

Each year over a hundred applicants are brought into The Judge Advocate General's Department as judge advocates. Competition for these positions is keen. The basic eligibility criteria and application procedure are as follows.

APPLICANTS MUST BE

- Attending or a graduate of an American Bar Association accredited law school
- Admitted to practice before the highest court of any state or a federal court.
- United States citizens
- Under the age of 35 on the day of commissioning
- Medically qualified prior to commissioning
- Within Air Force height and weight standards prior to commissioning

APPLICANTS MUST SUBMIT

Application forms (available in hardcopy or on the web site)

- **AF Form 1759**, *Air Force Attorney Application Instructions and Forms*
- **AF Form 24**, *Application for Appointment as Reserves of the Air Force or USAF Without Component* (2 Copies, each with original signature)
- **AF Form 1760**, *Judge Advocate Assignment Preference Sheet*
- **AF Form 2030**, *USAF Drug and Alcohol Abuse Certificate* (2 copies, each with original signature)
- **AF Form 125**, *Application for Extended Active Duty with the United States Air Force* (Recall Program applicants only)
- Air Force Judge Advocate Applicant Information Form
- **AF Form 1758**, *Statements of Understanding* (2 copies, each with original signature)
- An interview with a base Staff Judge Advocate (the list of Air Force installations is available in hardcopy or on the web site)
- A resumé
- Official undergraduate and law school transcripts
- Evidence of law school class standing
- A LSDAS Report
- An original certificate of good standing (attorneys only)
- A **DD Form 214**, *Certificate of Release or Discharge from Active Duty* (prior military service only)
- Copies of officer/enlisted military performance evaluations/fitness reports
- A full-length (5" x 7" or 8" x 10") photograph
- A one-page (double-spaced) motivational statement
- Letters of recommendation (optional, but strongly encouraged)
- Writing sample (optional, but strongly encouraged)

AIR FORCE ATTORNEY APPLICATION INSTRUCTIONS AND FORMS

SECTION I - GENERAL INFORMATION

1. In order to receive a commission and enter active duty as an Air Force attorney (judge advocate), an applicant must be (1) a citizen of the United States, (2) a graduate of a law school accredited by the American Bar Association, (3) admitted to practice before the highest court of a state or federal court, (4) less than 35 years old at the time of commissioning (10 U.S.C. 532), and (5) recommended by a Judge Advocate Personnel Selection Board and selected by The Judge Advocate General. Additionally, applicant's entry on active duty is contingent upon completion of a medical examination which must be reviewed and approved by the Air Force Surgeon General prior to commissioning.
2. Information on our various commissioning programs is contained in our recruiting brochure which you can receive by calling our toll free number, 1-800-524-8723 or in Virginia call (703) 614-5941.

SECTION II - APPLICATION PROCEDURES

1. Judge Advocate Personnel Selection Boards convene at the Pentagon in Washington, D.C., approximately every 60 days during the months of February, April, June, August, October and December. Your file will be considered by a board if you have completed (1) all of the required paperwork and (2) the formal interview prior to the first day of the month in which the board convenes. Once you have completed the paperwork and obtained the necessary documents, hand-carry your file to the hiring interview. The interviewer will forward your file to the Pentagon along with his or her evaluation.
2. **Direct Appointment Program (DAP):** You may apply for this program if you are a licensed attorney or a third-year law student. You may apply to be considered by any of the six selection boards which are convened during the year.
3. **Air Force Reserve Officer Training Corps (AFROTC) One-Year College Program (OYCP):** You may apply for this program to be considered by only the April Selection Board which occurs during the spring semester of your first or second year of law school.
4. **AFROTC Graduate Law Program:** You may apply for this program to be considered by only the April Selection Board which occurs during the spring semester of your first year of law school.
5. **AFROTC Educational Delay Program:** Officers commissioned through AFROTC who want to delay their entry on extended active duty to study law may apply to be considered by only the April Selection Board which occurs during the spring semester of your senior year of undergraduate school.
6. **Recall, Intraservice Transfer, and Interservice Transfer Programs:** You may apply to be considered by any of the six DAP selection boards.

SECTION III - REQUIRED DOCUMENTS AND FORMS *(This Section continues on Page 2)*

Below is a list of forms and documents which are required for your interview with an Air Force attorney. Use this checklist to ensure you have all of the required information. The necessary forms follow these instructions and are available electronically at <http://afpubs.hq.af.mil>

1.	A full length 5"x 7" or 8"x 10" photograph <i>(wear what you would wear to court)</i> .
2.	Air Force Judge Advocate Application Information Form.
3.	Letters of Recommendation <i>(optional, but strongly encouraged)</i> .
4.	AF Form 24, Application for Appointment as Reserves of the Air Force or USAF Without Component <i>(2 copies, both with original signatures)</i> . Additional instructions for completing AF Form 24: Place an "X" in the first block, Appointment as a Reserve Member of the Air Force. Item 1 - TO: HQ USAF/JAX Items 13, 14, and 15 - Complete only if the information is available. Otherwise state "N/A" <i>(not applicable)</i> . Item 33 - The following statement, initialed by you, is required in the remarks section: "I am aware of my responsibility to participate in the Air Force Direct Deposit Program within 60 days of arrival at my first permanent duty station."
5.	AF Form 2030, USAF Drug and Alcohol Abuse Certificate <i>(2 copies, both with original signatures)</i> . Section II - If you respond "Yes" to any of the questions in this section, provide a handwritten, signed statement which includes: Date and circumstances surrounding each occurrence; specific reason(s) for each occurrence; specific drug used; how the drug was used; effects produced by the drug; and your current attitude toward use of illegal drugs.
6.	A typed Personal Interest/Motivational Statement <i>(limited to 1 page, double-spaced)</i> .
7.	AF Form 1760, Judge Advocate Assignment Preference Sheet.
8.	AF Form 1758, Statements of Understanding <i>(2 copies, both with original signatures)</i> .
9.	Release of Military Records <i>(applies only to applicants with prior military service)</i> .
10.	Writing Sample <i>(optional)</i> .

