

NAME: _____ GRADE: _____ SOCIAL SECURITY NUMBER: _____
 EMPLOYEE SERIAL NO: _____

ADDRESS: _____ BIRTHPLACE: _____
 BIRTHDATE: _____

HOME PHONE: _____

MARITAL STATUS: _____
 STATUS: _____ WIFE'S NAME: _____
 NO. OF DEPENDENTS: _____ ADDRESS: _____

ENTRANCE DATE: _____	BADGE NOS: _____	DATE OF LAST PROMOTION: _____
AGENCY: _____	AGENCY: _____	GRADE: _____
NPIC: _____	BUILDING: _____	INGRADE: _____

"Q" CLEARANCE INFORMATION:	MILITARY SERVICE:
"Q" NO: _____	BRANCH: _____ RANK: _____
EFFECTIVE DATE: _____	YEARS: _____ ACTIVE RESERVE: <input type="checkbox"/> YES <input type="checkbox"/> NO

EDUCATIONAL LEVEL: _____
 HIGH SCHOOL
 NAME OF SCHOOL: _____ YEAR GRADUATED: _____
 LOCATION: _____
 COLLEGE

DEGREE	UNIVERSITY	MAJOR	MINOR	YEAR GRADUATED

EMERGENCY DESIGNEE:
 NAME: _____ RELATIONSHIP: _____
 ADDRESS: _____ TELEPHONE: _____

REMARKS: _____

