



340 FTG TR Hiring Package Checklist (for TMT)

(For external hires or transfers – see other checklist for internal 340th transfers)

Member RANK/NAME:

Unit:

Current Status:

Unit Hiring POC:

Current In-Service Recruiter (ISR) contact information:

Current FSS and contact information

Rank/Name:

FSS Name:

Email:

POC Rank/Name:

Phone (W):

POC Email:

Phone (C):

POC Phone:

	Items required for processing of application
	Hiring Summary Memo <ul style="list-style-type: none"> If Aviation Service Action is required, TMT Tasker #
	Bonus agreement signed by recruiter from AD or IRR, if applicable <ul style="list-style-type: none"> Not eligible if break in service or Palace Chase
	AFFMS II Printout (via AF Portal) <ul style="list-style-type: none"> Must include current waiver (AF 469) if any components are exempt
	Reserve Instructor Application Form (if applicable)
	Resume
	Letters of Recommendation (optional)
	Copies of last 3 Performance Reports (EPR/OPR) – front and back
	Reenlistment Contract (DD Form 4), Enlisted only
	Career summary documentation – any one of the following: Career Data Brief (CDB), SURF, DD-214, Officer Brief, or Records Review Rip
	PCARS SURF (different from vMPF SURF mentioned in previous line) – Sanctuary Check <ul style="list-style-type: none"> (GRBOTH function in MilPDS if member already in unit) **N/A for Active Duty
	Current Flying History Report (NA for non-flyers)
	Current Individual Data Summary (N/A for non-flyers)
	Current AF Form 942, Record of Evaluation (NA for non-flyers) <ul style="list-style-type: none"> All Q2s and Q3s must have corresponding AF Form 8 (front and back)
	Repay of Severance or Separation Pay Statement of Understanding (AFI 36-2110)
	Palace Chase contract (AF Form 2631), if applicable
	AF Form 1288, Application for Ready Reserve Assignment (V1 – 20190523), if applicable <ul style="list-style-type: none"> Must be current within 6 months of submission
	Overage/Overgrade Memorandum (if applicable)
	6 Days Per Month Statement of Understanding (Pilots Only)

NOTE: HIRING PACKAGES MUST INCLUDE CHECKLIST

	Education and Training
	Request for Reservist Voluntary Retraining, AF IMT 3920, (applicable if cross-training)
	Upgrading Training, if applicable <ul style="list-style-type: none">• Training status code "M"

Sister Service Addendum (if applicable):

	Sister Service (Army / Navy / Marines / Guard)
	Separation Application Routing Number <ul style="list-style-type: none">• vPC: (#) MyPers: (#)
	VLPAD transfer, if applicable <ul style="list-style-type: none">• AF Form 100

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340 FTG INSTRUCTOR APPLICATION

Complete and return application

_____ Last Name		_____ First Name		_____ MI	_____ Rank	
_____ Street Address			_____ City		_____ State	_____ ZIP
_____ Home Phone		_____ Work Phone		_____ Cell Phone		_____ DOB
_____ DOR		_____ DOS (Active Duty Only)			_____ ADSCD (Active Duty Only)	
_____ Palace Chase/Palace FAIP		_____ A/C Commander			_____ Home email Address	
_____ Current Military Status		_____ Current Unit		_____ Current Base		
_____ What Type of Job		_____ Date Available		_____ Last Military Flight		
_____ 1 st MWS	_____ 1 st MWS Hrs	_____ 2 nd MWS	_____ 2 nd MWS Hrs	_____ 3 rd MWS	_____ 3 rd MWS Hrs	
_____ Total MWS Hours		_____ Prior AETC IP		_____ Which A/C		_____ Civilian Job
_____ T-38	_____ AT-38	_____ T-6	_____ T-1	_____ UV-18/Jump	_____ Glider	_____ T-41/51/53
(Rank order if applying for more than one trainer)						
_____ Columbus		_____ Laughlin		_____ USAFA		_____ Randolph
_____ Sheppard		_____ Vance				
(Rank order if applying for more than one base)						
If you are on Active Duty and not selected for this program, would you consider flying with another Reserve Unit? (Comments/Additional Information (Continue on reverse side if necessary))						

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Attachment 20

(AFR ONLY) ACKNOWLEDGEMENT OF UNDERSTANDING OF OBLIGATION TO REPAY SEPARATION/SEVERENCE PAY IN THE EVENT OF QUALIFICATION FOR RETIRED OR RETAINER PAY UNDER TITLES 10 OR 14 OF THE USC

A20.1. Purpose. The following is an example of the information provided within an acknowledgement of understanding advising a member who received severance, separation, or readjustment pay when released from AD or discharged from any uniformed service (Variable Separation Incentive/Special Separation Bonus recipients sign a separate statement of understanding for those programs) his or her obligation to repay.

