

OFFICER TRAINEE QUESTIONNAIRE AND ACKNOWLEDGEMENT

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 9411. Establishment of Schools and Camps. **PURPOSE:** Initial in-brief, emergency back-up data and for next of kin notifications. **ROUTINE USE:** For administrative purposes. Form will not be released outside of DoD. **DISCLOSURE:** Furnishing the information is voluntary. Failure to provide information may delay in-processing, training or graduation.

INSTRUCTIONS: Print clearly. Answer all questions and check all applicable blocks on front of form. For items that do not apply, enter "NONE". If additional space is needed, use remarks block on reverse. Print off a copy for your Flight Commander's record.				CLASS		WINGS ID	
NAME OF OFFICER TRAINEE (Last, First, Middle)				CELL PHONE NO.	HEIGHT (Inches)	WEIGHT (lbs)	GENDER
BIRTHPLACE (City & State or Country)		DATE OF BIRTH	DATE ENTERED MILITARY	COMMISSIONING DATE (Direct Only)		PLACE ENTERED MILITARY (City & State)	
AUTOMOBILE ONSITE: YES NO		AUTO YEAR	MAKE	MODEL	COLOR	LICENSE PLATE NUMBER	
OFFICER CAREER FIELD TITLE			AIR FORCE SPECIALTY CODE	RELIGIOUS PREFERENCE		MILITARY GRADE PRIOR TO OTS (E-4, E-5, E-6, etc.)	
PRIOR MILITARY TRAINING RECEIVED AT CIVILIAN SCHOOLS (Enter number of years in a. b. c.) ☐ YES ☐ NO			a. Military Schools and Academies	b. College/University ROTC, Branch of Service		c. High School JROTC, Branch of Service	
PRIOR ACTIVE OR RESERVE MILITARY SERVICE: ☐ AD ☐ ANG ☐ AFR (ANG/AFR-Only)							
YEARS OF SERVICE:		PARTICIPANT OF A COMMISSIONING PROGRAM: ☐ AACP ☐ NECP ☐ TDSP ☐ SLECP ☐ OTHER:					
DATES OF SERVICE (From - To)		AFSC/DUTY TITLE		LOCATION		BRANCH OF SERVICE	
MARITAL STATUS ☐ MARRIED ☐ SINGLE ☐ DIVORCED ☐ WIDOWED						NUMBER OF CHILDREN:	
NEXT OF KIN NAME & ADDRESS (Military Grade if Applicable)			CURRENT ADDRESS OF OFFICER TRAINEE (If different than next of kin)				EMERGENCY PHONE NUMBER
CHILDREN'S NAME		DOB	GENDER	ADDRESS (If same as next of kin enter "SAME")			
1.							
2.							
3.							
4.							
COLLEGES ATTENDED (Most Recent First)		LOCATION (City and State)		MAJOR	DEGREE TYPE	LAST YEAR ATTENDED	
1.							
2.							
3.							
Gaining Location (Unit, Base, and State/Country):			Unit Command Contact (Rank, Name / Unit - Losing or Gaining / Phone Number):				

NOTES AND REMARKS

RELATIVES IN ACTIVE OR RETIRED MILITARY SERVICE (Name, grade, branch, status (active or retired) and relationship to you).		
NAMES OF MILITARY (include Rank) OR PROMINENT CIVILIAN OFFICIALS WHO MAY ATTEND YOUR CLASS GRADUATION CEREMONIES (and relationship or affiliation to you). DO NOT INVITE INDIVIDUALS WITH WHOM YOU DO NOT HAVE CLOSE PERSONAL RELATIONSHIPS.		
Gaining Unit Sponsor, if known (Rank, Name, and Phone Number):		
RECORD OF OFFICER TRAINEE ACKNOWLEDGEMENT Misrepresentation or failure to abide these items may result in dismissal.		
ITEMS	YES	NO
(Clarify in remarks below and provide Flight Commander with additional details for any items marked "Yes")		
I am a Non-Native English Speaker (NES). English is not my first language.		
Since applying to OTS, has anything happened that would impact your ability to obtain a security clearance?		
I have reservations about the Officer Oath of Office.		
I have reservations concerning control/firing of weapons or participation in combat (as allowed by Geneva Convention).		
I have reservations concerning control and potential release of nuclear weapons.		
I am a Conscientious Objector.		
Are you experiencing any personal problems that could impact your performance at OTS?		
Are you on any medication routines? Do you have limitations (including pre-existing and documented or undocumented) or reservations which could impact your academic, military, or physical performance at OTS?		
Do you have tattoos which are not annotated on an AF Form 4428? If yes, bring completed form to OTS for filing.		
FEMALES ONLY: Are you, or might you be, pregnant?		
Initial to certify completion and understanding, as applicable.	Initial	
I will adhere to the Honor Code: "We will not lie, steal, or cheat, nor tolerate among us anyone who does."		
I will adhere to zero tolerance for sexual harassment.		
I will not possess or procure any materials that could reasonably be considered offensive or degrading.		
I will adhere to zero tolerance for prejudicial conduct, racial remarks, conduct unbecoming an officer, DWI, and use/abuse of alcohol and/or drugs.		
I understand mail service is limited to personal/legal correspondence. Package/e-commerce deliveries are only authorized with Flight Commander prior coordination.		
I will not practice medicine except in an emergency situation (life, limb, eyesight).		
I will not possess or consume alcohol at any time without Squadron Commander approval.		
I will not use tobacco products while attending OTS as an Officer Trainee. If required, I will discuss tobacco cessation with my Flight Commander.		
I will notify my Flight Commander within 24 hrs of any injury, followed by an AF Form 978 within 48 hours.		
When in a vehicle, I will use proper seat belt and shoulder restraints.		
I will follow sick call procedures and IDMT Medical Operations IAW OTSMAN 36-2604.		
I have completed the pre-course assignments (PCAs) as directed.		
I will not invite individuals to Officer Training School training events.		
I will not invite individuals with whom I have no close personal relationships to OTS graduation events.		
My OTS application, and completion of this form, was accurate and truthful.		
Remarks (Use a blank sheet of paper for additional remarks):		
Officer Trainee Signature / Date		