

PERSONAL IDENTIFIER INFORMATION:

Name:	(LAST)	(FIRST, MI)	DOB:	
Address:	(MAILING)			
Address:	(PHYSICAL)			
Phone:	(MOBILE)	(ALTERNATE)		
E-mail:	(PRIMARY)	(SECONDARY)		
Marital Status:	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED/CIVIL UNION		Dependents Claimed:	

MILITARY INFORMATION:

Component:	<input type="checkbox"/> Coast Guard <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy		
UIC:	Unit:	Duty Station:	
Grade:	Rank/Rate:	Length in service:	
Status:	<input type="checkbox"/> DRILLING RESERVIST <input type="checkbox"/> RETIRED RESERVIST (Eligible for pay at age 60) <input type="checkbox"/> RETIRED MILITARY (Receiving military retirement pay) <input type="checkbox"/> OTHER (Amplify)		

Date of separation or retirement from federal component:

CIVILIAN EDUCATION:

College, and/or Professional/Trade School (Name & Location)	ATTENDED		DEGREE		MAJOR/MINOR/ FIELD OF STUDY
	FROM	TO	TITLE	DATE	

CIVILIAN OCCUPATION:

Employer:		Job Title:	
Address:		City:	
Phone:		Contact Name:	
Zip:			

CIVILIAN QUALIFICATIONS:

Personal Qualifications or Certifications: (Check all that apply)	<input type="checkbox"/> Boat Coxswain <input type="checkbox"/> CDL Class ____ <input type="checkbox"/> Chaplain / Clergy <i>Faith: _____</i> <input type="checkbox"/> Medical Doctor/DO <input type="checkbox"/> Dentist <input type="checkbox"/> EMT/Paramedic	<input type="checkbox"/> Diesel Mechanic <input type="checkbox"/> Firefighter <input type="checkbox"/> Police Officer <input type="checkbox"/> Translator <input type="checkbox"/> Attorney <input type="checkbox"/> Welder MIG/TIG <input type="checkbox"/> Chef/Cook	<input type="checkbox"/> Engine Mechanic <input type="checkbox"/> Physician's Assistant <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Nurse RN/LPN <input type="checkbox"/> Other (amplify):
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MILITARY QUALIFICATIONS:

List all current military qualifications held: (MOS, NOBC, NEC, Designator, etc.)		Military qualifications (Continued):	
Code:	Title:	Code:	Title:

FOREIGN LANGUAGE FLUENCY:

FOREIGN LANGUAGE	LANGUAGE PROFICIENCY				FOREIGN LANGUAGE (CONTINUED)	LANGUAGE PROFICIENCY			
	SPEAK	WRITE	READ	LISTEN		SPEAK	WRITE	READ	LISTEN

DRIVER LICENSE INFORMATION:

ID#:		State:		Class:		Expiration Date:	
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OTHER RELEVANT INFORMATION:

Signature:		Date:	
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1. This form will assist the New York Naval Militia to determine the various skills sets possessed by members of the force. This form asks for comprehensive information on both civilian and military-acquired skills that may prove beneficial to the Naval Militia.

2. Members are to complete this form and return to New York Naval Militia headquarters through their Reserve Unit Point of Contact, or fax directly to 518-786-4427. Enclose copies of certifications, qualifications, diplomas, to support the information provided.

3. Information provided by this form will be maintained in the New York Naval Militia database, and in the member's service record at headquarters.