

U.S. ARMY CYBER SPECIALTY DIRECT COMMISSIONING PILOT PROGRAM

APPLICATION

SUBMISSION CHECKLIST:

Completed version of this application form.

A recent full-length professional photograph.

Transcripts of all undergraduate and graduate education (student or unofficial copies are sufficient for the initial phase; however, certified copies may be required later). A minimum of a Bachelor's degree is required.

Cover letter or sample writing. Highlight strengths and experience that you believe qualify you for this program.

Most recent resume or up-to-date curriculum vitae.

Proof of relevant professional certification and/or certificates of completion for training.

Prior military service documents, if applicable (e.g.: DD214 or other official discharge papers)

Letter(s) of recommendation or reference (optional). Submit no more than three strong letters.

IMPORTANT NOTES:

- ❖ Applicant must be a U.S. Citizen. Non-U.S. Citizens or Dual Citizens are not eligible.
- ❖ Ensure all personally identifiable information (e.g., social security number, personal phone number, and street address) is redacted throughout the application packet.
- ❖ After your application is sent, you will receive an email confirming receipt of your application packet within seven business days. Additional instructions and packet status notifications will follow if/when appropriate.
- ❖ If your experiences align with the specified requirements, you will be contacted by an Army Cyber Corps representative to schedule the interview process.

APPLICATION FORM

BASIC INFORMATION

Demographic questions are optional, but your answers assist us with processing your application. Sign and date the form when complete.

First:

MI:

Last:

Sex/Gender:

Age:

Current City:

State:

Phone:

Email:

How would you describe yourself? (Race or Ethnicity):

How did you hear about this program?

Have you ever been convicted of a crime?

YES

NO

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

If accepted, are you willing to submit to and pass a controlled substance test?

YES

NO

How would you rate your current health?

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 have a disqualifying condition.

Citizenship Status:

Reminder: Non-U.S. citizens and dual citizens are ineligible for this program

HIRING PATH		
I am seeking commission into:		
Select your requirement preference:		
<i>Note: It is mandatory to select a preference from the available requirements given in the previous drop-down list. This list may change according to the needs of the Army.</i>		
Detail the skills and qualifications you have acquired to include licenses, training, certifications, and awards that make you a match for the requirement preference:		
Do you speak, write, or understand any foreign languages?	YES	NO
If yes, give the language(s) and your level of fluency:		

MILITARY SERVICE			
<i>Include a copy of your DD214 (Proof of Military Service) and/or other official documents confirming proof of military service/discharge, if applicable.</i>			
Status:		Branch:	
Rank/Grade:	Total Years of Service (from DD214):	Year(s)	Month(s)
MOS/AOC/FA:			
Primary Duties:			
Other Details:			

EDUCATION, TRAINING, AND EXPERIENCE

Include a copy of all college transcripts, professional certifications, course completion certificates, etc. List most recent education first.

College/University 1:

Name:

Address:

City:

State:

Zip:

Degree Pursued:

Major:

Start Date:

Graduation Date:

Did you graduate? YES NO

College/University 2:

Name:

Address:

City:

State:

Zip:

Degree Pursued:

Major:

Start Date:

Graduation Date:

Did you graduate? YES NO

College/University 3:

Name:

Address:

City:

State:

Zip:

Degree Pursued:

Major:

Start Date:

Graduation Date:

Did you graduate? YES NO

Professional Certifications

EMPLOYMENT HISTORY

Detail your employment history during the previous FIVE years and account for any gaps in employment during that period. List most recent employment first. Additional employment history pages are available for download, if needed.

Are you currently employed? YES NO

Employer/Company Name:

Name of Supervisor:

Business Type/Industry:

City:

State:

Length of Employment: _____ to _____

Position(s) & Duties:

Reason for leaving:

May we contact this employer?	YES	NO	Phone:
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Employer/Company Name:

Name of Supervisor:

Business Type/Industry:

City:

State:

Length of Employment: _____ to _____

Position(s) & Duties:

Reason for leaving:

May we contact this employer?	YES	NO	Phone:
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Employer/Company Name:		
Name of Supervisor:		
Business Type/Industry:		
City:	State:	
Length of Employment:		to
Position(s) & Duties:		
Reason for leaving:		
May we contact this employer?	YES NO	Phone:

Employer/Company Name:		
Name of Supervisor:		
Business Type/Industry:		
City:	State:	
Length of Employment:		to
Position(s) & Duties:		
Reason for leaving:		
May we contact this employer?	YES NO	Phone:

Additional Comments on Employment History:

PROFESSIONAL REFERENCES

List at least three people who have extensive knowledge of your experience. Please include professional references only.

Reference 1

Name (Last, First):

Occupation/Title:

Phone:

Number of Years Acquainted:

Reference 2

Name (Last, First):

Occupation/Title:

Phone:

Number of Years Acquainted:

Reference 3

Name (Last, First):

Occupation/Title:

Phone:

Number of Years Acquainted:

ACKNOWLEDGMENT

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 am hired. I authorize the verification of all information listed above.

Signature:

Date:

Detailed information on the Cyber Direct Commissioning Program for reference can be found at
<https://goarmy.com/army-cyber/cyber-direct-commissioning-program.html>

Please send completed application form with all required documentation to the following distribution
list: usarmy.gordon.cyber-coe.mbx.occ-officers@mail.mil.