

 **160th SOAR(Abn) Officer Application**

**PREREQUISITES**

1. Volunteer
2. U. S. Citizen (native born or naturalized).
3. No **limiting** physical profile. **Must be able to pass the ACFT (no alternate events)**
4. Able to pass a background security investigation and currently possess at least a secret or interim secret clearance.
5. Have no history of recurring disciplinary action.
6. Be able to pass a Flight Physical (Aviators only), and a Night Stalker Swim Test.

**INSTRUCTIONS**:

Complete each question in detail. An incomplete or modified application will not be processed. Ensure that you include a current commercial and DSN work phone number and complete unit mailing addresses for each person you list as a reference. It is critical that you provide the correct e-mail address for your references. Otherwise, they will have no way of receiving the reference letter for your portion of the application. If you need to provide any additional information, or if there is not enough space provided for a question, please add a supplemental Word document.

**APPLICATION REQUIRED DOCUMENTS:**

|  |  |
| --- | --- |
| **APPLICATION PACKET** | **REMARKS** |
| Application (Send **immediately** upon completion) |       |
| **THE FOLLOWING SUPPORTING DOCUMENTATION CAN BE EMAILED TO YOUR RECRUITER.****THE RECRUITER MUST HAVE THESE DOCUMENTS TO SEND PACKET TO REVIEW.** |
| * Security Clearance Verification
 |       |
| * DA Form 705, ACFT Scorecard (within the last 6 months)
 |       |
| * DA Form 759 (Aviators and UAS Operators only, do not send 759-1)
 |       |
| * SERE-C Certificate (if qualified)
 |       |
| * OERs (last 5 minimum, current draft with signatures)
 |       |
| * Current Soldier Talent Profile (STP)
 |       |

**MAILING ADDRESS AND CONTACT INFORMATION:**

**160th SOAR (Abn) RECRUITING TEAM UNCLASS COMM: (270) 798-0943**

**Building #6922 DSN: 635-0943**

**FT CAMPBELL, KY 42223 EMAIL: Return to Primary Recruiter and Cc: 160threcruiters@socom.mil**

**\*\* Once your application is sent, send a second email notifying that a packet was submitted. We are experiencing issues where emails are being blocked due to pii. If you do not send a second email we may not know you have sumbitted one\*\***

NOTE: If you need to copy any part of this application, it must be in the same format as the original.

|  |
| --- |
| **IF YOU HAVE ANY ADDITIONAL INFORMATION THAT EXCEEDS THE SPACE ALLOWED FOR THE ANSWER, CREATE A WORD DOCUMENT AND E-MAIL IT TO THE RECRUITER HANDLING YOUR FILE.** |

##### APPLICATION SUMMARY

|  |
| --- |
| **BIOGRAPHICAL INFORMATION** |
| LAST NAME: |       | FIRST NAME: |       | MIDDLE NAME: |       |
| RANK / DOR / YG: |       | DoD ID/Employee ID: |       | SEX: |       |
| BIRTHPLACE: |       | DOB (MM/DD/YY): |       | AGE: |    |
| HOME ADDRESS: |       | CITY: |       | STATE / ZIP: |       |
| UNIT : |       | CITY: |       | STATE / ZIP: |       |
| HOME PHONE: |       | CELL PHONE: |       | WORK PHONE: |       |
| WORK EMAIL: |       | PERSONAL EMAIL: |       |
| YMAV (YEAR MONTH AVAILABLE TO MOVE) (e.g. 23-01): |       |
| **MILITARY QUALIFICATIONS / AVIATOR QUALIFICATIONS** |
| PMOS: |       | **FLIGHT TIME** |
| SMOS: |       | TOTAL CIVILIAN FLIGHT TIME: |       |
| ADDITIONAL SKILL IDENTIFIER(S): |       | TOTAL MILITARY FLIGHT TIME: |       |
| PRIMARY AIRCRAFT / UAS: |       | UAS (AC/AO/PO) TOTAL TIME: |       |
| OTHER AIRCRAFT / UAS QUAL(S): |       | PC: |       | NVG: |       |
|  |       | IP / SP / IE: |       | NS: |       |
| AIRCRAFT RATINGS: |       | MP / ME: |       | COMBAT: |       |
| FORMER MOS (ENLISTED or OFFICER)  |       | YEARS OF SERVICE |       |

**QUALIFICATIONS (Check all that apply)**

[ ]  PC [ ]  IP [ ]  SP [ ]  IE [ ]  MP [ ]  ME [ ]  UT [ ]  XP

[ ]  AMCO [ ]  ASO [ ]  AMSO [ ]  ALSE [ ]  AC (UAS) [ ]  AO (UAS) [ ]  PO (UAS)