11.	Prior Military Records <i>(if applicable)</i> .
11a.	DD Form 214, Certificate of Release or Discharge from Active Duty <i>(if applicable)</i> .
11b.	Efficiency Reports - EPRs, OPRs, Fitness Reports <i>(if applicable)</i> .
12.	Proof of Good Standing with your Bar (applies to applicants who are already licensed).
13.	Official Documentation of Law School Class Standing (a letter from your law school or official documentation on your law school transcript. If your school does not rank students, a letter from the school is required stating its policy).
14.	Official Transcripts:
14a.	Law School.
14b.	Graduate School <i>(if any)</i> .
14c.	Undergraduate School.
15.	LSDAS Report.
16.	AF Form 125, Application for Extended Active Duty with the United States Air Force <i>(applies to applicants applying for the Recall Program only)</i> .
17.	A Resumé.

SECTION IV - HIRING INTERVIEW

- Once you have completed all the forms and obtained the necessary documents, you should schedule a formal interview with the Staff Judge Advocate (*senior Air Force managing attorney*) at an Air Force base of your choice. Locations and telephone numbers of Air Force base legal offices are listed on our web site. Travel to and from the interview is at your own expense.
- Bring the completed application (all required forms and documents) with you to the interview. After your interview, the Staff Judge Advocate will forward your application and an interview report to the Pentagon prior to the date the Selection Board convenes.

SECTION V - SELECTION

- You will undergo a competitive selection process. The "best qualified" applicants are selected by The Judge Advocate General upon recommendation by the Selection Board which is composed of experienced judge advocates. Selection factors include academic performance, curricular and extracurricular activities, community service, work experience, prior military experience *(if any)*, and the recommendation of the Staff Judge Advocate who conducts your hiring interview.
- You will be notified of the results by letter *(usually by the end of the month in which the board convenes)*.

SECTION VI - MEDICAL EXAMINATION

- Your selection as a judge advocate is contingent upon your completion of a medical examination and its approval by the Air Force Surgeon General. You may arrange to take the medical examination after notification of your selection. You cannot receive an assignment or be commissioned until the Air Force Surgeon General certifies you as medically qualified for active duty.
- Schedule your medical examination at a Military Entrance Processing Station (MEPS). A list of MEPS locations and telephone numbers can be found on our web site. When calling a MEPS, tell the Air Force liaison officer that you need to schedule a non-flying commissioning physical examination in order to become a judge advocate. Bring your JAG selection letter with you and give it to the personnel conducting your examination.
- When you arrive at the examining facility, you will be asked to complete a statement of medical history. If you indicate any **significant** past medical problems on the history form, you will be required to provide documentation from your physician concerning the problem and treatment. Bring this documentation with you to the examination to avoid delays in your processing.
- Ask that the original copy of your medical examination be sent to: HQ USAF/JAX, 1420 Air Force, Pentagon, Washington, DC, 20330-1420. Upon completion of your physical, call our toll free number listed below and advise us of the date and location of your examination so we can expedite processing.

IF YOU HAVE ANY QUESTIONS CONCERNING ANY OF THESE INSTRUCTIONS OR IF YOU DESIRE ADDITIONAL INFORMATION, CALL TOLL FREE 1-800-JAG-USAF (1-800-524-8723). IN VIRGINIA CALL (703) 614-5941.

**APPLICATION FOR APPOINTMENT AS RESERVE OF THE AIR FORCE
OR USAF WITHOUT COMPONENT**

OMB No .0701-0096

X	APPOINTMENT AS A RESERVE MEMBER OF THE AIR FORCE	FEDERAL RECOGNITION AND APPOINTMENT AS A RESERVE MEMBER OF THE AIR FORCE	APPOINTMENT AS A USAF MEMBER WITHOUT COMPONENT
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PRIVACY ACT STATEMENT

AUTHORITY., 10 U.S.C. 591, Reserve Components Qualifications; EO 9397.
PRINCIPAL PURPOSE., Provides necessary information to determine if applicant meets qualifications established for appointment as a Reserve (ANGUS and USAFR) or in the USAF without component. Use of SSN is necessary to make positive identification of an applicant and his or her records.
ROUTINE USE., None.
DISCLOSURE IS VOLUNTARY. If information is not provided, all further processing is terminated.

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, DIOR (0701-0096), 1215 Jefferson Davis Highway, Suite 1204, Arlington VA 22202-4302. Respondents should be aware that, notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please **DO NOT RETURN** your form to either of these addresses. Return it to your recruiter, ESO, Reserve MPF, or unit commander as applicable.

INSTRUCTIONS

Complete this form in two copies. Use typewriter or print clearly in ink. Sign each copy separately. Check the type of appointment, under the form title, for which you are applying. Upon termination from active duty, travel entitlements are based on the information you enter in item 6, "Home of Record (HOR)." Once recorded, the HOR may not be changed. If additional space is required, continue in item 33, "Remarks."

