

LOCAL APPLICANT QUESTIONNAIRE

AUTHORITY: 10 U.S.C. 8013, Secretary of the Air Force: powers and duties; delegation by.

PURPOSE: Used by civilian personnel specialist to make determinations regarding eligibility for employment with the US Forces and employment referral priorities.

ROUTINE USES: Records from this system of records may be disclosed for any of the blanket routine uses published by the Air Force. Furnishing the information is voluntary. If you do not give the requested information it may result in erroneous employment determinations and may be grounds for not employing you or dismissal after you begin work.

NAME (Last, First, Middle Initial)	SOCIAL SECURITY NUMBER
PLACE OF BIRTH (City and State or Country)	DATE OF BIRTH (YYYYMMDD)

SECTION A. TO BE COMPLETED BY ALL

1. STATUS AND REASONS FOR BEING IN THE OVERSEAS AREA (Mark "X" and complete information where applicable)

- A. SPOUSE OF ACTIVE DUTY MILITARY MEMBER ASSIGNED TO _____
(Attach copy of sponsor's PCS orders, or agency documentation showing command sponsorship, and complete Section B.)
- B. SPOUSE OF A DOD CIVILIAN EMPLOYEE ASSIGNED TO _____
(Attach copy of sponsor's orders etcetera, and complete Section B.)
- C. CHILD OF ACTIVE DUTY MILITARY OR DOD CIVILIAN EMPLOYEE (Attach copy of sponsor's PCS orders, if any and complete Section B.)
- D. FORMER MILITARY MEMBER (Includes those applying in anticipation of military separation. Complete Sections C and D.)
- E. OTHER (Explain, e.g., tourist, student, employed by private company, off-duty military, etcetera. For those employed by a private company or a dependent of a person employed by private company, be sure to include the name of the company. Complete Section D.)

2. US CITIZEN BY BIRTH NATURALIZATION (Give original citizenship)	3. PASSPORT NUMBER
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4. ARE YOU A CITIZEN, OR DO YOU HAVE A CLAIM TO CITIZENSHIP IN OTHER COUNTRIES? NO YES (List each country and identify whether or not you have passports from those countries)

SECTION B. TO BE COMPLETED BY SPOUSES AND CHILDREN OF MILITARY AND GOVERNMENT EMPLOYEES

5. SPONSOR'S NAME AND GRADE	6. SPONSOR'S ORGANIZATION
7. SPONSOR'S DUTY PHONE	8. SPONSOR'S DEROS (YYYYMMDD)

9. ARE YOU CURRENTLY RESIDING WITH YOUR SPONSOR?

NO YES

SECTION C. TO BE COMPLETED BY FORMER MILITARY MEMBERS

10. DATE OF SEPARATION (YYYYMMDD) WAS: _____ WILL BE: _____	11. PLACE OF SEPARATION WAS: _____ WILL BE: _____
12. REASON FOR SEPARATION WAS: _____ WILL BE: _____	13. MILITARY TRANSPORTATION ENTITLEMENT WAS USED WILL BE USED WILL NOT BE USED

SECTION D.				TO BE COMPLETED BY ALL THOSE WHO ARE NOT DEPENDENTS			
14. DATE (YYYYMMDD) OF ORIGINAL ARRIVAL IN THIS OVERSEAS COUNTRY <i>(Periods of travel outside the country for business, pleasure, etcetera, do not change this date)</i>							
15. CURRENT RESIDENCE							
A. OWNED HOUSE, APARTMENT, ETC. <i>(By applicant or family member including in-laws)</i>							
B. RENTED HOUSE, APARTMENT, ETC., SINCE <i>(Give date)</i> _____ CURRENT LEASE EXPIRES <i>(Give date)</i> _____ <div style="text-align: center; margin-top: -10px;">(YYYYMMDD) (YYYYMMDD)</div>							
C. OTHER <i>(Give details)</i> _____							
16. DO YOU HAVE A PLACE OF RESIDENCE IN THE US? NO YES <i>(Give full address)</i>							
17. LOCAL RESIDENCE <i>(Include registration with local police where applicable)</i>							
<div style="display: flex; justify-content: space-between;"> <div>PERMIT DATE OF EXPIRATION _____ (YYYYMMDD)</div> <div>VISA DATE OF EXPIRATION _____ (YYYYMMDD)</div> </div>							
18. DO YOU HAVE A LOCAL WORK PERMIT? NO YES							
19. DO YOU HAVE EXPERIENCE WORKING ON THE LOCAL ECONOMY? NO YES							
20. WERE HOUSEHOLD GOODS SHIPPED TO THE OVERSEAS AREA?							
NO		YES, THE SHIPMENT WAS PAID BY		THE US GOVERNMENT MY FORMER EMPLOYER OTHER <i>(Explain)</i> _____		MY CURRENT EMPLOYER MYSELF	
21. ARE HOUSEHOLD GOODS IN STORAGE?							
NO		YES, THE STORAGE IS PAID BY		THE US GOVERNMENT MY FORMER EMPLOYER OTHER <i>(Explain)</i> _____		MY CURRENT EMPLOYER MYSELF	
22. I INTEND TO STAY IN THE OVERSEAS AREA <i>(Regardless of whether or not I am employed by the US Forces)</i>							
INDEFINITELY		3 - 5 YEARS	2 - 3 YEARS	1 - 2 YEARS	6 - 12 MONTHS	LESS THAN SIX MONTHS	
23. MARITAL STATUS?							
I AM NOT MARRIED		I AM MARRIED, MY SPOUSE		IS WORKING HAS WORKED ON THE ECONOMY HAS NEVER WORKED			
24. DO YOU OR YOUR SPOUSE OWN PROPERTY IN THIS COUNTRY? NO YES							
25. DO YOU HAVE A DRIVER'S LICENSE ISSUED BY THE LOCAL GOVERNMENT? NO YES							
26. HAVE YOU PAID TAXES IMPOSED ON LOCAL RESIDENTS? NO YES							
27. IS YOUR INCOME SUBJECT TO LOCAL TAXES? NO YES							
28. DO YOU HAVE A RETURN TICKET TO THE US?							
NO		YES <i>(Give date of return flight)</i> _____ (YYYYMMDD)		IF OPEN. TICKET EXPIRES <i>(Give date)</i> _____ (YYYYMMDD)			
SECTION E. REMARKS <i>(Use this space if you need additional room to explain your answers)</i>							
APPLICANT'S PRINTED NAME				SIGNATURE		DATE (YYYYMMDD)	