[ ]  SERE-C [ ]  A/R [ ]  DLQ [ ]  Dunker/HEEDS [ ]  SFQL [ ]  Ranger [ ]  Airborne

[ ]  Jumpmaster [ ]  Air Assault [ ]  Pathfinder [ ]  Rigger [ ]  Combat Diver

[ ]  Military Free Fall [ ]  Jungle Expert

|  |
| --- |
| Other:       |

**ASSIGNMENT PREFERENCE** **Aircraft Preference (Aviators only)**

 Please rank in order 1-4 Please rank in order 1-6

|  |  |
| --- | --- |
| **No Preference** |  |
| **MH-47** |  |
| **MH-60**  |  |
| **MH-60 DAP (Fort Campbell only)** |  |
| **MH-6 (Fort Campbell only)** |  |
| **AH-6 (Fort Campbell only)** |  |

|  |  |
| --- | --- |
| **No Preference** |  |
| **Hunter Army Airfield, GA** |  |
| **JBLM, WA**  |  |
| **Fort Campbell, KY** |  |

 \*NOTE: UAS only located @ Fort Campbell, KY

|  |
| --- |
| Briefly Describe Assignment/Aircraft Preference for Consideration (what you want, where do you want to be stationed, and why, if you have a reason):       |

FOR AVIATION COMMISSIONED OFFICERS ONLY:

1) Are you requesting a Conditional Assessment for a Warrant Officer Aviator Position (pending a favorable assessment and HRC approval, you request a reappointment from Commissioned to Warrant Officer) [ ]  Yes [ ]  No

2) Would you consider “opting out” of your promotion year group or delaying ILE to ensure 18-24 months in the line company? [ ]  Yes [ ]  No

|  |
| --- |
| *Applicant Remarks (anything additional to expand on your timeline, situation, considerations, etc.):*      |

|  |
| --- |
| *Recruiting Office Remarks (Leave Blank):*      |

**APPLICATION SUMMARY (CONTINUED)**

What was your report date to current Assignment (MM/YY)?

Are you currently on orders? [ ]  Yes [ ]  No If ‘YES’, next Duty Station       Report Date (MM/YY):

Are you currently Deployed? [ ]  Yes [ ]  No If ‘YES’, Redeployment Date (MM/YY):

Are you scheduled to Deploy? [ ]  Yes [ ]  No If ‘YES’, when (MM/YY):       Redeployment Date (MM/YY):

How did you learn about the 160th SOAR(Abn)?

[ ]  Email Contact [ ]  Telephone Request [ ]  Visited Recruiting Office

[ ]  Former Night Stalker [ ]  Current Night Stalker [ ]  Newspaper or Magazine Ad

[ ]  WOAC or AVCCC Brief [ ]  I am a Former Special Operations Soldier [ ]  Other:

[ ]  Recruiting Team Brief (Location):

Have you previously applied to the 160th? [ ]  Yes [ ]  No If ‘YES’, what year? (YYYY)

Have you previously assessed for the 160th? [ ]  Yes [ ]  No If ‘YES’, what year? (YYYY)

Are you willing and able to attend Airborne School? [ ]  Yes [ ]  No [ ]  Currently Qualified

Are you willing and able to attend SERE School? [ ]  Yes [ ]  No [ ]  Currently Qualified

Are you willing and able to attend Dunker Training? [ ]  Yes [ ]  No [ ]  Currently Qualified

Have you ever applied to or been assessed by any other organization? If so, what were the dates and outcomes?

|  |
| --- |
|       |

|  |
| --- |
| STATEMENT OF UNDERSTANDING(Type initials at the end of each statement)**I have read the Pre-Requisites for the application to the 160th and certify that to the best of my knowledge I am qualified for selection to the organization**.**I understand that I will be assessing for the needs of the 160th with regard to duty location and aircraft, which will be determined pending a favorable assessment.**I understand that if accepted for assessment, I will be required to pass the Night Stalker swim test.      I understand that if accepted for assessment, I will be required to pass a standard Army Combat Fitness Test.       |

**MILITARY EDUCATION AND TRAINING**

 List all military courses which you have attended, including those currently in progress. Begin with the most recent**.**

|  |  |  |
| --- | --- | --- |
| **DATE (YYYY)** | **COURSE** | **QUALIFICATION** |
|      |       |       |
|      |       |       |
|      |       |       |
|      |       |       |
|      |       |       |