1. TO:	2. SPECIALTY
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3. FROM: (Last, First, Middle Initial)	4. SSN	5. DATE OF BIRTH (YYYYMMDD)
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6. HOME OF RECORD (HOR) (Include zip code and 4 digit) (If a postal box include your street address)	7. PLACE OF BIRTH (City, State, Country)
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8. MAILING ADDRESS (If other than HOR, include zip code and 4 digit) (If a box include your street address)	9. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY (Name, relationship, and address)
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10. MARITAL STATUS	<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED TO MILITARY MEMBER	<input type="checkbox"/> MARRIED TO CIVILIAN	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> WIDOWED
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11. FAMILY MEMBERS (Other than spouse, number completely dependant on you)	12. U.S. CITIZEN	<input type="checkbox"/> YES	<input type="checkbox"/> NO (If yes, click appropriate item)	BIRTH	<input type="checkbox"/> NATURALIZED
IF YOU ARE U.S. CITIZEN BY OWN NATURALIZATION, STATE THE DATE, NUMBER OF CERTIFICATE, AND COURT					

13. I UNDERSTAND THAT I AM BEING CONSIDERED FOR AN APPOINTMENT:

To fill an active force requirement and agree to remain on active duty for the period specified in pertinent instructions (AFIs 36-2008, 36-2011 and 36-2107).

My geographic preference of assignment is:		I will be available to enter active duty on:		<input type="checkbox"/> I do	<input type="checkbox"/> Require at least 30 days notice to enter active duty.
				<input type="checkbox"/> I do not	

To fill an authorized position vacancy in the Ready Reserve.

INITIALS	I further understand that if I have not previously incurred a military service obligation (MSO), that I will incur an MSO and I have been briefed on what my MSO will be.
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INITIALS	I have been briefed on my responsibility to participate in the Air Force Direct Deposit Program within 60 days of arrival at my first permanent duty station.
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INITIALS	I have been briefed on the contents of the application briefing item on separation policy.
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14. Education

TYPE OF SCHOOL	NAME OF SCHOOL	DATES ATTENDED		MAJOR SUBJECT	NO. YRS COMPL	GRAD		TYPE OF DEGREE
		FROM (YMD)	TO (YMD)			YES	NO	
SECONDARY AND OTHER								
COLLEGE, POST-GRADUATE, INTERNSHIP, RESIDENCY, FELLOWSHIP, ETC.								
MILITARY								

15. OTHER SUBJECTS SPECIALIZED IN (Include certification by American Specialty Boards and date of certification)

16. PHYSICIANS ONLY

I DO I DO NOT DESIRE TRAINING IN AVIATION MEDICINE

17. CHRONOLOGICAL STATEMENT OF SERVICE AND TRAINING IN ANY COMPONENT OF THE UNIFORMED SERVICES (Include service academics and preparatory schools, Reserve Officer Training Corps (ROTC), Officer Training School (OTS), Health Professions Scholarships (HPSP), etc.)

DATES ATTENDED		HIGHEST GRADE	ORGANIZATION (Type and Service)	SPECIALTY	ACTIVE DUTY OR RESERVE
FROM (YMD)	TO (YMD)				

18. ARE YOU CURRENTLY A MEMBER OF ANY BRANCH OF THE UNIFORMED SERVICES?

YES NO (If yes, provide branch of uniformed service)

19. WERE ALL DISCHARGES HONORABLE?

YES NO

20. WERE YOU EVER NONSELECTED FOR PROMOTION TO AN OFFICER GRADE IN ANY BRANCH OF THE UNIFORMED SERVICES?

YES NO (If yes, provide branch of uniformed service)

21. WERE YOU SEPARATED OR ARE YOU PENDING SEPARATION FROM ANY BRANCH OF THE UNIFORMED SERVICES FOR CAUSE, OR WERE YOU SEPARATED OR ARE YOU PENDING SEPARATION FROM COMMISSIONED STATUS IN ANY BRANCH OF THE UNIFORMED SERVICES DUE TO NONQUALIFIED, NONSELECT, OR DEFERRED PROMOTION?

YES NO (If yes, provide branch of uniformed service, reason for separation action, and date of separation, if applicable)

22. HAVE YOU EVER RECEIVED SEVERANCE PAY, OR SEPARATION PAY, OR READJUSTMENT PAY, OR VOLUNTARY SEPARATION INCENTIVE (VSI) OR SPECIAL SEPARATION BENEFIT (SSB) PAY WHEN RELEASED FROM ACTIVE DUTY OR DISCHARGED FROM ANY UNIFORMED SERVICE?

YES NO

23. HAVE YOU PREVIOUSLY MADE APPLICATION AND BEEN REJECTED FOR COMMISSIONING BY ANY COMPONENT OF THE UNIFORMED SERVICES?

YES NO (if yes, please state when and where rejected, and cause)

24. HAVE YOU EVER APPLIED FOR A COMMISSION OR POSITION WITH ANY BRANCH OF THE ARMED SERVICES OR FEDERAL GOVERNMENT? IF SO, PLEASE EXPLAIN.

YES NO (If additional space is required, continue in "REMARKS")

25. CHRONOLOGICAL STATEMENT OF CIVILIAN EMPLOYMENT, INCLUDING PART-TIME POSITIONS. (If additional space is required, continue in "REMARKS" section)

FROM - TO (YYYYMMDD)	EMPLOYED BY (Give name and address to include ZIP Code and 4 digit)	FULL TIME <input type="checkbox"/>	PART TIME (Hrs per week)	MONTHLY SALARY
POSITION AND DUTIES		REASON FOR TERMINATION		
POSITION AND DUTIES		REASON FOR TERMINATION		
POSITION AND DUTIES		REASON FOR TERMINATION		
POSITION AND DUTIES		REASON FOR TERMINATION		

26. HAVE YOU EVER BEEN INVOLVED, ARRESTED, INDICTED, OR CONVICTED (INCLUDING PRETRIAL DIVERSION) FOR ANY VIOLATIONS OF CIVIL OR MILITARY LAW, INCLUDING NONJUDICIAL PUNISHMENT PURSUANT TO ARTICLE 15 OF THE UCMJ, OR MINOR TRAFFIC VIOLATIONS?