PRIVACY ACT STATEMENT;

AUTHORITY: Title 10 USC, Section 275 and Executive Order 9397.

PRINCIPLE PURPOSES: Request for Ready Reserve assignment must contain current personnel information to complete processing. Use of the member's social security number is necessary to make positive identification of the individual and his or her records.

ROUTINE USE: This information may be disclosed, upon request, to Federal, State and local agencies for law enforcement purposes or in pursuit of their official duties and to the Department of Justice for litigation.

DISCLOSURE IS VOLUNTARY: An individual who chooses not to submit necessary documentation will not be eligible for Ready Reserve assignment.

I, _____, _____
(Grade, Last Name, First, MI) (SSN)

Hereby acknowledge that I have been informed of and understand the requirement contained in Title 10 USC §1174a, that if in the future I become qualified to receive military retired or retainer pay under either Titles 10 or 14 of the USC, I am required to repay all of the separation/severance pay I previously received upon my discharge from active duty. I further acknowledge that I have been informed and understand that the manner of repayment prescribed by Title 10 USC §1174a that there shall be deducted from each payment of retired or retainer pay so much of that pay as is based on the service for which I received separation/severance pay.

I further have been advised and understand that there presently is no authority in law permitting any office or employee of the United States to waive or alter this requirement for recoupment of separation/severance pay.

(Signature) (Date)

APPLICATION FOR READY RESERVE ASSIGNMENT

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 U.S.C., Section 275 and Executive Order 9397.

PRINCIPAL PURPOSES: Request for Ready Reserve assignment must contain current personal information to complete processing. Use of the member's social security number is necessary to make positive identification of the individual and his or her records.

ROUTINE USE: This information may be disclosed, upon request, to Federal, State, and local agencies for law enforcement purposes or in pursuit of their official duties and to the Department of Justice for litigation.

DISCLOSURE IS VOLUNTARY: An individual who chooses not to submit necessary documentation will not be eligible for Ready Reserve assignment.

INSTRUCTIONS: Complete the application in duplicate. If you need additional space for any item, attach another sheet which indicates the applicable item number(s).

1. NAME (Last Name, First, Middle Name)		2. RANK	3. DATE OF RANK	4. SSN
5. HOME ADDRESS (If different than permanent address, indicate both.)		6. PHONE (Include prefix)		7. AFSC
		(office)		(Primary)
E-MAIL ADDRESS		(home)		(Additional)
8. DATE OF BIRTH	9. HEIGHT (Inches) (Mandatory)	10. WEIGHT (Mandatory)	11. % DISABILITY COMP RECEIVED	12. AIRMAN (ETS)
13. OFFICER <input type="checkbox"/> REGULAR <input type="checkbox"/> RESERVE DATE OF ORIGINAL COMMISSION.		14. REMARKS/AERONAUTICAL RATING (Indicate if on flying status. If requested assignment will authorize flying duty, indicate flying experience by type of aircraft and hours in each, date and type of instrument card now held, and date of last physical examination.)		
15. PRESENT ASSIGNMENT AND ATTACHMENT (Indicate military branch, unit address, training, and retirement category, MPF street address, and phone.)		16. ASSIGNMENT DESIRED (Indicate unit preferred, specific program training, and retirement category or description of type of training desired.)		
17. MILITARY SCHOOLS ATTENDED (Indicate date, course number, title, and location.)		18. MILITARY EXPERIENCE (Indicate DAFSC, position title, level of command, highest grade, and duration. List only experience that directly substantiates your qualifications for assignment requested.)		
19. CIVILIAN EDUCATION (Indicate years completed, major subject, and degree, if any.)		20. CIVILIAN EXPERIENCE (In chronological order showing latest experience first, indicate pertinent experience to include employers, positions held, and duration.)		
21. I have been counseled concerning the Air Force direct deposit/electronic funds transfer.				Applicant's Initials
22. I certify I have not misused any government travel charge card (used for other than official government travel), or been seriously delinquent (payments not received by card issuer within 60 days from the billing date). I understand if I make a fraudulent statement, I am subject to immediate discharge action.				Applicant's Initials
23. For individuals requesting assignment to a training site beyond 100 miles or 3 hours one-way driving time (AFI 36-2115). I acknowledge my responsibility for any hardships, including financial, incurred in performing the duties of the assignment. I understand I will not be reimbursed for travel expenses incurred for inactive duty training.				Applicant's Initials
24. For all individuals requesting assignment to the Ready Reserve (Cat A Unit, IMA position, Cat E Points Only Program, Individual Ready Reserve.) I certify that I have not had a UIF established (or similar derogatory information file which may include an Article 15, Captain's Mast, or Court Martial action) within the last 2 (enlisted) or 5 (officer) years. I understand that if I make a fraudulent statement I am subject to immediate discharge action.				Applicant's Initials
25. I have been briefed on the Anthrax vaccine immunization program. I understand I will be immunized against anthrax if required under the new Air Force Anthrax Implementation Plan, dated, 11 October 2002, and its successor guidance.				Applicant's Initials
26. If this assignment requires retraining, I agree to attend the applicable technical school.				Applicant's Initials
27. I certify that the data contained herein are true and correct to the best of my knowledge. I also acknowledge that upon my assignment to the Ready Reserve, I am responsible to notify my employer of my Ready Reserve status and that as a Ready Reservist, I shall be subject to involuntary order to active duty in time of war or national emergency declared by the Congress, a national emergency declared by the President, or when otherwise authorized by law.				
SIGNATURE OF APPLICANT				DATE (YYYYMMDD)