**CIVILIAN EDUCATION**

Detail your civilian education (i.e., high school, college, technical/vocational schools) including those currently in progress. Begin with the most recent.

|  |  |  |  |
| --- | --- | --- | --- |
| **DATE (YYYY)** | **COURSE / PROGRAM** | **SCHOOL NAME** | **QUALIFICATION / GPA** |
|      |       |       |       |
|      |       |       |       |
|      |       |       |       |

**FOREIGN LANGUAGES**

Detail any languages other than English and levels of proficiency using the Army rating system.

|  |  |  |  |
| --- | --- | --- | --- |
| **LANGUAGE** | **SPEAK / RATING** | **READ / RATING** | **WRITE / RATING** |
|       |       |       |       |
|       |       |       |       |

 What is your GT Score?

My High School record was…. [ ]  Good [ ]  Average [ ]  Poor High School GPA:

My College record was…. [ ]  Good [ ]  Average [ ]  Poor College GPA:

What were your best subjects?

|  |
| --- |
|       |

What were your worst subjects?

|  |
| --- |
|       |

List any scholarships, honors, or fellowships you have received.

|  |
| --- |
|       |

List all of your extracurricular activities and achievements.

|  |
| --- |
|       |

List all sports in which you participated in.

|  |
| --- |
|       |

Were you ever a team captain? [ ]  Yes [ ]  No

If ‘YES’, which sports?

|  |
| --- |
|       |

Were you ever placed on probation, suspended or dropped from a school or college for academic, disciplinary or other reasons?

 [ ]  Yes [ ]  No

If ‘YES’, provide a short explanation

|  |
| --- |
|       |

What do you consider your **biggest strength**? What do you consider your **biggest weakness**?

|  |
| --- |
|       |

What characteristics do you most like to see in others?

|  |
| --- |
|       |

**MILITARY WORK EXPERIENCE**

In chronological order, list the duties that you have performed in the military. Begin with the most recent. Give a **brief** description of your duties. The organization understands what a platoon leader does. Do not use your duty description from your OER.

|  |  |  |  |
| --- | --- | --- | --- |
| **DATES** | **RANK** | **UNIT** | **DUTIES** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

**AIRCRAFT MISHAP**

Have you ever been in an aircraft mishap while performing crew duties? [ ] Yes [ ] No

If ‘YES, explain. Include dates, class of accident and your duty at the time. Do not include precautionary landings. If you require more space, create a Word Document and e-mail it to the recruiter handling your file.

|  |
| --- |
|       |

**CIVILIAN WORK EXPERIENCE**

In chronological order, list each civilian job that you have held. Include off-duty employment during military service. Begin with the most recent. If you require more space, create a Word Document with the additional information and e-mail it to the recruiter handling your file.

|  |  |  |  |
| --- | --- | --- | --- |
| **DATES** | **EMPLOYER** | **TYPE OF WORK** | **REASON FOR LEAVING** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

**MEDICAL BACKGROUND**

Are you currently on physical profile? [ ] Yes [ ] No

If ‘YES, explain your limitations and condition.

|  |
| --- |
|       |

How would you compare your health with others of the same age and sex?

|  |
| --- |
|       |

Date of last physical.       Type of last physical?

List in chronological order with approximate ages, all illnesses, injuries and surgeries that you have had. Include combat wounds and chronic medical conditions. Outcome should be a concise roll up, i.e. full recovery, permanent profile, loss of mobility in leg, etc. Begin with most recent. If you require more space, create a Word Document with the additional information and e-mail it to the recruiter handling your file.

|  |  |  |
| --- | --- | --- |
| **AGE** | **ILLNESS, INJURIES, and SURGERIES** | **OUTCOME** |
|    |       |       |
|    |       |       |
|    |       |       |
|    |       |       |

List any other medical conditions that you may have.

|  |
| --- |
|       |

Are you currently taking any medications? [ ]  Yes [ ]  No

If ‘YES, list them below:

|  |  |  |
| --- | --- | --- |
| **TYPE / NAME** | **DATE STARTED** | **REASON** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

**FAMILY MEDICAL ISSUES**

Are any of your family members on the Exceptional Family Member Program (EFMP)? [ ]  Yes [ ]  No

If ‘YES, provide a short explanation.

|  |
| --- |
|       |

Aside from what you have already listed, do any of your family members have limitations or needs (medical, educational or social) which may affect your ability to participate in lengthy or unexpected temporary duty away from home?