YES NO (If yes, please explain below. List all offenses charged against you regardless of final disposition, including situations where the involvement has not been recorded locally or the record has been ordered sealed or expunged by the court.)

OFFENSE	DATE (YYYYMMDD)	PLACE	AGE	DISPOSITION AND CHARGE	COURT

26a. HAVE YOU EVER BEEN CONVICTED OF A DUI OR ALCOHOL RELATED INCIDENT?

YES NO (If yes, submit a statement in your own words describing the circumstances, and a copy of the police report. Involvement has not been recorded locally or the record has been ordered sealed or expunged by the court.)

OFFENSE	DATE (YYYYMMDD)	PLACE	AGE	DISPOSITION OF CHARGE	COURT

27. ARE YOU A CONSCIENTIOUS OBJECTOR? (A conscientious objector is defined as: One who has or has a firm, fixed, and sincere objection to participate in war in form or to bearing of arms because of religious training or belief, which includes solely moral or ethical beliefs.)

YES NO

28. ARE YOU NOW OR HAVE YOU EVER BEEN AFFILIATED WITH ANY ORGANIZATION OR MOVEMENT THAT SEEKS TO ALTER OUR FORM OF GOVERNMENT BY UNCONSTITUTIONAL MEANS, OR SYMPATHETICALLY ASSOCIATED WITH ANY SUCH ORGANIZATION, MOVEMENT, OR MEMBERS THEREOF?

YES NO (If yes, please describe.)

29. ARE THERE ANY OTHER UNFAVORABLE INCIDENTS IN YOUR LIFE WHICH YOU BELIEVE MAY REFLECT UPON YOUR LOYALTY TO THE UNITED STATES GOVERNMENT OR UPON YOUR ABILITY TO PERFORM THE DUTIES WHICH YOU MAY BE CALLED UPON TO UNDERTAKE?

YES NO (If yes, please describe.)

30. HEALTH CARE PRACTITIONERS AND JUDGE ADVOCATE APPLICANTS ONLY

A. LIST ALL STATE OR FEDERAL BAR LICENSES HELD CURRENTLY OR AT ANY TIME IN THE PAST

STATE IN WHICH LICENSED	DATE LICENSED	EXPIRATION DATE	STATE IN WHICH LICENSED	DATE LICENSED	EXPIRATION DATE

B. APPLICANT MUST INITIAL EACH QUESTION

(1) HAVE YOU EVER HAD ANY OF THE ABOVE STATE LICENSE(S) SUSPENDED OR REVOKED?

_____ (Initials) YES NO (If yes, please explain in "REMARKS.")

(2) HAVE YOU EVER VOLUNTARILY SURRENDERED OR FAILED TO RENEW ANY OF THE ABOVE STATE LICENSES?

_____ (Initials) YES NO (If yes, please explain in "REMARKS.")

(3) HAVE YOU EVER HAD ANY MEDICAL CLAIMS, SETTLEMENTS, JUDICIAL, OR ADMINISTRATIVE ADJUDICATION, OR GRIEVANCES, OR ANY OTHER RESOLVED OR OPEN CHARGES OF INAPPROPRIATE, UNETHICAL, UNPROFESSIONAL, OR SUBSTANDARD MEDICAL CARE OR LEGAL MALPRACTICE?

_____ (Initials) YES NO (If yes, please explain in "REMARKS.")

(4) HAVE YOU EVER HAD YOUR PROFESSIONAL PRIVILEGES WITHDRAWN, DENIED, OR RESTRICTED BY ANY HEALTH CARE INSTITUTION OR STATE BAR LICENSING ORGANIZATION, OR HAVE YOU EVER VOLUNTARILY SURRENDERED YOUR PRIVILEGES?

_____ (Initials) YES NO (If yes, please explain in "REMARKS.")

(5) ARE YOU BOARD CERTIFIED?

_____ (Initials) YES NO (If no, please explain in "REMARKS.")

(6) ARE YOU BOARD ELIGIBLE?

_____ (Initials) YES NO (If no, please explain in "REMARKS.")

(7) HAVE YOU EVER TAKEN THE WRITTEN AND/OR ORAL PORTION OF YOUR BOARD EXAMINATION AND FAILED?

_____ (Initials) YES NO (If yes, please explain in "REMARKS.")

(8) DO YOU PLAN TO TAKE OR RETAKE YOUR BOARDS OR BAR EXAMINATION IN THE FUTURE?

_____ (Initials) YES NO (If yes, when? _____ please explain in "REMARKS.")

31. AFOQT SCORES (Only AFTCOs or Unit Commanders are authorized to enter scores)

AFOQT FORM	DATE TESTED	PILOT	NAV TECH	AA	VERBAL	QUANTITATIVE

32. SECURITY CLEARANCE (X as applicable)

NONE PENDING: DATE INITIATED (YYYYMMDD) GRANTED: TYPE _____ DATE GRANTED (YYMMDD)

33. REMARKS (If additional space is needed, continue on page 4. Be sure to identify item number.)

I understand that any false or incomplete information knowingly provided on or with this application may be grounds for not employing or accessing with the Air Force, or grounds for dismissing or releasing me from active duty if already employed or serving.

