

**APPLICATION FOR DETERMINATION OF MORAL ELIGIBILITY
FOR INDUCTION**

For use of this form, see AR 601-270; the proponent agency is DCS, G-1

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

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	H	E
11. AFQT SCORE	9b. GT SCORE					
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		