



United States Coast Guard Prospect Questionnaire



Please fill out this information and return to your local recruiting office via mail or fax (please **do not email this form to your recruiter**). Locate your local recruiting office via our Find A Recruiter link: <http://www.GoCoastGuard.com/about-us/find-recruiter> (**do not email this form to your recruiter**).

You may also deliver this form in person to your local recruiting office, but please call ahead to make sure a recruiter will be available.

Date form completed:

Contact Details and Interest

Name:	First:	Middle:	Last:	Maiden:		
Current Address:	Country:	Street Address (No PO Box):	City:	State:	Zip:	County:
Email Address:			Phone Number:			
How did you first hear about us?						
Programs of Interest:			Component:			

Biographical Details

Citizenship Status:			Social Security Number:			
Alien Registration "Green Card" Number (Lawful Permanent Resident only):						
Ethnicity:		Race #1:		Race #2:		
Birth Info:	Date of Birth (mm/dd/yyyy):		Age:		Gender:	
	Country:	State:	County:	City:		
Marital Status (select one):			Number of Dependent Children:			
Height:	Weight (in lbs):		Hair Color:		Eye Color:	
Education (Highest Attained):						
High School (Last Attended):						
School / Community Activity #1:			#2:			
College (current / last attended):			Degree Type:			
Current GPA (for most recent education):			Major (if applicable):			
Current Education Status:						
Current Employment Status:						
Number of College Credits:		Total Years of Education (including high school):				
Driver's License	Number:	State:	Expiration Date:			
Selective Service Number (males ages 18-26. To obtain a number, go to www.sss.gov):						

Military and ASVAB Information

Have you ever talked to a Coast Guard Recruiter?						
If yes, when and where?						
Have you served or are you currently serving in another military branch?			Branch:		Component:	
If Currently Serving:			If Discharged:			
Remaining Service Obligation:			Date of Separation:		Type of Discharge/Character of Service:	
Years:	Months:	Days:				
Anticipated Separation Date:			RE Code:		Pay Grade at Separation:	
Time in Service (prior or current service members)			Years:	Months:	Days:	
Highest Pay Grade Achieved:			Rate/MOS/Job (in layman's terms):			
Have you ever been rejected from joining another military service?						
If Yes, which branch (including Coast Guard), what was the reason, and where did it happen?						
ASVAB Test	Have you ever taken the ASVAB?			When:		Score:
	Location (name of School/MET Site/MEPS):				Branch for or N/A:	

Additional Background Information

Have you ever been arrested, charged, or convicted of a crime (whether as a juvenile or an adult), including cases which are expunged or pending?	If yes, please briefly explain. Include appx dates:		
Have you had any tickets in the last 5 years, including parking, traffic violations, sticker/registration violations, DUI/DWI, etc? How Many:	If yes, please list violations by type. Including appx dates:		
Do you have any legal action pending, including court cases, lawsuits, child support or custody adjudications, etc?	If yes, please explain:		
Have you ever used, possessed, or experimented with illegal drugs?	If yes, please list which substances:	How many times?	Appx Date Last Used?
Do you have any Tattoos, Piercings, Gages, Brandings or Mutilations?	If yes, please describe (include size, content, and location):		
Finances. Have you had any of the following:	Overdue/late payments or payments in collection (ex: phone, medical, etc):	Declared Bankruptcy?	Do you pay child support or alimony? How Much (per month):
List all debts. Include credit cards, car payment, mortgage, student loans, cell phone, etc.	List by company. Include what the debt is for, total owed, & monthly payment		
	1:		
	2:		
	3:		
	4:		
	5:		
	6:		
Do you object to carrying fire arms/weapons to perform Coast Guard duties?			
Do you have any religious or other beliefs prevent you from being available for duty 24/7?			
Are you afraid of the water?		Rate your swimming confidence:	
Have you participated in any of the following activities (select all that apply)?			
Boy Scouts	Girl Scouts	Sea Scouts	Police Explorers
Civil Air Patrol	Naval Sea Cadet Corps	Coast Guard Auxiliary	Sea Explorers ROTC/JROTC

Medical Information

Please list any current or past* chronic medical conditions (such as orthopedic, mental health, surgeries, allergies, or asthma) and any prescription medications you have taken. *For past conditions, please provide estimated dates.
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Recruiter Section

Recruiter Assigned:
Screening/Interview Date (and who if different from Assigned Recruiter):
Comments /
Notes:

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. §§ 504, 1475-1480; 14 U.S.C. §§ 211, 350, 632; Homeland Security Presidential Directive (HSPD) 12.

PURPOSE: To identify and process individuals interested in applying for enlistment or commission in the United States Coast Guard (CG) or CG Reserve.

ROUTINE USES: Authorized CG personnel will use this information to assess an individual's interest for enlistment and/or commissioning, to screen qualified applicants, and to initiate pay and benefits for new members. Any external disclosures of data within this record will be made in accordance with DHS/USCG-014, Military Pay and Personnel System of Records, 76 Federal Register 66,933, October 28, 2011.

DISCLOSURE: Disclosure is voluntary. However, failure to provide requested information may result in not being contacted by a recruiter and ultimately, prohibit enlistment or commissioning.

Optional Additional Explanations

You may use this space to explain any of the above answers more fully, if necessary.