NAME (First, Full Middle, Last Name) (Type or Printed)	SIGNATURE (First, Full Middle, and Last Name)	DATE
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JUDGE ADVOCATE ASSIGNMENT PREFERENCE SHEET

AUTHORITY: 10 U.S.C. 8013, Secretary of the Air Force: Powers, Duties, and Delegation: 10 U.S.C. 806, Judge Advocates and Legal Officers
PRINCIPAL PURPOSE(S): Provides necessary information to assist The Air Force Judge Advocate General's Department in rendering assignment decisions for entry-level judge advocates.
ROUTINE USE(S): Information from this record may be disclosed for any of the blanket routine uses published by the Air Force.
DISCLOSURE IS VOLUNTARY: If information is not provided, assignment may be made without reference to member's assignment preference.

I. PERSONAL (Please print or type all information. Continue on reverse side if additional space is needed.)

NAME (Last, First, Middle Initial)	NAME YOU PREFER TO BE CALLED	
MAILING ADDRESS (Include zip code)	TELEPHONE (Include area code)	
FORWARDING ADDRESS (include zip code)	HOME	WORK
SPOUSE'S NAME	FORWARDING	FORWARDING
NAME OF CHILD(REN)		AGE OF CHILD(REN)

II. ASSIGNMENT PREFERENCES (Enter "Yes" or "No" in each blank)

I desire an overseas assignment to: The Pacific _____ Europe _____

CONTINENTAL U.S. (List bases or states preferred, e.g., Patrick AFB, or Maine)		OVERSEAS (Includes Alaska & Hawaii, List bases or countries, e.g., Kadena AB, or Italy)	
1.	6.	1.	6.
2.	7.	2.	7.
3.	8.	3.	8.
4.	9.	4.	9.
5.	10.	5.	10.
REGIONS PREFERRED (E.g., Northwest, Southeast)		REGIONS PREFERRED (E.g., Northern Europe)	
1.	3.	1.	3.
2.	4.	2.	4.

III. TYPE OF WORK PREFERRED (If known; e.g., contracts, environmental, or military justice)

1.	2.	3.	4.
Undergraduate Major or Study		Advanced Degree Major or Study	

IV. REMARKS (Include information we should consider, such as medical or other restrictions regarding dependents, unique language or other skills, or military spouse career field and career manager)

USAF DRUG AND ALCOHOL ABUSE CERTIFICATE
(This form is subject to the Privacy Act of 1974, Use AF Form 883)

SECTION I. DEFINITION OF TERMS

ADVERSE ADJUDICATION: An adverse adjudication (*adult or juvenile*) is a finding, decision, sentence, or judgement, other than unconditionally dropped, dismissed, or acquitted. If the adjudicating authority places a condition or restraint that leads to dismissal, dropped charges, or acquittal, the adjudication is adverse. Suspension of sentence, pardon, not processed, or dismissal after compliance with imposed conditions is adverse adjudication.

AIR FORCE: Includes active Air Force, Air Force Reserve, Air National Guard, and Air Force Academy.

ALCOHOL ABUSE: Alcohol use confirmed by competent medical authority that the individual is emotionally, mentally, or physically dependent on alcohol, NOTE: When not confirmed by medical authority, self-admitted alcohol use that leads to a person's misconduct or unacceptable behavior; to the impairment of work performance, physical or mental health, financial responsibility or personal relationships, must be reported during the medical examination for determination of alcohol abuse.

DRUG ABUSE: The illegal, wrongful, or improper use of marijuana, any narcotic substance, hallucinogens, or any illegal drug.

ILLEGAL DRUGS: Any drug or narcotic that is habit forming or has a potential for abuse because of its stimulant depressant, or hallucinogenic effect. Includes cocaine, crack, hallucinogens, (*to include lysergic acid diethylamide (LSD), phenenocyclidine (PCP), tetrahydrocannabinol (THC) in non-marijuana form, and others*), opium, morphine, heroin, dilaudid, codeine, demerol, inhalants (*paint, glue, and others*), amphetamines (*speed*), methamphetamines (*Ice*), barbiturates (*downers*), and anabolic steroids.

MARIJUANA: The intoxicating products of the hemp plant, to include hashish and all natural derivatives of cannabis sativa.

SUPPLIER, DISTRIBUTOR or TRAFFICKER One who illegally, wrongfully, or improperly delivers any of the drugs defined above to the possession of another. This includes the actual, constructive, or attempted transfer of an item, whether or not an agency relationship exists. This also includes the cultivation or manufacture of any drug described above.

SECTION II. CERTIFICATION AT TIME OF APPLICATION

WARNING: YOU MUST BE TOTALLY HONEST IN COMPLETING THIS FORM. If you are truthful now and are accepted by the Air Force, no punitive action can or will be taken against a civilian applicant as a result of any information you reveal. **HOWEVER, YOU ARE CAUTIONED THAT SHOULD YOU CONCEAL DRUG OR ALCOHOL ABUSE INFORMATION AT THIS TIME, AND IT IS DISCOVERED AFTER YOUR ENTRY INTO THE AIR FORCE, PUNITIVE ACTION MAY BE TAKEN AGAINST YOU BASED UPON THE FALSE INFORMATION YOU HAVE PROVIDED.** Such action includes, but is not limited to, elimination from training or discharge under less than honorable conditions.