[ ]  Yes [ ]  No

If ‘YES’, provide a short explanation.

|  |
| --- |
|       |

**LEGAL BACKGROUND**

**Arrest/UCMJ**

Have you ever been arrested/detained, or are you now or have you ever been the subject of an investigation for any reason, including 15-6, FLIPL, SHARP, FAP, EO, IG, CID, or others?

 [ ]  YES [ ]  NO

If YES, explain beginning with the most recent, and include the outcome.

|  |  |  |
| --- | --- | --- |
| **DATE** | **LEGAL ACTION** | **REASON** |
|       |       |       |
|       |       |       |

**Drugs**

Have you ever used illegal recreational drugs or non-prescribed drugs?

 [ ]  YES [ ]  NO

If ‘YES’, explain below. Include: Type, Frequency, Dates of First and Last Use

|  |
| --- |
|       |

**Alcohol**

Have you ever been enrolled in treatment for alcohol or drug use (e.g., SUDCC, ASAP, CATEP), or had a positive urinalysis in the military? [ ]  YES [ ]  NO

If ‘YES’, provide a short explanation.

|  |  |  |
| --- | --- | --- |
| **DATE** | **CIRCUMSTANCE** | **OUTCOME** |
|       |       |       |
|       |       |       |

**Court Actions**

Have you ever brought suit or been sued in a court of law? [ ]  YES [ ]  NO

If ‘YES’, list any civil court actions including divorces, final and pending.

|  |  |  |
| --- | --- | --- |
| **DATE** | **CIRCUMSTANCE** | **OUTCOME** |
|       |       |       |
|       |       |       |

**FINANCIAL STATEMENT**

**Housing (Current)**

[ ]  Government Quarters [ ]  Purchasing (conventional home) [ ]  Purchasing (manufactured home) [ ]  Renting

[ ]  Other:

What is your monthly payment?       If you are purchasing a home, what is the remaining balance?

Do you own any additional properties? [ ]  YES [ ]  NO

If ‘YES’, provide data.

|  |  |  |
| --- | --- | --- |
| **PROPERTY DESCRIPTION** | **MONTHLY PAYMENT** | **BALANCE OWED** |
|       |       |       |
|       |       |       |

**General**

|  |  |
| --- | --- |
|  | **MONTHLY AMOUNT** |
| Utilities (Cell and Home Phone, Gas, Electricity, Water, Trash, Internet, etc.)  |       |
| Food |       |
| Medical |       |
| Insurance |       |
| Entertainment |       |

**Vehicles**

Include all cars, motorcycles, boats, jet-skis, etc.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **YEAR** | **MAKE** | **MODEL** | **MONTHLY PAYMENT** | **BALANCE OWED** |
|      |       |       |       |       |
|      |       |       |       |       |
|      |       |       |       |       |

**Credit Cards**

List all credit cards that you have. Do **NOT** include card numbers.

|  |  |  |
| --- | --- | --- |
| **TYPE OF CARD** | **MONTHLY PAYMENT** | **BALANCE OWED** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

**Other Loans**

List any other loans that you have.

|  |  |  |
| --- | --- | --- |
| **TYPE OF LOAN** | **MONTHLY AMOUNT** | **BALANCE OWED** |
|       |       |       |
|       |       |       |

**Additional Expenses**

List any additional expenses or obligations that you have.

|  |  |  |
| --- | --- | --- |
| **NAME OF EXPENSE** | **MONTHLY PAYMENT** | **BALANCE OWED (IF APPLICABLE)** |
|       |       |       |
|       |       |       |

**Total Monthly Expenses**

|  |  |
| --- | --- |
| **MONTHLY TOTAL** | **TOTAL REMAINING BALANCES** |
|       |       |

**Income**

|  |  |
| --- | --- |
|  | **MONTHLY INCOME** |
| Base Pay |       |
| Additional Military Entitlements |       |
| Spouse’s Income |       |
| Other Income (for annual bonus divide total by 12) |       |
| **Total Monthly Income** |       |

If applicable, identify benefits received from Social Media influencing (personal and/or household member).

Include type (monetary, product or services, followers, etc.), source, country of origin, amount, value, and frequency).

Note, failure to disclose outside sources of income may jeopardize your security clearance and unit selection.

