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**AIR FORCE RESEVE RECRUITING
REQUIRED INFORMATION**

Please provide request information below and return

SSAN:

Full First Name:

Full Middle Name

Full Last Name:

Maiden Name:

Date of Birth:

Age:

US Citizen: Yes No

Racial Category:

Hispanic or Latino: Yes No

Ht: Wt:

Hair color:

Eye color:

Religious Preference:

Marital Status:

Is your spouse in the military?

If yes:

Active Duty or Reserve

Spouse Full Name:

Spouse SSAN:

Number of Children (Under the age of 18):

Home Phone:

Work Phone:

****Cell Phone:**

Home Address:

Street:

City:

County:

State:

Zip:

Civilian Email:

Military Email:

Present Occupation or Job Title:

Driver's License State:

Driver's License Number:

Driver's License Expiration Date:

Place of Birth (City and State and Zip)

County of Birth:

Name of the High School You Graduated From:

Approximate Start Date (YYMMDD):

Approximate Grad Date (YYYYMMDD):

Address of your High School:

City your High School was located:

State your high School was located:

Zip

Did you graduate?

Last College Attended:

Approximate Start Date: (YYYYMMDD)

Approximate Graduation Date: (YYYYMMDD)

Major:

Address:

City:

State:

Zip:

If you do not know the address of your high school or college, Google it.

THANK YOU,