INITIAL YES/NO BOXES AS APPLICABLE	YES	NO
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I have read and understand the definition of the terms above.		
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Have you ever used or experimented with marijuana? (<i>Prior marijuana use is not disqualifying for enlistment or appointment, unless you are determined to be a chronic user or psychologically dependent, have been convicted or adversely adjudicated for marijuana involvement. Preservice marijuana use may render you ineligible for certain skills.</i>)		
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Have you ever experimented with, used, or possessed any illegal drug or narcotic?		
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Have you ever been a supplier or distributor of or a trafficker in marijuana, or other illegal drugs or narcotics?		
--	--	--

Have you ever been treated or undergone rehabilitation for drug or alcohol abuse?		
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SECTION III. STATEMENTS OF UNDERSTANDING

INITIALS

During my medical examination, I will be tested and screened for drug and alcohol abuse. I understand that any detection of drug use (<i>including marijuana</i>) or alcohol abuse will render me ineligible for the Air Force. I understand I will undergo further drug and alcohol screening after entry in the Air Force, and I may be discharged based on the results of such screening.	
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Service in the United States Air Force places me in a position of special trust and responsibility. Drug or alcohol abuse after this date will be considered evidence of my inability to meet the standards of behavior expected of me as a member of the Air Force. Therefore, any drug use (<i>including marijuana</i>) or any alcohol abuse as described above, FROM THIS DATE FORWARD , renders me ineligible for the Air Force.	
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Drug and alcohol abuse by members of the U.S. Air Force violates Air Force standards of behavior and conduct and will not be tolerated. If I am identified as a drug or alcohol abuser while a member of the Air Force, appropriate disciplinary or administrative action may be taken against me, to include trail by court-martial or discharge under less than honorable conditions.	
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I understand that certain skill areas in the Air Force cannot be performed by persons who have abused drugs or alcohol. My unit commander will have final approval authority regarding my actual assignment to sensitive skill positions. If I am not acceptable for such duties due to information I have revealed on this form, I will be reassigned to another position in my skill or reclassified into another skill. If it is established that I have used any substance beyond that which I have indicated on this form, I understand my enlistment, commissioning, or appointment may be declared fraudulent and I may be discharged.	
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KNOWING AND UNDERSTANDING ALL THE INFORMATION ABOVE, AND REALIZING THAT THIS DOCUMENT WILL BE USED ONLY TO DETERMINE MY ELIGIBILITY AND RECORD MY CERTIFICATION OF ELIGIBILITY, I HEREBY STATE THAT THE ABOVE INFORMATION AS TO MY PREVIOUS DRUG OR ALCOHOL INVOLVEMENT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DATE	NAME (<i>Last, First, M.I.</i>) AND SSN OF APPLICANT	SIGNATURE
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WITNESS

I CERTIFY THE ABOVE INDIVIDUAL SIGNED THIS CERTIFICATE OF HIS/HER OWN FREE WILL

DATE	NAME (<i>Last, First, M.I.</i>) AND GRADE OF WITNESS	SIGNATURE
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REMARKS

SECTION IV. RECERTIFICATION AT TIME OF ENLISTMENT, COMMISSIONING, OR APPOINTMENT

INITIALS

I have read and fully understand all the information on this form.

I hereby state that there has been no change in my status since I originally provided this information on the date on front of this form.

I hereby certify that I have not used any drug, including marijuana, and that I have not been in any alcohol related abuse incidents, since I originally completed this form.

DATE	NAME (<i>Last, First, M.I.</i>) AND SSN OF APPLICANT	SIGNATURE
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WITNESS

I CERTIFY THE ABOVE INDIVIDUAL SIGNED THIS CERTIFICATE OF HIS/HER OWN FREE WILL

DATE	NAME (<i>Last, First, M.I.</i>) AND GRADE OF WITNESS	SIGNATURE
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APPLICATION FOR EXTENDED ACTIVE DUTY WITH THE UNITED STATES AIR FORCE**PRIVACY ACT STATEMENT**

AUTHORITY: 10 U.S.C. 10211, *Policies and Regulations; Participation of Reserve Officers in Preparation and Administration*; 10 U.S.C. 12301, *Reserve Components Generally*; 10 U.S.C. 12310, *Reserves: For Organizing, Administering, etc., Reserve Components*; 10 U.S.C. 12647, *Commissioned Officers; Retention in Active Status While Assigned to Selective Service System or Serving as United States Property and Fiscal Officers*; 10 U.S.C. 8021, *Air Force Reserve Forces Policy Committee*; 32 U.S.C. 708, *Property and Fiscal Officers*.

PURPOSE: To determine qualifications and eligibility for extended active duty (EAD). If ordered to EAD, the form is maintained in the member's master personnel records.

ROUTINE USES: NONE

DISCLOSURE IS VOLUNTARY: Failure to complete each applicable item (except telephone number) on this form and furnish SSN may result in denial of consideration for order to EAD.

INSTRUCTIONS

1. Enter a postal zip code for each address. When allotted spaces are insufficient, continue under "Remarks" and complete appropriate explanation. Enter dates in Year, Month, Day sequence.
2. Permanent home address (home of record) indicated in item 3 will be indicated in the EAD orders and will be used to compute allowances for entry onto and termination from an EAD tour. Any change to the permanent home address reported after entry on EAD will not affect the address indicated on the EAD orders. If applicant is ordered to EAD from an address other than the permanent home address, such temporary address will also be indicated in the orders.
3. If applying under AFI 36-2008, the applicant must be processed as prescribed in Table 3 or it will be returned without action.
4. An applicant on active duty in an enlisted status must enter in the "Remarks" section the enlisted grade in which serving, and unit of assignment.
5. In addition to the other documents specified in the directive under which applying, attach the following to the application:
 - a. One copy of DD Form 214 relieving applicant of most recent tour of EAD. (This item is applicable to Guard/Reserve members who previously served on EAD in a commissioned status.)
 - b. If rated, a certified or photostatic copy of your latest Flight Record.
6. Include reason for separation from last period of EAD (if applicable) and any information you believe will be helpful in evaluating your application. Especially important are items of information which may not be contained in your military records.
7. If you have not been selected for EAD within one year from the date you submit this request, the application will then be returned to you and you must submit a new AF Form 125 if you still desire consideration.

