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
   ____ Native Hawaiian or Other Pacific Islander
   ____ Black or African American
   ____ White
   ____ Asian

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 AEROONAUTICAL 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  ___________________________________________