PRP/SECURITY PRE-SCREENING QUESTIONNAIRE

Full Name:_____ **Rank:**_____ **SSN:**____-____-____
Last First MI.

Height:_____ **Weight:**_____ **Eye Color:**_____ **Hair Color:**_____

DOB:_____ **POB:**_____
MM/DD/YYYY City State Country

Married: YES **FOREIGN:** YES **NATIONALITY:**_____
(SPOUSE)

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Single Parent or Military Married to Military: YES **(If yes, this requires a dependent care plan, AF 357, regardless of service provide copy to CSS and USSTRATCOM First Sergeant).**

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AFSC/MOS/DES/NEC:_____ **Joint Position#:**_____ **SERVICE:**_____

Present Organization:_____ **Duty Phone:**_____

Top Secret: YES **Date:**_____

SSBI: YES **Date:**_____

PR SUBMITTED: YES **Date:**_____ **OPEN/CLOSED:** YES

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CLASS III or FLIGHT PHYSICAL: YES **Date:**_____ **Altitude Chamber:** YES

Color Blind: YES

Significant Hearing Loss: YES

Replacing:

Departure:_____ **Arrival:**_____
DD/MM/YYYY DD/MM/YYYY

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Interviewer:_____ **Date:**_____
Last First MI. MM/DD/YYYY

"PRIVACY ACT OF 1974"

CLEAR FORM