**Bankruptcy**

Have you ever declared bankruptcy? [ ]  YES [ ]  NO

If ‘YES’, explain.

|  |
| --- |
|       |

Are you under any financial strain or hardship that could pose a problem if you are assigned to this unit? [ ]  YES [ ]  NO

If ‘YES’, explain.

|  |
| --- |
|       |

Have you ever had financial problems, late payments, excessive debt, etc? [ ]  YES [ ]  NO

If ‘YES’, explain.

|  |
| --- |
|       |

**GENERAL INFORMATION**

**Foreign Travel**

List your foreign travel including military assignments.

|  |  |  |
| --- | --- | --- |
| **COUNTRIES** | **DATES** | **REASON** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

List any members of your immediate family that reside overseas.

|  |  |  |  |
| --- | --- | --- | --- |
| **RELATIONSHIP** | **AGE** | **COUNTRY LIVING IN** | **CITIZENSHIP** |
|       |     |       |       |
|       |     |       |       |
|       |     |       |       |
|       |     |       |       |

**Additional Information**

Do you and your spouse participate in your unit’s family readiness group (FRG)? Give a short description of why, or why not.

|  |
| --- |
|       |

Are your dependents capable of caring for their own needs in your absence? [ ]  YES [ ]  NO

If no, explain.

|  |
| --- |
|       |

Why do you want to be assigned to this unit?

|  |
| --- |
|       |

What jobs do you want in this unit?

|  |
| --- |
|       |

If you are successful in your selection, how long do you want to be assigned to this unit?

|  |
| --- |
|       |

**Qualities:** Rate yourself on the qualities listed below.

|  |  |
| --- | --- |
|  | **WEAK STRONG**  |
| **1** | **2** | **3** | **4** | **5** |
| Agility | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Speed | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Moral Courage | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Endurance | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Physical Strength | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Intelligence | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**Traits:** Numerically rank the following 14 traits from your strongest (1) to your weakest (14).

Use every number and use one number for each space (pull-down numbers).

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Integrity** |  | **Courage** |  | **Reliability** |  | **Confidence** |  | **Initiative** |  |
| **Decisiveness** |  | **Discipline** |  | **Professionalism** |  | **Adaptability** |  | **Team Player** |  |
| **Perseverance** |  | **Humility** |  | **Judgement** |  | **Loyalty** |  |  |

Which is your strongest trait and provide a short explanation?

|  |
| --- |
|       |

Which is your weakest trait and provide a short explanation?

|  |
| --- |
|       |

No matter how careful we are, we all have embarrassing moments. Please describe your most embarrassing moment or experience.

|  |
| --- |
|       |

Describe a success you’ve experienced during your military career (on or off duty)?

|  |
| --- |
|       |

Describe a failure you’ve experienced during your military career (on or off duty)?

|  |
| --- |
|       |

What things or situations are you most afraid of?

|  |
| --- |
|       |

What behavior or characteristics do you most dislike to see in other people?

|  |
| --- |
|       |

What characteristics do you most dislike about yourself?

|  |
| --- |
|       |

**REFERENCES**

References **ARE** required. A positive reference can greatly enhance the strength of your application. Of course, by implication a bad reference can adversely impact your chances for assessment. Questionnaires will be sent to the individuals identified below. ***There is no requirement for you to get Letters of Recommendation.***

Please include all pertinent information.

***If an individual is in the armed services please list the appropriate rank.***

|  |  |
| --- | --- |
| **REFERENCE #1: BN Commander** | **REFERENCE #2: Company Commander** |
| **NAME:**  |       | **NAME:**  |       |
| **RANK:**  |       | **RANK:**  |       |
| **UNIT:**  |       | **UNIT:**  |       |
| **POST:**  |       | **POST:**  |       |
| **PHONE:**  |       | **PHONE:**  |       |
| **E-MAIL:**  |       | **E-MAIL:**  |       |

|  |  |
| --- | --- |
| **REFERENCE #3: Instructor Pilot (Aviator only) / Co-Worker (Non-Aviator)** | **REFERENCE #4: Senior NCO (1SG/SGM)** |
| **NAME:**  |       | **NAME:**  |       |
| **RANK:**  |       | **RANK:**  |       |
| **UNIT:**  |       | **UNIT:**  |       |
| **POST:**  |       | **POST:**  |       |
| **PHONE:**  |       | **PHONE:**  |       |
| **E-MAIL:**  |       | **E-MAIL:**  |       |
| **RELATIONSHIP:**  |       | **RELATIONSHIP:**  |       |

|  |
| --- |
| **REFERENCE #5: Friend/Co-Worker/Mentor** |
| **NAME:**  |       |
| **RANK:**  |       |
| **UNIT:**  |       |
| **POST:**  |       |
| **PHONE:**  |       |
| **E-MAIL:**  |       |
| **RELATIONSHIP:**  |       |

