.UNIT	16.UIC

17.UNIT PHONE (COMM)	18.UNIT ADDRESS
19.UNIT PHONE (DSN)	

20. 1SG	a. NAME / RANK	b.PHONE	c.EMAIL
21.CSM	a. NAME / RANK	b.PHONE	c.EMAIL

22.ON ASSIGNMENT ☐ YES ☐ NO	23.TIME ON STATION (In Months)	24.DEROS (If Applicable)	25.MILITARY EDUCATION LVL	26.CIVILIAN EDUCATION LVL

27.PERMANENT PROFILE *(If "YES" attach a copy)* ☐ YES ☐ NO	28.APFT SCORE	29.APFT DATE	*(Attached DA Form 705 must be within 30 days of submission date.)*

30.HEIGHT *(In Inches)*	31.WEIGHT *(In Pounds)*	32. ☐ GO ☐ NO-GO	*(Attached DA Form 5500/5501 must be within 30 days of packet submission.*

All applicants will submit a completed DA Form 5500/5501 signed by their Army Body Composition NCO regardless of screening weight.
SERVICE MEMBERS ARE NOT AUTHORIZED TO ATTEND GOLDEN KNIGHTS ASSESMENT AND SELECTION WHILE ON TEMPORARY PROFILE.

LAST NAME

III. MILITARY ASSIGNMENT HISTORY AND REFERENCES

DoD IDN

1a.UNIT	b.FROM/TO	c.SUPERVISOR	d..MIL EMAIL
2a.UNIT	b.FROM/TO	c.SUPERVISOR	d..MIL EMAIL
3a.UNIT	b.FROM/TO	c.SUPERVISOR	d..MIL EMAIL

4a.MIL REFERENCE	b.PHONE	c.EMAIL
5a.MIL REFERENCE	b.PHONE	c.EMAIL
6a.MIL REFERENCE	b.PHONE	c.EMAIL

IV. AIRBORNE / FREEFALL INFORMATION

******A MINIMUM OF 100 FREEFALL JUMPS IS REQUIRED******

7.AIRBORNE QUALIFIED ☐ YES ☐ NO	8.HALO QUALIFIED ☐ YES ☐ NO	If non-airborne, you must volunteer to attend Airborne School before you can be placed on assignment to the USAPT. See page 5 of this application.	
9.ON JUMP STATUS ☐ YES ☐ NO	10.STATUS ☐ HALO ☐ STATIC LINE		

11.DATE OF FIRST FREEFALL JUMP	12.DATE OF MOST RECENT FREEFALL JUMP	13.NUMBER OF FREEFALL JUMPS	14.FREEFALL JUMPS IN THE PAST YEAR

15.USPA MEMBER #	16.USPA LIC. # *(Highest)*	***A MINIMUM OF 100 FREEFALL JUMPS IS REQUIRED***

17.LIST HIGHEST THREE USPA RATINGS HELD.	a1.RATING	a2.DATE AQUIRED	a3.LAST RENEWED
	b1.RATING	b2.DATE AQUIRED	b3.LAST RENEWED
	c1.RATING	c2.DATE AQUIRED	c3.LAST RENEWED

18.PARACHUTING EXPERIENCE: BRIEFLY DETAIL PRIOR EXPERIENCE AND AREAS OF INTEREST (EG. DEMONSTRATIONS, COMPETITIONS, ETC)	a.
	b.
	c.

19a.CIV REFERENCE / RELATIONSHIP	b.PHONE	c.EMAIL
20a.CIV REFERENCE / RELATIONSHIP	b.PHONE	c.EMAIL
21a.CIV REFERENCE / RELATIONSHIP	b.PHONE	c.EMAIL

V. MORAL / FINANCIAL

22.ANSWER THE FOLLOWING QUESTIONS. EVERY ITEM MARKED "YES" MUST BE FULLY EXPLAINED IN ITEM #1 Page 3.