NOTES (Caution)

1. Do not take action to close out personal affairs until actual receipt of competent orders or instructions. The Air Force cannot be held responsible for such actions.
2. No assurance of assignment to an area of choice may be given. Selections for EAD are on Air Force-wide requirements.
3. If a reservist is selected for assignment to an overseas unit, travel by privately-owned vehicle or transportation of dependents and household goods/house trailer to the base from which processed for overseas movement will not be authorized.

TO			DATE (YYYY MM DD)				
1. NAME (Last, First, Middle Initial)			2. SSN				
3. PERMANENT HOME ADDRESS (City, State, and Zip Code)			4. TEMPORARY ADDRESS		DATE (YYYY MM DD)		
6. COMPONENT		7. CURRENT ASSIGNMENT		8. CURRENT MILITARY ADDRESS		9. GRADE	
10. PRIMARY AFSC(s)		11. DUTY AFSC		12. TELEPHONE NUMBERS			
				Home		Work	
				DSN			
13. EDUCATION (Highest level of education attained, including professional military schools)							
TYPE OF SCHOOL	NAME OF SCHOOL	YEARS ATTENDED		MAJOR SUBJECT	YEARS COMPL.	GRADUATE YES/NO	TYPE OF DEGREE
		FROM	TO				
CIVILIAN							
MILITARY							

14. EXTENDED ACTIVE DUTY PROGRAMS AND AGREEMENTS (Check appropriate item)

I hereby volunteer for extended active duty (EAD) as prescribed in the directive checked below; I agree to the active duty agreement specified.

AFI 36-2007 (Air Force Participation in the Selective Program) I agree to remain on EAD with the Selective Service System (SSS) for an indefinite period unless sooner relieved by competent authority. I further understand that I may request release from EAD at any time and that such release will depend on the requirements of the SSS at the time of submission.	
AFI 36-2002 (Voluntary Extended Active Duty (EAD) for Airmen) I understand that the maximum EAD tour is four years and, if selected, the length of my EAD tour will be determined by the Air Force based upon the period of time for which specific requirements of my AFSC exist. Eligibility criteria for enlistment in the Regular Air Force are contained in AFI 36-2002.	
AFI 36-2115 (Assignment within the Reserve Components (10 U.S.C 12310)), or AFI 36-2116 (Extended Active Duty for Reserve Component Officers). (To fill 10 U.S.C. 10211, 12310, or 8021 positions in OJCS, OSAF, HQ USAF, NGB, or MAJCOM). I understand that if I am ordered to EAD under AFI 36-2115, or AFI 36-2116, my tour of duty will be a four-year period (three-year period if ordered to EAD under AFI 36-2215 for duty as a Base Individual Mobilization Augmentee Administrator) unless sooner relieved by competent authority and that I will be released from EAD upon completion of such tour unless my continuance is approved by HQ USAF.	
AFI 36-2008 (Voluntary Extended Active Duty (EAD) for Air Reserve Commissioned Officers)	
A.	Chaplains - I agree to serve on Extended Active Duty (EAD) for a period of three years unless sooner relieved by competent authority.
B.	Line of the Air Force officers and other prior service applicant other than a chaplain or retiree - I agree to serve on EAD for a minimum of four years, I understand that I may incur an additional active duty service commitment beyond the minimum four years as the result of training received, permanent change of station, promotion, or for other reasons prescribed in AFI 36-2107. I further understand that this agreement does not preclude my earlier release or separation from active duty if required by a change in law, regulation, or policy.
C.	Other than A and B above (MC, DC, MSC, BSC, NC, JAGs, or retirees) enter officer's competitive category and the specific active duty agreement prescribed in AFI 36-2008.
ANGR 11-87 (Administration - US Property and Fiscal Officers) I agree to serve on active duty for an indefinite period unless sooner relieved by competent authority.	
Other	

15. CURRENT CIVILIAN OCCUPATION (You may enter under REMARKS any prior periods of employment having direct bearing to the specialty for which call to EAD is being sought.)

DATES OF EMPLOYMENT (YYYY MM DD) FROM	TO PRESENT	CURRENT JOB TITLE	MONTHLY SALARY
NAME AND ADDRESS OF EMPLOYER			
DESCRIPTION OF WORK			

16. HAVE YOU EVER BEEN CONVICTED BY A CIVIL COURT OR ARE YOU AWAITING TRIAL BY A CIVIL COURT FOR ANY OFFENSE INCLUDING MINOR TRAFFIC VIOLATIONS? (If Yes, please explain fully under remarks) (If you have had prior EAD service, list only offenses since release from EAD.)