**OFFICIAL FORM INSTRUCTIONS**

The next 5 documents are official consent forms. Carefully read each one. By placing your name or initials and dating the document you are certifying that you accept the terms that are stated on each. This in no way obligates you to the 160th SOAR(Abn), it merely allows the organization to perform a full review and assessment of you. **Print off the Security Clearance Verification Sheet and have it signed by your S2 and send it in to the recruiter handling your packet.**

**VOLUNTEER STATEMENT**

**I. GENERAL**

As a staff officer, you can expect to assist in the planning, coordination and implementation of special operations aviation missions. As an operational pilot, crew-member, and UAS Operator/Technician, you will be exposed to the most demanding duty of your military career. As a volunteer, you will be expected to expend every effort in fulfilling mission requirements that are vital to the national defense. You will receive little recognition for your efforts due to the inherent secrecy and sensitivity of your training and real-world mission contingencies. You are sworn, under threat of breach of national security, to remain silent pertaining to all contingency training and operations (a separate security statement will be executed). After certifying volunteer status you may be evaluated by the Special Operations Aviation Training Battalion (SOATB) to determine your individual capabilities and compatibility for known unit contingencies. If accepted you can expect assignment to the 160th SOAR(Abn) for a normal tour of duty. If you request curtailment of this voluntary assignment you will be reassigned based upon the needs of the Army and your individual qualifications. Reassignment will be effected immediately upon termination of volunteer status. Upon successful completion of your assignment, the experience which you have gained will warrant individual tracking of your career. Continued assignment or reassignment to a similar unit is probable based upon your desires, the Regiment Commander's recommendation and the needs of the Army. An extension of your tour may be possible upon request. You must understand that duty with the 160th SOAR(Abn) does not guarantee an increased opportunity for promotion, desirable assignments or other perceived rewards. You will have the personal satisfaction of being a member of an elite team that trains for success.

**II. EXECUTION**

By order of the Office of the Deputy Chief of Staff for Operations and Plans, Headquarters, Department of the Army, those personnel occupying key staff or operational positions with designated elements must be volunteers. In recognition of this fact and having read and understood the information above.

|  |  |  |
| --- | --- | --- |
| I,  |  | , hereby volunteer for duty with the 160th SOAR(Abn). |

Volunteer’s Initials:  Rank:  Date:



 **DEPARTMENT OF THE ARMY**

**160th SPECIAL OPERATIONS AVIATION REGIMENT (AIRBORNE)**

**7277 NIGHT STALKER WAY**

 **FORT CAMPBELL, KENTUCKY 42223-6012**

**1**

AOAV-SA

MEMORANDUM FOR COMMANDER, 160th SOAR(Abn)

SUBJECT: Active Duty Service Obligation for Aviators (ADSO)

I understand that assignment to the l60th SOAR(Abn) for training in the AH/MH-6, MH-60, and MH-47 will result in an ADSO of four years. I also understand the ADSO will go into effect upon completion or termination of this training. I understand that the ADSO is to the U.S. Army and not the 160th SOAR(Abn).

Full Name:  Date:

**PRIVACY ACT STATEMENT**

**1.**  **AUTHORITY**: 5, U.S.C. Sec. 301; 10 U.S.C. SEC.3012

**2.** **PURPOSE**: The Officer Application serves as an integral source of information for assignment consideration to the 160th SOAR(Abn).

**3.** **ROUTINE USES**: The Officer Application is used to screen potential candidates for assignment to the 160th SOAR(Abn). All information you provide may be disclosed only to members of the 160th SOAR(Abn) who have a need for the information in the performance of their official duties.

**4.** **DISCLOSURE**: Disclosure of information in the Officer Application is voluntary. Failure to provide all information requested may hinder favorable consideration of the application for assignment.

Full Name:  Date:



 **DEPARTMENT OF THE ARMY**

**160th SPECIAL OPERATIONS AVIATION REGIMENT (AIRBORNE)**

**7277 NIGHT STALKER WAY**

 **FORT CAMPBELL, KENTUCKY 42223-6012**

**2**

AOAV-SA

MEMORANDUM FOR COMMANDER, 160th SOAR(Abn)

SUBJECT: Voluntary Consent to Psychological Assessment

1. I hereby request and volunteer to participate in cognitive, physical, psychomotor and personality assessments as a part of the selection process for assignment to the 160th SOAR(Abn). I understand that all psychological assessments will be accomplished under the direction of the 160th Psychologist. I further understand that information obtained from these assessments will be used for two purposes: one, to aid the selection board in a determination of my suitability to serve as a member of the unit, and two, to aid in compiling an anonymous database for future studies. No other use of the information obtained from these psychological assessments will be made without my prior consent.

