CANDIDATE INFORMATION WORKSHEET
PERSONAL DATA (TO BE COMPLETED BY THE CANDIDATE)

FULL NAME (include full middle name): _____
DATE OF BIRTH (DD-MMM-YYYY): DD-MMM-YYYY FULL SOCIAL SECURITY NUMBER: _____
PLACE OF BIRTH (City & State): _____ (County) _____

COMPLETE HOME ADDRESS: (Street) _____
(City) _____ (County) _____
(State and Zip Code) _____

SPOUSE'S FULL NAME (include full middle name): _____

CHILDRENS' FULL NAMES (include full middle name): *Only list children who will be living with you*
_____ GENDER: _____ DOB: _____
_____ _____ _____
_____ _____ _____

MODE OF TRAVEL TO USAFA (car, plane, etc.): _____ IF BY CAR, NUMBER OF VEHICLES: _____

DATE EXPECTED TO DEPART HOME: DD-MMM-YYYY DATE EXPECTED TO ARRIVE AT USAFA: DD-MMM-YYYY

HAVE YOU EVER BEEN ON A USAFA FACULTY ASSIGNMENT BEFORE? YES ☐ NO ☐

IF YES, PROVIDE DATES OF EACH ASSIGNMENT: FROM DD-MMM-YYYY TO DD-MMM-YYYY

NAME OF YOUR UNIVERSITY, ORGANIZATION, OR GOVERNMENT AGENCY:
_____

YOUR BUSINESS ADDRESS: (Street) _____
(City) _____ (County) _____
(State and Zip Code) _____

CURRENT POSITION (title): _____
NAME OF DEPARTMENT/SECTION: _____ OFFICE PHONE #: _____
DATE YOU BEGAN EMPLOYMENT: DD-MMM-YYYY

NAME OF IMMEDIATE SUPERVISOR: _____
TITLE: _____

NAME, PHONE NUMBER, AND E-MAIL ADDRESS OF INSTITUTIONAL OFFICIAL ABLE TO SUPPLY ACCURATE SALARY AND BENEFIT INFORMATION: _____

ARE YOU A U.S. CITIZEN? YES ☐ NO ☐
ARE YOU A FEDERAL EMPLOYEE? YES (GS grade: _____) NO ☐
ARE YOU A STATE/LOCAL EMPLOYEE? YES (years employed: _____) NO ☐
WOULD YOUR CURRENT MEDICAL COVERAGE REQUIRE A HIGHER PREMIUM FOR OUT-OF-STATE COVERAGE WHILE AT THE ACADEMY? _____

EXACT PERIOD OF PROPOSED USAFA ASSIGNMENT (DD-MMM-YYYY):
FROM DD-MMM-YYYY TO DD-MMM-YYYY

I WISH TO (choose one): ☐ Move my household goods to USAFA and live in Academy housing at fair rental rate (if housing is available)
☐ Reside off the Academy in the local area

EMAIL ADDRESS: Work Email: Personal Email:

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