

Name:	Soc Sec No:
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CIVILIAN ACADEMIC EDUCATION

Year	School Name and Location	Major Course/Title	Graduate	
			Yes	No

CIVILIAN TRAINING COURSES, SPECIAL SCHOOLS

Year	School Name	Course Subject	Duration	Complete	
				Yes	No

	Yes	No
Are you a member of a public safety organization (police, fire, etc.)?		
Are you an elected official or legislator?		
Have you ever been rejected for military service or separated there from under less than honorable conditions?		
Are you a member of any federal military service organization or have a service obligation remaining?		

I hereby declare that the information provided in this application is true and correct.

This information is furnished for official use by the Military Department of the State of Washington and is not to be released to others without my permission except when permitted or required by law.

I understand that a background investigation will most likely be conducted to verify the information contained in my application.

I understand that the grade in which I shall be appointed shall be determined by the Washington State Guard Appointment Board based on my prior military experience and the needs of the Military Department of the State of Washington.

I make this application without reservation or inducement.

Applicant's Signature: _____ Date: _____