2. I understand that since my psychological assessment is an employment screen, I will not be provided a debrief during this assessment selection process. I understand that if there are findings which should be brought to my attention, the Regimental Psychologist will provide me appropriate feedback.

3. I understand that, at any time, I may withdraw my consent to participate in the assessment, thereby removing myself from consideration for assignment to the unit. I further understand that my non-consent or withdrawal of consent, to participate in the assessments will create no adverse effect on my career or otherwise incur any penalty.

Full Name:  Date:



 **DEPARTMENT OF THE ARMY**

**160th SPECIAL OPERATIONS AVIATION REGIMENT (AIRBORNE)**

**7277 NIGHT STALKER WAY**

 **FORT CAMPBELL, KENTUCKY 42223-6012**

**3**

AOAV-SA

MEMORANDUM FOR RECORD

SUBJECT: Security Clearance Verification

1. **APPLICANT**: Complete **SECTION I** and forward this form to your Security Manager so that it may be properly verified. Once all sections are complete, **print and digitally scan the document** so that it may be attached to your application.

2. **SECURITY MANAGER**: Please complete **SECTION II** so that we may verify this individual's level of clearance.

**SECTION I**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LAST NAME** | **FIRST NAME** | **MI** | **RANK** | **SSN (No Dashes)** |
|       |       |     |       |       |

|  |  |  |
| --- | --- | --- |
| **DATE OF BIRTH (MM/DD/YY)** | **PLACE OF BIRTH** | **CITIZENSHIP** |
|       |       |       |

**SECTION II**

|  |  |  |  |
| --- | --- | --- | --- |
| **CLEARANCE** | **DATE GRANTED****(MM/DD/YY)** | **TYPE INVESTIGATION** | **DATE COMPLETED****(MM/DD/YY)** |
|       |       |       |       |

|  |
| --- |
| **VERIFYING OFFICIAL** |
| **NAME:** |       |
| **RANK:** |       |
| **FULL UNIT ID and LOCATION:** |       |
| **SIGNATURE:** |       |

3. POC is 160th SOAR(Abn) Primary: Commercial (270)798‑9819 Secondary: DSN 635‑0943.



 **DEPARTMENT OF THE ARMY**

**160th SPECIAL OPERATIONS AVIATION REGIMENT (AIRBORNE)**

**7277 NIGHT STALKER WAY**

 **FORT CAMPBELL, KENTUCKY 42223-6012**

**4**

AOAV-SA

MEMORANDUM FOR RECORD

SUBJECT: Voluntary Polygraph Examination

1. As a requirement for consideration of assignment to the 160th SOAR(Abn), I voluntarily consent to submit to polygraph examinations as deemed necessary by the Commander, 160th SOAR(Abn).

2. I further understand that refusal to submit to polygraph examinations will prevent favorable consideration of my request for assignment to, or continued retention in, the 160th SOAR(Abn). I certify that this is a voluntary statement, executed willfully, without coercion.

Full Name:  Date:



 **DEPARTMENT OF THE ARMY**

 **160th SPECIAL OPERATIONS AVIATION REGIMENT (AIRBORNE)**

 **7277 NIGHT STALKER WAY**

 **FORT CAMPBELL, KENTUCKY 42223-6012**

**4**

AOAV-SA

MEMORANDUM FOR RECORD

SUBJECT: Voluntary Social Media Examination

1. Acceptance into the 160th SOAR(Abn) requires adherence to USASOC 530-2-1 USASOC Acceptable Use of Social Media Regulation Operations Security (CUI); and the Quiet Professional standard.

2. I understand that I have been hereby notified that as a requirement for consideration of assignment to the 160th SOAR(Abn), a review of my Publicly Available Information will be conducted to ascertain my digital footprint. The review, in part, will consist of an internet search of public social media and websites using email addresses and/or usernames; under no circumstances will I provide my personal password(s) for complete access to my social media accounts.

3. I understand that information obtained from these searches will be used to aid the selection board in a determination for my suitability to serve as a member of the unit.

4. I further understand that refusal to acknowledge this MFR and/or sign USASOC's Form 530-2-1-R Notification of Identity Management Assessment Activities, may prevent favorable consideration of my request for assignment to the 160th SOAR(Abn). No use of my information, outside of that which is stated in USASOC Form 530-2-1-R, may be made without my consent.

5. I acknowledge that if selected, my assessment will be provided to me during Green Platoon. If not selected, I may request a digital copy of my full assessment.

