

CANDIDATE INFORMATION WORKSHEET

(Revised 12/17/2014)

AUTHORITY: 10 U.S.C. 8013, Secretary of the Air Force; powers, duties, and delegation, as implemented by AFI 36-2605, Air Force Military Personnel Testing System, Executive Order 9397 (SSN) and Executive Order 13478 (PII).

PURPOSE: Used to process and track Test of Basic Aviation Skills (TBAS) results.

ROUTINE USES: For use in Personnel Selection/Classification and for DOD research.

DISCLOSURE: Voluntary - Failure to provide SSN will result in disqualification for TBAS testing

PLEASE COMPLETE THIS WORKSHEET BY ENTERING THE APPROPRIATE INFORMATION

1. NAME: FIRST _____, MI ____ LAST _____.

2. SSN: ____ - ____ - _____

3. SEX (M/F): ____ 4. DATE OF BIRTH (MM/DD/YYYY): _____

5. Ethnicity: ____ Hispanic or Latino ____ Not Hispanic or Latino

6. Race (Check all that apply)

____ American Indian or Alaska Native ____ White

____ Native Hawaiian or Other Pacific Islander ____ Asian

____ Black or African American

7. FILL IN THE FOLLOWING ABOUT YOUR CURRENT RESIDENCE:

ZIP CODE _____

CITY, STATE _____

8. CHECK THE ENTRY THAT REPRESENTS YOUR HIGHEST LEVEL OF EDUCATION OBTAINED:

____ HIGH SCHOOL GRADUATE

____ 1 YEAR COLLEGE

____ 2 YEARS COLLEGE

____ 3 YEARS COLLEGE

____ UNDERGRADUATE DEGREE

____ MASTERS DEGREE

____ DOCTORATE DEGREE

9. ENTER EDUCATION INFORMATION:

UNDERGRADUATE INSTITUTION: _____

UNDERGRADUATE MAJOR: _____

BASED ON A 4-POINT SCALE, ENTER YOUR CURRENT CUMULATIVE GRADE POINT AVERAGE TO TWO DECIMAL PLACES (E.G., 3.25). (NOTE TO PILOT/CSO/ABM CANDIDATES: YOU WILL BE ASKED TO SHOW THE TEST EXAMINER YOUR CURRENT TRANSCRIPTS.) _____

10. CHECK THE ENTRY THAT INDICATES YOUR CURRENT STATUS

- AF ACADEMY CADET ROTC CADET/APPLICANT
 OTS APPLICANT (ENLISTED) OTS APPLICANT CIVILIAN
 ACTIVE DUTY OFFICER ANG PILOT TRAINING APPLICANT
 AF RESERVE PILOT TRAINING APPLICANT
 NONE OF THE ABOVE

11. CHECK THE ENTRY INDICATING YOUR COMMISSIONING SOURCE:

- AF ACADEMY ROTC OTS OTHER

12. CHECK THE ENTRY INDICATING YOUR HIGHEST AERONAUTICAL RATING:

- NONE STUDENT PILOT'S LICENSE
 PRIVATE PILOT'S LICENSE COMMERCIAL RATING
 AIRLINE TRANSPORT RATING

13. ENTER THE TOTAL NUMBER OF INSTRUCTIONAL AND PILOT IN CHARGE FLYING HOURS YOU HAVE FLOWN AS A LICENSED AND/OR UNLICENSED PILOT. (NOTE TO PILOT/CSO/ABM CANDIDATES: YOU WILL BE ASKED TO SHOW THE TEST EXAMINER YOUR PILOT LOGBOOK BEFORE TAKING THE TBAS TEST.)

14. CHECK THE ENTRY(S) REPRESENTING THE TYPE(S) OF AIRCRAFT IN WHICH THE FLYING HOURS YOU INDICATED IN QUESTION 13 WERE ACCUMULATED.

- FIXED WING ROTARY WING SINGLE ENGINE
 MULTI ENGINE RPA OTHER
 CERTIFIED FLIGHT INSTRUCTOR NOT APPLICABLE

15. AFOQT TEST LOCATION (OPTIONAL) _____

16. EMAIL ADDRESS (OPTIONAL) _____

17. HAVE YOU EVER TAKEN THE TBAS BEFORE? YES _____ NO _____ IF YES, WAS THE TEST WITHIN THE LAST SIX (6) MONTHS? YES _____ NO _____ IF YOU ANSWERED YES TO EITHER QUESTION INFORM THE TEST EXAMINER. IF NO PROCEED.

18. DO YOU UNDERSTAND THE TBAS CAN ONLY BE TAKEN TWICE IN YOUR LIFETIME?

YES _____ NO _____ IF YOU ANSWERED NO CONTACT THE TEST EXAMINER IF YES CONTINUE.

TO THE BEST OF MY KNOWLEDGE I AM PHYSICALLY AND EMOTIONALLY FIT TO TAKE THE TEST OF BASIC AVIATION SKILLS TEST BATTERY TODAY.

I UNDERSTAND ONE RETEST OF THE TBAS IS ALLOWED AFTER 180 DAYS FROM THE ORIGINAL TEST DATE HAVE PASSED. I AM NOT AWARE OF ANY PHYSICAL OR MENTAL CONDITION (i.e., PERSONAL STRESSES, SICKNESS, LACK OF SLEEP, ETC) WHICH WILL NEGATIVELY IMPACT MY ABILITY TO PERFORM UP TO MY ABILITY ON THE TBAS.

I VERIFY THAT THE INFORMATION ON THIS CANDIDATE INFORMATION WORKSHEET IS CORRECT. I UNDERSTAND THAT FALSIFICATION OF ANY OF THE INFORMATION ON THIS WORKSHEET WILL RESULT IN MY DISQUALIFICATION FROM CONSIDERATION FOR AIR FORCE PILOT TRAINING.

I UNDERSTAND THAT DISCUSSING THE CONTENTS OF THIS TEST WITH ANYONE OTHER THAN THE TEST ADMINISTRATOR WILL RESULT IN MY DISQUALIFICATION FROM CONSIDERATION FOR AIR FORCE PILOT TRAINING. FURTHER, I UNDERSTAND DISCUSSION OR DISCLOSURE OF CONTROLLED TEST MATERIAL IS A VIOLATION OF ARTICLE 92, UCMJ, PUNISHABLE BY UP TO 2 YEARS HARD LABOR AND A DISHONORABLE DISCHARGE.

CANDIDATE'S SIGNATURE _____
DATE _____