(a) DO YOU HAVE A GOVERNMENT CREDIT CARD *(Enter expiration date only, in Item #1 Page 3)*	☐ YES	☐ NO
(b)HAVE YOU EVER DEFAULTED ON A LOAN	☐ YES	☐ NO
(c)HAVE YOU EVER HAD PROPERTY REPOSESSED	☐ YES	☐ NO
(d)HAVE YOU HAD ANY TRAFFIC VIOLATIONS	☐ YES	☐ NO
(e)HAVE YOU EVER BEEN CHARGED OR CITED FOR DUI/DWI	☐ YES	☐ NO
(f)HAVE YOU EVER TESTED POSITIVE ON A URINALYSIS FOR DRUGS	☐ YES	☐ NO
(g)HAVE YOU EVER BEEN PUNISHED UNDER UCMJ	☐ YES	☐ NO
(h)HAVE YOU EVER RECEIVED A SUSPENSION OF FAVORABLE ACTIONS (FLAG)	☐ YES	☐ NO
(i)HAVE YOU EVER RECEIVED A BAR TO REENLISTMENT	☐ YES	☐ NO
(j)HAVE YOU EVER EVER BEEN ARRESTED	☐ YES	☐ NO
(k)HAVE YOU EVER BEEN DENIED OR LOST A SECURITY CLEARANCE	☐ YES	☐ NO

LAST NAME

V. MORAL / FINANCIAL (cont.) / REMARKS

DoD IDN

1.EXPLAIN ALL "YES" ANSWERS TO QUESTIONS 22(a) - (k) ABOVE. *(Describe answer(s), give date(s),specific details, and final disposition. Begin each line with the referenced Item #.*

2a.DO YOU HAVE A CIVILIAN DRIVERS LICENSE ☐ YES ☐ NO	b.DL#	c.STATE	d.EXPIRATION	e.ENDORSEMENTS

VI.REMARKS

3.ANSWER THE FOLLOWING QUESTIONS:

a.WHY DO YOU WANT TO BE A GOLDEN KNIGHT?

b.WHY SHOULD YOU BE CONSIDERED?

c.IS THERE ANYTHING ABOUT YOURSELF THAT WE SHOULD KNOW BUT HAVEN'T ASKED ABOUT?

VII.SIGNATURE

"I certify the information contained in this application is true and correct to the best of my knowledge."

Typed Name

Signature

Applicants are responsible for keeping the USAPT informed of current military and civilian addresses and telephone numbers. Report all changes to the Administration Section at (COMM) 910-396-4800. The USAPT Commander will notify applicants by mail if they have been accepted or not to attend GKAS. A correct mailing address is essential for notification.

VIII.COMMANDERS ENDORSEMENTS

THRU	TO	FROM
	Commander US Army Parachute Team Bldg 3-3327 Butner Ft. Bragg NC 28310	

SECTION I - PERSONAL IDENTIFICATION

1.NAME OF INDIVIDUAL	2.RANK/PMOS	3.DoD IDN
	/	

SECTION II- SUBJECT OF REQUEST

I request approval for attendance to the United States Army Parachute Team "Golden Knights" Assessment and Selection Program (GKAS).

4.SIGNATURE OF SOLDIER	5.DATE

SECTION III- COMMANDERS ACKNOWLEDGMENTS

(1) I am aware that , a member of my command, is applying for a position with the U.S. Army Parachute Team "Golden Knights."

(2) I understand that if is accepted to attend the program, he/she will be TDY (SD if at Fort Bragg) for the duration of the program from September thru October or until officially released back to the parent unit.

(3) I have ensured that has been removed from any Stop Loss or unit fencing stabilization codes. NOTE: If Soldier is assigned to a deployable unit, this form must be endorsed by the Brigade Commander or Brigade CSM.

(4) I further understand that should be selected to become a member of the Golden Knights, the U.S. Army Parachute Team will generate a request to HRC for immediate reassignment of the Soldier. Soldiers selected as Golden Knights will be attached to the Golden Knights indefinitely pending HRC assignment instructions. All Soldiers must participate in the Golden Knights' Annual Certification Cycle from January thru March to certify each Soldier for the upcoming demonstration season.