6. I certify that this is a voluntary statement, executed willfully, without coercion.

Full Name:  Date:

|  |
| --- |
| **U.S. Army Special Operations Command Notification of Identity Management Assessment Activities** |
| **Authority: Title 10. USC Section 3101; DODD 5100.01; DODD 5205.02E; DODI 2000.12; USSOCOM D 530-2; AR 10-87.****Purpose: To conduct and maintain identity assessments using personally identifiable information (PII). Your PII will be used to identify information related to you that is located on the internet and in commercial databases.****Routine Uses: Information provided may be used by and disclosed to the U.S Special Operations Command and U.S. Army Special Operations Command military and civilian personnel and contractors for necessary, official purposes relating to identity management training, assessments, and other identity management activities.****Disclosure: Disclosure of your PII is voluntary. The refusal to provide PII may result in an adverse determination as the suitability and / or selection for U.S. Army Special Operations Forces, specific units, or missions.** |
| **(CUI) I understand that during my assignment at USASOC (or one of its subordinate Commands), I will be subject to the identity assessment of my online signature. I understand that the assessments may be used to identify and quantify any threat to my ability to conduct military operational or intelligence activities; for screening, suitability, and selection processes; or for other events that require such research to identify risks associated with the force protection or operations security requirement of the Command.****(CUI) I understand that during the execution of an identity assessment, publicly available information may result in personally identifiable information (PII) being discovered during internet searches of various sources of information, which may include, but are not limited to web sites, blogs, social media, and social networking sites, as well as data aggregator databases. These searches will identify personal and professional information on the internet to determine any threat it poses to this Command and to my ability to conduct special operations activities, as well as to identify associated risks for mitigation. Completed identity assessments may be retained during assignment within U.S Army Special Operations Command in accordance with Privacy Act requirements, U.S Special Operations Command Directive 530-2, and other applicable regulations and policies.****(CUI) I also understand that anonymized information from identity management assessments may be used for official purposes relating to identity management education, familiarization, training, exercises, and command briefings.****(CUI) Any criminal activities or derogatory information discovered during the conduct of an identity assessment will be referred to the Commander, Security Office, or appropriate channels. This information may be used as a basis for disciplinary or administrative actions. I will be advised of the requirement to report to my security officer if any information discovered my impact my security clearance.****(CUI) Military and civilian personnel who refuse to sign a notification form will be referred for a determination as to suitability for future ARSOF training, utilization, and employment.** |
| **Date:**       |
| **DoD ID Number:**       **Signature:**       |
| **Rank / MOS:**       **First Name (Printed):**       |
| **Date of Birth (MM/DD/YY):**       **Middle Name (Printed):**       |
| **Place of Birth (City / State):**       **Last Name (Printed):**       |
| **Witness Name (Printed):**       **Witness Signature:**       |

**After you submit an application, what happens next?**

Thank you for your interest in our organization. The following is provided as guidance for understanding the application process:

1. You have received a 160th SOAR(Abn) application packet. The application is self-explanatory. However, if you have questions please feel free to contact the recruiting office for assistance. Once you have completed the application it is beneficial to you and to our organization to submit your supporting documentation in a timely manner. Our team will be in contact with you 24-48 hours after we receive your application. If you are not contacted within 24-48 hours, please inquire through 160thRecruiters@socom.mil.

2. The character references that you listed are mailed a questionnaire within 24 hours of receipt of your application. The questionnaire is digital to aid the individual in returning the questionnaire as quickly as possible. It is recommended that you contact each one personally and inform them they will be receiving a questionnaire. Your application will not be sent to the Assessment Office for review until all questionnaires have been completed by the character references you listed.

3. When the packet is complete and ready for review, it is transferred to the Assessment Office. Upon receipt of your packet, the Assessment Office will provide you with an update and contact information. The review process takes an average 1-2 months to complete. Communication with the Assessment Office should be limited to providing your status and document updates (Orders, OER’s, DA 705/759, STP, etc.).

4. Once the application has completed the review process, the Assessment Officer will contact you with one of three possible results: (1) Approved for Assessment (2) Not Approved for Assessment – Reapply (3) Not Approved for Assessment – Do not Reapply.

If your application is approved for an assessment, you will be provided a list of Assessment dates to select from. If your application is disapproved for an assessment, you will be notified by our assessment team.

5. In the event an assessment is scheduled, instructions are provided via a letter of instruction.

Again, thank you for your interest with the 160th SOAR(Abn). We are looking forward to receiving your application. If you have any questions, contact our office (270) 798-9819/0943 or DSN 635-9819.

 ***CW5 Samuel Cortez***

 160th SOAR(Abn) Recruiting Officer