

New Hampshire Air National Guard 157th Air Refueling Wing Pilot Application

AUTHORITY: 10 USC 837; EO 9397

PRINCIPAL PURPOSE: Provides necessary information to determine if applicant meets qualifications established for appointment in the Air National Guard. Use of SSN is necessary to make positive identification of an applicant and records.

ROUTINE USES: To make selections and tender appointment in commissioned grades and to evaluate qualifications for assignment to crew member positions.

DISCLOSURE IS VOLUNTARY: If information is not provided, all further processing will be terminated.

Completion Instructions

To complete your application, please email the following items to the pilot hiring coordinators.

NOTE: if you have never served in the military, some items will not be applicable.

1. Cover Letter addressed to: Commander, 157th Operations Group,

New Hampshire Air National Guard

302 Newmarket St., Bldg 264 Pease ANGB, NH 03803-0157

- 2. Completed Application
- 3. Current Resume
- 4. Last three OPR/EPR or equivalent civilian job performance reports
- 5. vMPF Data Verification Brief or equivalent summary of military experience
- 6. Military/Civilian flight time summary
- 7. Military fitness report (if applicable)
- 8. Last three Form 8's or military check ride summaries (if applicable)
- 9. Copy of college transcripts
- 10. Copy of FAA certificates
- 11. AFOQT scores and TBAS score page
- 12. Completed Form 93. NOTE: form does NOT need signature of Physician or Examiner
- 13. Letters of recommendation -- a minimum of one, three is recommended
- 14. Any additional items that may improve your application

Scan hard copy items as one complete Adobe PDF (not portfolio) and email it to: usaf.nh.157-arw.mbx.pilot-hiring-board@mail.mil

If you are unable to scan and email any items, you may mail them to the address in item 1 above.

Please ensure your application package is complete, as we will not be able to review incomplete applications. All applications must be received NLT noon on the deadline.

Section 1: Personal Information

| 1. | Name (Last, First MI): | | | | |
|-----|---|--|---|--|--|
| 2. | Address: | | | | |
| 3. | Home Phone: | | | | |
| 4. | Cell Phone: | | | | |
| 5. | Email Address: | | | | |
| 6. | SSN: | | | | |
| 7. | Are you a U.S. Citizen? | | | | |
| 8. | Date of Birth: | | | | |
| 9. | Place of Birth: | | | | |
| 10. | Are you currently employed with a US Government Agency? (DoD, Military, etc.) | | | | |
| 11. | Have you ever been charged, arrested, cited, or held by any law enforcement | | | | |
| | except traffic violations regardless of outcome? Please explain in remarks section | | | | |
| 12. | Have you ever been indicted, or convicted of any violation of civil or military law | | | | |
| | excluding minor traffic violations and parking tickets for which a fine or | | | | |
| | forfeiture of \$50 or more was imposed? If yes, explain in remarks section. | | | | |
| 13. | Have you visited Pease ANGB in the past? If yes, explain in remarks section. | | | | |
| 14. | Have you ever received a less than honorable or dishonorable discharge from | | | | |
| | any branch of the military? If yes, explain in remarks section. | | | | |
| 15. | Have you ever been enrolled in any military commissioning program at any time? | | | | |
| | If yes, explain in remarks section. | | | | |
| 16. | Do you have any flight limiting injuries, or are currently on a military medical | | | | |
| | and/or PT profile? If yes, explain in remarks section. | | | | |
| 17. | Have you ever applied for and been denied a security clearance? If yes, explain in | | | | |
| | remarks section. | | 1 | | |

Section 2: Experience

| Please list all your civilian education starting with high school | | | | | | | |
|---|-----------------|---|------------------------------|-----|--|--|--|
| Name of School & Location | Graduation Date | | Degree | GPA | | | |
| Name of School & Location | Month | Year | Degree | GPA | | | |
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| Employment | | | | | | | |
| Current Occupation: | | | | | | | |
| Supervisor's Name: | | | | | | | |
| Supervisor's Phone Number: | | | | | | | |
| Supervisor's Email Address: | | | | | | | |
| ospervisor o Email / Marieson | | | | | | | |
| References. Please list three individua | als who can | attest to vo | ur work ethic and character. | | | | |
| Name: | | <u>, , , , , , , , , , , , , , , , , , , </u> | | | | | |
| Phone Number: | | | | | | | |
| Email Address: | | | | | | | |
| Name: | | | | | | | |
| Phone Number: | | | | | | | |
| Email Address: | | | | | | | |
| | | | | | | | |
| Name: Phone Number: | | | | | | | |
| Fmail Address: | | | | | | | |

| Military Carries | | | | | |
|--|-----|--|--|--|--|
| Military Service | . 2 | | | | |
| Do you have prior service in any branch of the militar | γ! | | | | |
| If no, go to next section. | | | | | |
| What is your Date of Service (DOS)? | | | | | |
| What is your Active Duty Service Commitment (ADSC | 5)? | | | | |
| Have you previously served as a commissioned office | er? | | | | |
| If no, skip to the next section. | | | | | |
| Date of Commission: | | | | | |
| Source of Commission: | | | | | |
| DoD security clearance type: | | | | | |
| DoD security clearance issue date: | | | | | |
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| Flight Experience | | | | | |
| Are you a rated Air Force Pilot? | | | | | |
| Are you a rated pilot in another branch of service? | | | | | |
| List any FAA Aeronautical Ratings: | | | | | |
| Total Flight Time: | | | | | |
| Aircraft Flown: | | | | | |
| | | | | | |
| AFOQT Scores (Rated applicants skip this section) | | | | | |
| Pilot: | | | | | |
| Navigator: | | | | | |
| Academic Aptitude: | | | | | |
| Verbal: | | | | | |
| Quantitative: | | | | | |
| PCSM: | | | | | |

Section 3: Remarks

| Remarks. Please further explain any yes or no answer by providing the question number followed by the explanation. Also, please provide any additional information |
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| Cartification Signature |
| Certification Signature I certify that the above answers are true and correct to the best of my knowledge and belief. |
| |
| X |
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