

Pennsylvania State Military Reserve PASMR

APPLICATION FOR APPOINTMENT / ENLISTMENT

DATE OF APPLICATION _____

LAST NAME - FIRST NAME - MIDDLE NAME _____

DATE OF BIRTH _____ SEX _____ BLOOD TYPE _____

COLOR HAIR/EYES _____ / _____ HEIGHT _____ WEIGHT _____

HOME ADDRESS _____

CITY _____ ZIP CODE _____

HOME PHONE _____ WORK PHONE _____

EMAIL _____ RELIGIOUS PREFERENCE (optional) _____

CITIZENSHIP STATUS _____ If Naturalized (date, Place, Court) _____

NATURALIZATION NUMBER _____

MARITAL STATUS _____ SPOUSE NAME _____

SPOUSE ADDRESS _____

EMPLOYER NAME _____

EMPLOYERS ADDRESS _____

CIVILIAN OCCUPATION _____ TOTAL YEARS EXPERIENCE _____

CIVILIAN EDUCATION (Indicate highest level completed) MAJOR SUBJECT DEGREE(s)

HIGH SCHOOL _____

COLLEGE _____

OTHER _____

PRIOR MILITARY SERVICE (Federal ,State, State Guard/Defense Force) Attach a copy of DD Form 214 or equivalent

FROM	TO	BRANCH OF SERVICE	TYPE DISCHARGE	RANK/GRADE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

MILITARY SCHOOLS

NAME OF SCHOOL AND LOCATION

NAME OF COURSE

DATE COMPLETED

Have you ever, under military or civilian law, been indicted or summoned into a court as a defendant in a criminal proceeding regardless of the result of the trial: or convicted, fined or imprisoned, placed on probation, paroled or pardoned: or have you ever been ordered to surrender your passport, deposit bail or collateral for the violation of any law, police regulation or ordinance? YES _____ NO _____

If yes, list the date and nature of each alleged offense or violation, the name and location of the court or place of hearing and the penalty imposed for disposition of each case. EXCLUDE TRAFFIC VIOLATIONS INVOLVING A FINE OF \$100.00 OR LESS. (Attach additional paperwork if needed)

To the best of your knowledge and belief, are you now sound and well? YES _____ NO _____

STATEMENT FOR PROSPECTIVE MEMBERS

I understand that if I secure an Appointment/Enlistment by means of a false statement, willful misrepresentation or concealment of my qualifications for Appointment/Enlistment, that I am liable to trial by Court Martial for fraudulent Appointment/Enlistment pursuant to the Pennsylvania State Military and Veterans Code.

Print Name

Signature

PRIVACY ACT STATEMENT

I realize that the purpose of disclosing the above information is to insure acceptance of Appointment/Enlistment in the Pennsylvania State Military Reserve. The routine uses of the above information will be in preparing basic personnel records, reports and rosters. Failure to provide information may result in the Appointment/Enlistment not being processed. When asked to provide a biographical summary, I accept PASMRS's right to publish such. All photographs submitted, or taken after joining PASMRS, remain the property of PASMRS and I expressly allow all photographs to be used in any way helpful to PASMRS, including, but not limited to, newspaper publishing and web site display.

CERTIFICATION

I certify that the information contained herein is true to the best of my knowledge and belief and I authorize PASMRS to conduct any investigations it chooses to confirm and or all information including a criminal background investigation. I realize misrepresentation would be sufficient cause for termination from PASMRS. I realize that all documents become the property of PASMRS and will not be returned to me.

Signature _____

Date _____

APPLICANT CHECKLIST

Name of Applicant _____

No prior military

- _____ Application for Appointment/Enlistment
- _____ Civilian resume
- _____ Copy of Birth certificate, passport or other proof of citizenship
- _____ 2 color photos (head shots) passport size
- _____ Copies of high school, college diplomas and any degrees
- _____ Copies of training certificates
- _____ Copies of any certifications, professional designations or licenses, etc.
- _____ If legal, medical or clergy - copy of all applicable documents
- _____ If pilot/navigator - copy of license, current medical, rating and flight hours
- _____ Any other documents reflecting skills or training that were not previously mentioned to assist in reviewing your application.
- _____ Physicians statement indicating ...”Ability to perform moderate physical tasks”

Prior military

Includes other State Guards or Defense Forces- in addition to the above please provide

- _____ Copy of DD214 separation/retirement document or equivalent
- _____ Copy of honorable discharge/retirement certificate or equivalent
- _____ Copies of any military training certificates
- _____ Copies of all awards, decorations and commendations with orders

Background Check - it is the applicants responsibility to complete the next page and make payment to the Commonwealth of Pennsylvania. The results will be forwarded to the Pennsylvania State Military Reserve for review. A copy will be provided to the applicant upon request.

