

**APPLICATION FOR DETERMINATION OF MORAL ELIGIBILITY
FOR INDUCTION**
(AR 601-270)

DATE OF APPLICATION

TO:

FROM:

1. NAME

3. SELECTIVE SERVICE NO.

2. ADDRESS *(Street Number, City and State)*

4. NATURE OF OFFENSES *(Give detailed description, including DATE of each offense and AGE at time of offenses. List as A, B, C.)*

5. COMPLETE APPLICABLE ITEMS *(a Through d Below)* REFERRING TO OFFENSES AS 4A, 4B, 4C

a. CITY AND STATE IN WHICH TRIED, NAME OF COURT, AND DATE OF TRIAL

b. DISPOSITION OR SENTENCES IMPOSED

c. THE OFFENSES ARE PUNISHABLE UNDER THE LAW OF THE STATE

(Continued on Reverse Side)

d. INCLUSIVE DATES OF:						
CONFINEMENT		PAROLE			PROBATION	
6. COMPLETE EMPLOYMENT RECORD <i>(Including Periods of Unemployment)</i>						
NAME OF EMPLOYER	LOCATION	JOB TITLE			INCLUSIVE DATES	
7. INFORMATION WAS OBTAINED BY						
<input type="checkbox"/> INTERVIEW OF INDIVIDUAL		<input type="checkbox"/> VERBALLY FROM CIVIL AUTHORITIES		<input type="checkbox"/> REPORT FROM CIVIL AUTHORITIES		
8. EDUCATIONAL LEVEL		9a. AQB SCORES OF 90 OR HIGHER		10. PHYSICAL PROFILE		
				P	U	L
11. AFQT SCORE		9b. GT SCORE		H	E	S
12. REMARKS <i>(Extenuating circumstances, brief statement of registrant's potential value in the service when composite medical, mental, and moral characteristics are considered)</i>						
13. RECOMMEND:						
<input type="checkbox"/> WAIVER BE GRANTED		<input type="checkbox"/> WAIVER NOT BE GRANTED		<input type="checkbox"/> SELECTIVE SERVICE SYMBOL		
14. TYPED NAME AND GRADE				15. SIGNATURE		