

U.S. Army Cyber Specialty Direct Commissioning Pilot Program Application

Demographic questions are optional. Sign and date the form when complete.

Personal Information:

First Name _____ Middle Init. _____ Last Name _____

City, State _____ Current Age: _____

Gender _____

Phone Number _____

Email _____

Are you Hispanic or of Latino origin? Y N

How would you describe yourself? American Indian or Alaska Native
Asian
Black or African American
Native Hawaiian or Other Pacific Islander
White

How did you hear about this program? _____

Have you been convicted of or pleaded no contest to a crime?

Y N

If yes, please describe the crime - state nature of the crime(s), when and where convicted and disposition of the case.

If hired, are you willing to submit to and pass a controlled substance test? Y N

How do you rate your current health? Y N

Note: Certain conditions may disqualify people from entering military service (e.g. depression, ADHD requiring medication, obesity, major health issues). Speak with a recruiter early in the application process if you think you may have a disqualifying condition.

Citizenship: _____ Details: _____

Education, Training and Experience

Include a Certified Copy of all College Transcripts, Professional Certifications, or DD-214 (Proof of Military Service)

College / University:

School Name: _____
School Address: _____
School City, State, Zip: _____
Number of Years Completed: _____
Did you graduate? Y N

Degree Earned / Major: _____

College / University 2:

School Name: _____
School Address: _____
School City, State, Zip: _____
Number of Years Completed: _____
Did you graduate? Y N

Degree Earned / Major: _____

Military Service:

Current Military Status: _____
Branch: _____
Rank in Military: _____
Total Years of Service: _____
Skills/Duties: _____
Related Details: _____

Military Branch of interest:

I am seeking a commission in: Active Duty National Guard
(Select all that Apply) U.S. Army Reserve Any Component

Area of Expertise: _____ Other: _____

Special Skills and Qualifications: Licenses, Skills, Training, Awards

Do you speak, write or understand any foreign languages? Y N

If yes, describe which languages(s) and how fluent of a speaker you consider yourself to be. _____

Employment History

Detail your employment history during the previous FIVE years and account for any gaps in employment during that period. You may include as many copies of this page as required.

Are you currently employed? Y N

If you are currently employed, may we contact your current employer? Y N

Name of Employer: _____

Name of Supervisor: _____

Telephone Number: _____

Business Type: _____

City, State: _____

Length of Employment (Include Dates): _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer? Y N

Previous Positions:

Include for each employer/position for the past five years:

Name of Employer: _____

Name of Supervisor: _____

Telephone Number: _____

Business Type: _____

City, State: _____

Length of Employment (Include Dates): _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer? Y N

Professional References

List at least three people who have a knowledge of your work habits. Please include professional references only.

Name (First and Last): _____
Telephone Number: _____
Occupation: _____
Number of Years Acquainted: _____

Name (First and Last): _____
Telephone Number: _____
Occupation: _____
Number of Years Acquainted: _____

Name (First, Last): _____
Telephone Number: _____
Occupation: _____
Number of Years Acquainted: _____

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature _____

Date _____