

United States Army Cyber Direct Commissioning Program Application

Answer all questions. Sign and date the form.

Personal Information

First Name _____ Middle Init. _____ Last Name _____

Street Address _____ Date of Birth: _____

City, State, Zip Code _____

Phone Number _____

Email _____

How did you hear about this program?

Have you been convicted of or pleaded no contest to a felony within the last Seven years?

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.

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: _____

Skills:

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: _____

Address: _____

City, State, Zip: _____

Length of Employment (Include Dates): _____

Position & Duties: _____

Reason for Leaving:

Previous Positions:

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

Name of Employer: _____

Name of Supervisor: _____

Telephone Number: _____

Business Type: _____ Address: _____

City, State, Zip: _____

Length of Employment (Include Dates): _____

Position & Duties: _____

Reason for Leaving:

May we contact this employer for references? 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: _____
Address: _____
City, State, Zip: _____
Occupation: _____
Number of Years Acquainted: _____

Name (First and Last): _____
Telephone Number: _____
Address: _____
City, State, Zip: _____
Occupation: _____
Number of Years Acquainted: _____

Name - First, Last: _____
Telephone Number: _____
Address: _____
City, State, Zip: _____
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 _____