UNDERGRADUATE PILOT TRAINING **GENERAL INFORMATION QUESTIONNAIRE** **124 WG IDAHO AIR NATIONAL GUARD**	Date

PERSONAL DATA

	Last Name	First Name	Date of Birth	Home or Cell Phone
	Address (Street, City, State, Zip Code)			
	Marital Status	Number of Dependents		

EDUCATION

	College or University	Degree (BS, BA, MS, MA)	Major	GPA

MILITARY SERVICE

	Branch and Years of Service	Rank	Job Specialty	Unit	PT Score

FLYING EXPERIENCE

	Highest Aviation Certification (Private, Commercial, ATP, etc)	Total Flight Hours	Type Ratings or Aircraft Flown

AIR FORCE OFFICER QUALIFYING TEST SCORES and PCSM

	Date Taken	Scores PCSM AFOQT Pilot Nav Acad Apt Verbal Quant

	GENERAL QUESTIONS	YES	NO
	DO YOU HAVE LESS THAN 20/20 CORRECTED VISION?		
	DO YOU WEAR PRESCRIPTION GLASSES OR CONTACTS?- IF YES, PLEASE PUT UNCORRECTED NEAR & FAR VISION NUMBERS IN REMARKS BELOW		
	HAVE YOU HAD ANY SURGERIES OR BROKEN BONES? – IF YES, PUT DATE IN REMARKS BELOW		
	HAVE YOU EVER USED OR EXPERIMENTED WITH AN ILLEGAL DRUG OR FAILED A DRUG TEST?		
	HAVE YOU EVER BEEN CONVICTED OF A DUI OR ALCOHOL OFFENSE?		
	HAVE YOU EVER BEEN INDICTED, CHARGED OR CONVICTED OF ANY OTHER CRIME, TO INCLUDE TRAFFIC VIOLATIONS?		
	HAVE YOU EVER BEEN DENIED SERVICE IN THE US MILITARY?		
	HAVE YOU EVER BEEN DISMISSED FROM A JOB OR SCHOOL FOR DISCIPLINARY REASONS OR FOR UNSATISFACTORY PERFORMANCE?		

REMARKS - EXPLAIN ANY "YES" ANSWER: (Continue on additional page if needed)