

PREFERENCE ENTITLEMENT SURVEY

PRIVACY ACT STATEMENT: This form is a supplemental application to be used in conjunction with the employment application (resume or OF-612). The information contained in the employment application regarding the privacy act and penalties for false or misleading statements is equally applicable to this form.

NAME OF APPLICANT (Last, First, Middle Initial)

SOCIAL SECURITY NUMBER

PLACE OF BIRTH (City, State, Country)

PLEASE COMPLETE THE FOLLOWING

1a. I AM A FORMER MEMBER OF THE U.S. ARMED FORCES YES NO

IF YES, SEPARATION/DISCHARGE DATE

b. I AM A DEPENDENT OF AN/A:

ACTIVE DUTY MILITARY MEMBER

DOD CIVILIAN (CONUS HIRE) EMPLOYEE

2. SPONSOR'S NAME

3. RELATIONSHIP TO SPONSOR

4. CURRENTLY RESIDING WITH SPONSOR YES NO

5. SPONSOR'S ROTATION/SEPARATION DATE

6. SPONSOR'S PHONE EXTENSION -

WORK

HOME

7. DATE OF MARRIAGE TO SPONSOR

ORIGINAL SIGNATURE _____ DATE _____