SECTION IV- APPROVAL/DISAPPROVAL

6. I certify that the request for attendance *(Section II)* contained herein -

☐ RECOMMEND APPROVAL ☐ RECOMMEND DISAPPROVAL

7.COMPANY COMMANDER (Last, First, Middle)(RANK)	8.SIGNATURE	9.DATE

9. BN AUTHORITY	a. TO	b. FROM

c.ACTION: ☐ APPROVED ☐ DISAPPROVED RECOMMEND: ☐ RECOMMEND APPROVAL ☐ RECOMMEND DISAPPROVAL

d.NAME *(Last, First, Middle)*	e.RANK	f.DATE

g.TITLE/POSITION	h.SIGNATURE

i.COMMENTS

10. BDE AUTHORITY *(If Applicable)*	a. TO	b. FROM

c.ACTION: ☐ APPROVED ☐ DISAPPROVED

d.NAME *(Last, First, Middle)*	e.RANK	f.DATE

g.TITLE/POSITION	h.SIGNATURE

i.COMMENTS

IX. AIRBORNE ASSIGNMENT ACCEPTANCE/DECLINATION STATEMENT

Per AR 614-200, Soldiers on assignment instructions to an Airborne position at the United States Army Parachute Team will be utilized for at least 4 years in an Airborne position unless physically disqualified, exempted by general court martial authority, separated, reassigned by the Department of the Army or accepted to another Airborne, Airborne Ranger, Special Forces or other training/assignment considered by DA to have higher priority. Soldiers with less than 4 years to ETS are still eligible for assignment to the USAPT; however, they must reenlist or extend to meet the service obligation of the assignment. Before issuing assignment orders, the losing Commander will inform the Soldier of the proposed assignment. The Soldier must initial Emilpo output, AAA-234, individual losing assignment (AR 600-8-11) indicating acceptance of an Airborne assignment. The losing unit will forward the original copy of the statement through the United States Army Parachute Team to HRC (appropriate career branch). Soldiers who accept an Airborne assignment with the intent of declining Airborne duty upon reporting to the USAPT are subject to UCMJ action.

This form is in lieu of the AAA-234 printout.

☐ I accept / ☐ decline AIRBORNE ASSIGNMENT FOR: HHD US ARMY PARACHUTE (W027T1) FT BRAGG, NC 28310

Duty station/location

SOLDIER (LAST, FIRST, MI)	SIGNATURE	DATE

WITNESS (LAST, FIRST, MI)	SIGNATURE	DATE

ENSURE THE FOLLOWING ITEMS HAVE BEEN ADDED TO THE ATTACHMENTS SECTION BELOW

(Photocopied / Scanned images must be clear and legible.)(Grayscale @ 200dpi preferred)

(DA Photo must be a Color Digital Image in .jpg format.)

1. Current and updated ERB
2. Last three (3) NCOERs (If applicable)
3. DA Photo (Color Copy)(5"x7" Minimum)
4. DA Form 705 (PT Card)
5. DA Form 5500/5501 (Army Body Composition Worksheet)
6. Photo copy of Freefall logbook displaying jumps over the last 12 months
7. Photo copy of USPA license and ratings (If applicable)
8. Copy of Permanent Profile (If applicable)

ATTACHMENTS

NOTE: Before attaching files to this application ensure that you have renamed them using the following naming convention:

LastNameFirstInitial_GKASApplicationYear_Title

Examples:
SmithT_2015_NCOER1
SmithT_2015_PTCard
SmithT_2015_Logbook

ONLY FILES OF THE FOLLOWING TYPES CAN BE ATTACHED: *.pdf, *.jpg, *.docx, *.tiff

ADD FILE		REMOVE FILE
ADD FILE		REMOVE FILE
ADD FILE		REMOVE FILE
ADD FILE		REMOVE FILE
ADD FILE		REMOVE FILE
ADD FILE		REMOVE FILE
ADD FILE		REMOVE FILE
ADD FILE		REMOVE FILE
ADD FILE		REMOVE FILE
ADD FILE		REMOVE FILE

VIEW ATTACHMENTS PANEL

INSTRUCTIONS TO APPLICANT

1. TOOLTIPS are available for selected fields. Hover the mouse over the field to see if TIP is available.
2. Before submitting application, ensure you rename your application file using the following naming convention:

   LastNameFirstInitial_GKASApplicationYear_APPLICATION Example: SmithT_2015_APPLICATION
3. Email your completed application to the following email address: **usarmy.knox.hqda.list.asb-apt-hq@mail.mil**
4. Subject line will be NAME / RANK / PMOS / GKAS / "Application" Year Example: Thomas Smith / SGT / 19D / GKAS / Application 2015
5. Include in the body of your email your current mailing address and the best number to reach you at.

CLEAR FORM PRINT FORM