

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 5 U.S.C. 301, Departmental Regulations, 10 U.S.C. Sections governing authority to appoint officers; 10 U.S.C. 591, 600, 716, 2107, 2122, 5579, 5600; Merchant Marine Act of 1939 (as amended); and E.O.s 9397, 10450, and 11652

**PRINCIPAL PURPOSES:** To manage and contribute to the recruitment of qualified men and women for officer programs and the regular and reserve components of the Navy. To ensure quality military recruitment and to maintain records pertaining to the applicant's personal profile for purposes of evaluation for fitness for commissioned service.

**ROUTINE USE(S):** In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows:

**To the Department of Transportation in the performance of their official duties relating to the recruitment of Merchant Marine personnel, to the Veterans Administration and Selective Service Administration in the performance of their official duties related to enlistment and reenlistment eligibility and related benefits, and to other departments and agencies of the Executive Branch of government in the performance of their official duties related to the management of quality military recruitment as published in the Federal Register.**

**DISCLOSURE:** Disclosure is voluntary, however, without this information, your entry into the Navy Reserve Officer - Special Duty Public Affairs (1655) program may not be accomplished. A social security number is necessary to make positive identification of the individual and to permit this service agreement to become part of the official service record.

**Agency Disclosure Notice**

The public reporting burden for this collection of information, OMB 0703-0029 is estimated to average 1.5 hours 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 the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. 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.

**APPLICATION PROCESSING AND SUMMARY RECORD  
 (YOU MUST ENABLE JAVA TO COMPLETE THIS FORM)**

**1. PERSONNEL INFORMATION**

a. NAVCRUITDIST		b. Last Name		c. First Name		d. Middle Name or NMN		e. Suffix/Maiden	
f. SSN		g. Place of Birth (City, State or Foreign Country)			h. DOB	i. Age	j. Age waiver req.	k. Sex	l. Ht.
m. Wt.	n. Body Fat	o. Race		p. Ethnicity				q. Citizenship	
r. If dual, list country		s. Enlisted	t. SKED to ship to RTC	u. Interview Scores					
		Choice 1	Choice 2	Choice 3	Choice 4		Choice 5		
v. Program									
w. NOBC/SSP									

**2. MILITARY SERVICE**

a. Current MIL Status		b. Branch		c. Paygrade	d. Prior Service	e. Branch		f. Paygrade	
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**3. EDUCATIONAL STATUS - Most Current**

a. Name of Educational Institution			b. Major (Continue in block 15)		c. Edu/Grad. Level	d. GPA	e. Grad Date	
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**4. TESTING**

a. AQR	b. PFAR	c. FOFAR	d. OAR	e. Other Test :	f. Scores: Test Date	g. Avail date for OCS/ODS/SELRES		h. Recon
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**5. COMMISSIONING DATA**

\*\*\*\*\* NRC USE ONLY\*\*\*\*\*

a. Commissioning Program			b. Grade	c. Date of Rank	d. Desig.	e. Type	f. Scroll Sub Date	g. Scroll App Date
h. Original Source Code:								
i. Current Source Code:								
j. Restrictions:	k. Restrictions:	l. Restrictions:	m. Restrictions:	n. Restrictions:	o. Restrictions:			

**BUPERS USE ONLY**

Authority:  OSD APP       SECNAV APP       Senate Confirmed      PC:      Remarks      Date Approved      Null & Void Date

**6. COMPENSATION/ALLOWANCES AND PENSIONS**

**DUAL COMPENSATION STATEMENT AND WAIVER OF CLAIM**

I understand that if I execute an enlistment into an Officer Candidate program or receive a commission in the U.S. Navy or Navy Reserve, I may not draw any of the compensation prescribed for active duty, active duty for training, or inactive duty training for the same period that I am drawing or claiming a pension/ retirement/ retainer pay, or disability compensation from the U.S. Government by virtue of prior military service. Therefore, I hereby voluntarily agree to waive the pension/ retirement/ retainer pay or disability compensation I am receiving effective at the time I begin receiving any compensation for active duty, active duty for training, or inactive duty training.