YES NO

17. FLYING STATUS AGREEMENT (Only officers who hold an aeronautical rating)

IF I AM SELECTED FOR EAD IN A NON-FLYING CAPACITY, I HEREBY VOLUNTARILY REQUEST PERMANENT SUSPENSION FROM FLYING STATUS

YES NO

18. AREA ASSIGNMENT PREFERENCES

I DO I DO NOT VOLUNTEER FOR OVERSEAS

18a. UNITED STATES (Number areas in order of preference)

NORTHEAST	SOUTHEAST	NORTH CENTRAL	SOUTH CENTRAL	NORTHWEST	SOUTHWEST
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18b. OVERSEAS (Number areas in order of preference)

EUROPE	PACIFIC	ALASKA	CARIBBEAN
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19. I WILL BE AVAILABLE FOR ACTIVE DUTY ON (Date)

20. I DO I DO NOT REQUIRE THIRTY (30) DAYS NOTICE PRIOR TO MY ENTRY ON ACTIVE DUTY

21. REMARKS

22. I CERTIFY that the foregoing entries are true, correct, and complete to the best of my knowledge and belief.

TYPE OR PRINT NAME	SIGNATURE	DATE
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Air Force Judge Advocate Applicant Information Form

(Please type this form and attach a civilian resumé)

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 8013, Secretary of the Air Force: Powers, duties, and delegation; 10 USC 806, Judge Advocates and Legal Officers. EO 9397, November 1943 (SSN)

PRINCIPAL PURPOSE: Provides necessary information to determine if applicant meets qualifications established for appointment as a Reserve (ANGUS and USAFR) or in the USAF without component.

ROUTINE USE(S): Information from this record may be disclosed for any of the blanket routine uses published by the Air Force.

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

Name	Home Phone	Business Phone
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Forwarding Address	Forwarding Phone
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Date and State of Bar Examination	Expected Date of State Bar Admission
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Law School	Date(s) of Attendance
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Law School Year Group (1 st year, 2 nd year 3 rd year)	Law School Class Standing GPA
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Undergraduate School Conferring Bachelor	Degree	Graduation Date
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Major(s)	Minor(s)	Overall GPA
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Air Force Judge Advocate Applicant Information Form Continued

PHYSICAL CHARACTERISTICS: SEX HEIGHT (INCHES) WEIGHT

ETHNIC ORIGIN - Mark all that apply

Providing this information is voluntary. It will be used to respond to statistical and/or demographic questions from interested groups including the American Bar Association, and the National Bar Association. Individual names and ethnic origins will not be released.

- African American (not of Hispanic origin) - A person having origins in any of the original peoples of Africa.
- Asian or Pacific Islander - A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes China, India, Japan, Korea, the Philippine Islands, and Samoa.
- Caucasian (not of Hispanic origin) - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Hispanic - A person having origins in any of the original peoples of Mexico, Puerto Rico, Cuba, Central or South America, or of other Spanish cultures, regardless of race.
- Native America or Native Alaskan - A person having origins in the original peoples of North America.
- Other (Specify) _____

CREDIT HISTORY (If you answer yes to any of the following, please explain on an attached sheet of paper).

YES/NO

- ___/___ a. Have you ever filed a petition under any chapter of the bankruptcy code (to include Chapter 13)?
- ___/___ b. Have you ever had your wages garnished or anything repossessed?
- ___/___ c. Have you ever had a lien placed upon your property for failing to pay taxes?
- ___/___ d. Do you have any judgments against you which you have not paid?
- ___/___ e. Are you now or have you been significantly delinquent on debts (Paid more than 120 days from scheduled payment due date)?

MENTAL HEALTH (If you answer yes to any of the following, please explain on an attached sheet of paper).

YES/NO

- ___/___ a. Have you ever been treated for a mental, emotional, psychological, or personality disorder/condition/problem?
- ___/___ b. Have you ever consulted or been counseled by any mental health professional?
- ___/___ c. Have you ever been prescribed any medication by a mental health professional?

Applicant's Signature Date

STATEMENTS OF UNDERSTANDING

AUTHORITY: 10 USC 8013, Secretary of the Air Force: Powers, duties, and delegation; 10 USC 806, Judge advocates and Legal Officers. EO 9397, November 1943 (SSN)

PRINCIPAL PURPOSE(S): Provides necessary information to determine whether applicant meets qualifications established for appointment as a commissioned officer in the Air Force Judge Advocate General's Department. Use of SSN is necessary to make positive identification of an applicant and his or her records.

ROUTINE USE(S): Information from this record may be disclosed for any of the blanket routine uses published by the Air Force.

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

1. I am an applicant for service with The Air Force Judge Advocate General's Department, and as such, I understand that if I enter active duty as a judge advocate:

a. I will be required to meet Air Force grooming, appearance, physical fitness, and health standards, and successfully complete training requirements;

b. I will be required to serve for a period of not less than four years; and

c. If I am married to an Air Force member, other service member, or subsequently become married to an Air Force member, Air Force policy is to authorize assignment to the same or adjacent location, military requirements permitting, and since Air Force manning considerations are paramount, there is no assurance that couples are always assigned together.

2. I understand that my appointment as a commissioned officer in the United States Air Force is being accomplished prior to completion of the required National Agency Check. I further understand that if as a result of the post-commissioning investigation process I am determined unacceptable for appointment as a commissioned officer, I will receive an Honorable Discharge Certificate.

DATE	SIGNATURE
SOCIAL SECURITY NUMBER	NAME (Last, First, Middle Initial) (Please type or print)

AUTHORIZATION FOR RELEASE OF MILITARY RECORDS (To be completed only by individuals with current or prior military service.)

I, the undersigned, hereby authorize the release of my complete, prior, and/or current military records to the Office of The Judge Advocate General, United States Air Force, for review prior to being considered for appointment as a judge advocate with the Air Force.

DATE	SIGNATURE
SOCIAL SECURITY NUMBER	NAME (Last, First, Middle Initial) (Please type or print)