FIRST ENDORSEMENT												
TO					FROM							
<input type="checkbox"/>	RECOMMEND	<input type="checkbox"/>	APPROVAL	<input type="checkbox"/>	DISAPPROVAL (State reason(s) in the "REMARKS" section.)			UIF	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
MEMBER HAS COMPLETED THE FITNESS PROGRAM (DATE LAST TEST IF APPLICABLE) AND DOES NOT MEET THE PHYSICAL QUALIFICATIONS FOR CONTINUING SERVICE. MEMBER DOES NOT MEET OTHER QUALITY FORCE STANDARDS FOR CONTINUING SERVICE.												
REMARKS												
NAME AND TITLE (Please type)					SIGNATURE				DATE (YYYYMMDD)			
SECOND ENDORSEMENT												
TO					FROM							
<input type="checkbox"/>	RECOMMEND	<input type="checkbox"/>	APPROVAL (Furnish assignment data)		<input type="checkbox"/>	DISAPPROVAL (State reason(s) in the "REMARKS" section.)						
AUTHORIZED GRADE			AUTHORIZED AFSC			FUNCTIONAL CODE			TRAINING & RETIREMENT CATEGORY			
UNIT OR TYPE OF ASSIGNMENT		<input type="checkbox"/>	UNIT	<input type="checkbox"/>	IMA	<input type="checkbox"/> OTHER (Specify)						
RESERVE SECTION CODE			DUTY POSITION NUMBER			ASSIGNMENT LOCATION						
UNIT OF ATTACHMENT					REPORTING OFFICIAL (Name and SSN)							
PAS					UNIT OF ATTACHMENT PAS							
EDCSA			RECRUITER ID CODE			RECRUITER DUTY PHONE (DSN and Commercial)						
GRADE WAIVER		<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/> AUTH						
REMARKS												
NAME AND TITLE (Please type)					SIGNATURE				DATE (YYYYMMDD)			
THIRD ENDORSEMENT (Do not include assignment data except to correct original data)												
TO					FROM							
<input type="checkbox"/>	RECOMMEND	<input type="checkbox"/>	APPROVAL	<input type="checkbox"/>	DISAPPROVAL (State reason(s) in the "REMARKS" section.)							
REMARKS												
NAME AND TITLE (Please type)					SIGNATURE				DATE (YYYYMMDD)			

STATEMENT OF UNDERSTANDING

(As of 17 February 2012)

I understand that if I have come to this organization through the Palace Chase Program that I must serve out my Palace Chase Commitment in an active flying position with either my gaining unit or another Reserve unit if a subsequent request for transfer is approved. If I fail to complete my commitment in an active flying position, I will be returned to active duty to complete my unfulfilled Active Duty Service Commitment or for 12 months, whichever is greater.

SIGNATURE (OR N/A)

I understand that all Traditional Reservists (TR) pilots assigned to the AFRC/AETC Integrated Associate IP Program are expected to participate at an average rate of 6-8 duty days per month, excluding travel days. Failure to meet participation minimums, or failing to meet other documented performance standards, will be considered as basis for termination from this program. Furthermore, if you are obligated under a Reserve Service Commitment, you may be subject to recall to complete any unfulfilled commitment.

SIGNATURE (OR N/A)

DATE

PRINT NAME