No  Yes

**Enter additional remarks in block 15**

- a. Have you ever claimed or been granted a pension/ disability allowance/ disability compensation/ or retirement pay from the U.S. Govt?
- b. Are you presently receiving such compensation? If Yes, explain in the Remarks section and initial statement in block 6.

**7. EYE SURGERY**

- a. Have you ever had eye surgery? (Include Radial Keratotomy (RK), Photorefractive Keratectomy (PRK) or Laser in Situ Keratomileusi (LASIK) procedures) If "YES", ensure pre-op, operative, and two post-op exams are included with physical.

**8. SWIMMING ABILITY**

- a. Can you swim 50 yards using any combination of the crawl, breast, side and/or the back strokes?
- b. Abandon ship jump: Can you jump from a 12-ft tower to simulate abandoning ship?
- c. Can you remain afloat for 5 minutes (prone position)? Remain afloat (face down), utilizing survival-floating skills?
- d. Shirt and trouser inflation: Can you fill a shirt and pair of trousers with air to remain afloat?

If any of the preceding questions are answered no, ensure that you are issued the "Officer Candidate School/Officer Development School Third Class Swim Test Letter" and that you initial acknowledgement of the letter.

**9. ILLEGAL ACTIVITIES**

- a. Have you ever been charged of a crime to include drug or alcohol use?
- b. Have you ever used illegal drugs?
- c. Have you ever been charged with domestic violence?
- d. Have you ever filed bankruptcy?

**10. CURRENT PHYSICAL FITNESS PROGRAM (If none enter N/A)**

Activity	Frequency	Date Commenced (YYYYMMDD)

**11. PROFESSIONAL LICENSES (up to 4 licenses) (If none enter N/A)**

License Name	Expiration Date	License Name	Expiration Date

**12. FLYING EXPERIENCE ( If none enter N/A)**

License/Ratings	Model	Hours

**13. FOREIGN LANGUAGE SKILLS (If none enter N/A)**

Language	How Acquired (school, family, etc)	Language Proficiency

**14. EXTRA CURRICULAR ACTIVITIES/ORGANIZATIONS/CLUBS/SPORTS HS = High School/C = College/PC= Post College**

Activity	Period	# Years	Office Held

**15. APPLICANT'S REMARKS (Limited to the visible area.)**

15. APPLICANT'S REMARKS CONT. (Limited to the visible area.)

Empty text area for Applicant's Remarks.

16. APPLICANT'S MOTIVATIONAL STATEMENT (Limited to the visible area.)

Empty text area for Applicant's Motivational Statement.

I certify that all statements made in this application and any additional statements pertaining to it are entirely true and complete to the best of my knowledge and belief. I understand that failure to answer any correspondence accurately or promptly, or failure to accept an appointment tendered to me will subject my application or appointment to cancellation without further notice.

17. Applicant's Name	18. Applicant's Signature	19. Applicant's Tele. Number	20. Date
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Applicant's Email

21. OFFICER RECRUITER'S REMARKS (Limited to the visible area.)

22. OFFICER PROCESSOR'S SUMMARY (Limited to the visible area.)

23. OFFICER PROGRAMS OFFICER (OPO) REMARKS (Limited to the visible area.)

24. Based upon all available information, it is my opinion that the applicant is recommended as follows for appointment in the U.S. Navy or U.S. Navy Reserve for the programs listed above in order of preference listed.     Highly Recommended     Recommended     Not Recommended

25. Recruiting Personnel Certification

I certify that the information contained on this document, to include my personal remarks, are true and accurate to the best of my ability. I also understand that information from this form will be used to create documents for the **OFFICIAL PERSONNEL RECORD**. ALL information provided in this document has been verified against the proper source documents (ie. Birth Certificates and SSN Cards) and is accurate to include the proper spelling of the applicant's complete name and SSN.

26. Date	27. Recruiter's Telephone Number (Include area code)	28. Recruiter's Name
29. Date	30. Processor's Telephone Number (Include area code)	31. Processor's Name
32. Date	33. OPO's Telephone Number (Include area code)	34. OPO's Name