PASMR YEARLY MEMBERSHIP FEES

- Field Grade Officers - \$40.00**
- Company Grade Officers - \$35.00**
- Non-Commissioned Officers - \$25.00**
- Enlisted Personnel (E-4,3,2,1) - \$20.00**

**PENNSYLVANIA STATE POLICE
REQUEST FOR CRIMINAL RECORD CHECK**

**FOR CENTRAL REPOSITORY USE ONLY
(LEAVE BLANK)**

PART I: TO BE COMPLETED BY REQUESTER
(INFORMATION WILL BE MAILED TO REQUESTER ONLY)

DATE OF REQUEST

*** TYPE OR PRINT LEGIBLY WITH INK ***

NOTE: IF THIS FORM IS NOT LEGIBLE OR NOT PROPERLY COMPLETED, IT WILL BE RETURNED UNPROCESSED TO THE REQUESTER. A RESPONSE MAY TAKE THREE WEEKS OR LONGER TO PROCESS.

WARNING: A PERSON COMMITS A MISDEMEANOR OF THE THIRD DEGREE IF HE/SHE MAKES A WRITTEN FALSE STATEMENT, WHICH HE/SHE DOES NOT BELIEVE TO BE TRUE.

REQUESTER NAME	Pennsylvania State Military Reserve		
ADDRESS	Post Office Box 15150		
CITY	Philadelphia	STATE	ZIP PA 19130-1225

CONTACT TELEPHONE NUMBER (INCLUDING AREA CODE)

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REQUESTER IDENTIFICATION (ONLY CHECK ONE BLOCK)

INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$10.00 PAYABLE TO: “COMMONWEALTH OF PENNSYLVANIA.” THE FEE IS NONREFUNDABLE.

FEE EXEMPT NONCRIMINAL JUSTICE AGENCY

*** DO NOT SEND CASH OR PERSONAL CHECK ***

NAME/SUBJECT OF RECORD CHECK (LAST)	(FIRST)	(MIDDLE)		
MAIDEN NAME AND/OR ALIASES	SOCIAL SECURITY NUMBER (SOC)	DATE OF BIRTH (DOB)	SEX	RACE

REASON FOR REQUEST (CHECK ONE BLOCK)

- EMPLOYMENT (IF APPLICABLE, CHECK ONE OF THE FOLLOWING)
 ELDER CARE
 CHILD CARE
 SCHOOL DISTRICT
 ADOPTION/FOSTER CARE
 OTHER (SPECIFY) Volunteer Membership

ONLY CHECK THIS BLOCK IF YOU WANT TO REVIEW YOUR ENTIRE CRIMINAL HISTORY

INDIVIDUAL ACCESS AND REVIEW OR FIREARMS CHALLENGE—ENTIRE CRIMINAL HISTORY
(AVAILABLE ONLY TO SUBJECT OF RECORD CHECK OR LEGAL REPRESENTATIVE WITH LEGAL AFFIDAVIT OF LEGAL REPRESENTATIVE ATTACHED)

<p>REQUESTER CHECKLIST</p> <p>DID YOU ENTER THE FULL NAME, DOB, AND SOC?</p> <p>DID YOU ENCLOSE THE \$10.00 FEE (CERTIFIED CHECK/MONEY ORDER)?</p> <p align="center">*** DO NOT SEND CASH OR PERSONAL CHECK ***</p> <p>DID YOU ENTER YOUR COMPLETE ADDRESS INCLUDING ZIP CODE AND TELEPHONE NUMBER IN THE BLOCKS PROVIDED?</p>	<p>AFTER COMPLETION MAIL TO</p> <p align="center">PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY – 164 1800 ELMERTON AVENUE HARRISBURG, PA 17110-9758 717-783-9973 BUSINESS HOURS 8:15 am - 4:15 pm (Monday – Friday)</p>
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PART II: CENTRAL REPOSITORY RESPONSE ONLY

DO NOT WRITE BELOW THIS LINE

<p>INFORMATION DISSEMINATED</p> <p><input type="checkbox"/> NO RECORD <input type="checkbox"/> CRIMINAL RECORD ATTACHED</p>	<p>INQUIRY DISSEMINATED BY</p>	<p>SID NUMBER</p>
<p>THE INFORMATION DISSEMINATED BY THE CENTRAL REPOSITORY IS BASED ON THE FOLLOWING IDENTIFIERS THAT MATCH THOSE FURNISHED BY THE REQUESTER.</p> <p> <input type="checkbox"/> NAME <input type="checkbox"/> SOCIAL SECURITY NUMBER <input type="checkbox"/> DATE OF BIRTH <input type="checkbox"/> RACE <input type="checkbox"/> SEX <input type="checkbox"/> MAIDEN/ALIAS NAME </p>	<p>CERTIFIED BY</p> <p align="center">(DIRECTOR, CENTRAL REPOSITORY)</p>	

This response is based on a comparison of data provided by the requester in Part I against the information contained in the files of the Pennsylvania State Police Central Repository only, and does not preclude the existence of criminal records which might be contained in the repositories of other local, state, or federal criminal justice agencies.