

**APPLICATION INSTRUCTIONS
FOR THE
TR AETC/AFRC INSTRUCTOR PROGRAM
(FLYING/JUMPING POSITION)**

The application package will include, but is not limited to, the following:

PLACE ALL ITEMS IN ONE PDF

| INITIALS | ITEMS REQUIRED FOR PROCESSING OF APPLICATION |
|-----------------|---|
| | Bonus agreement signed by recruiter from AD or IRR (unless break in service or Palace Chase), if applicable |
| | Three Part Hiring Checklist (Previously named Intent to Hire) |
| | AFFMS II Fitness Printout (via AF Portal) Must Include Waivers AF469 |
| | Reserve Instructor Application Form |
| | Resume |
| | Letters of Recommendation |
| | Copies of last five Officer Performance Reports (OPR) – Front and back |
| | DD214 or worksheet, Officer brief or current records review rip or equivalent |
| | Current Flying History Report and Individual Data Summary |
| | Statement of Understanding with dates included on first page #2 |
| | AF Form 1288, Application for Ready Reserve Assignment (current within 90 Days) |
| | Current AF Form 942, Record of Evaluation (All Q2s and Q3s must have corresponding AF Form 8) |
| | (2x) Twice Deferred Waiver Package from Recruiter and Manning Statistics (for applicable officers) |

****Incomplete or incorrect packages will be sent back to the unit for correction without action.**

Sender's Name/Signature

Date

PLACE ALL ITEMS IN ONE PDF

PLEASE INCLUDE THIS CHECKLIST WITH PACKAGE

As of 16 Jan 17

AUTHORITY: 37 U.S.C., Sections 302g, 308b through 308e, 308h, and 308i; 10 U.S.C., Sections 16201 through 16203, 16301, and 16302 and E.O. 9397.

PRINCIPAL PURPOSE(S): Information will be used to establish entitlement by eligible members of the Selected Reserve to Reserve Component Incentive Program benefits.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure to provide personal information may preclude processing of the Written Agreement for the Incentive.

COMPUTER MATCHING: Information provided on the Written Agreement for the Incentive will be reported to the Defense Manpower Data Center in accordance with DoD Instruction 7730.54. Computer matching is employed to verify an individual's eligibility for and continued compliance with incentive programs and in some instances is used to effect adjustments or recovery of improper payments made to or delinquent debts owed by a member or former member.

AIR FORCE RESERVE OFFICER AFFILIATION BONUS WRITTEN AGREEMENT

Applicant Name/SSN

Bonus AFSC

*** Applicant must initial following each entry and each page**

A. ACKNOWLEDGEMENT

In connection with my affiliation in the Air Force Reserve of the United States under the Air Force Reserve Command (AFRC) Incentive Program, I hereby acknowledge that:

1. I meet the eligibility criteria as follows:

- a. I agree to affiliate with the Air Force Reserve in a critical Air Force Specialty Code (AFSC) which is approved for bonus entitlement. _____
- b. I possess the skill qualification for this incentive. _____
- c. I am currently serving on active duty (AD) for more than 30 days or I am a member of the Ready Reserve not on active duty and if I previously served on active duty, I was released from that duty under honorable conditions. _____
- d. I am not entitled to retired or retainer pay. _____
- e. I am not affiliating to qualify for a military technician position or Active Guard Reserve (AGR) position where membership in the Air Force Reserve is a condition of employment. _____
- f. I have not previously received an affiliation bonus for service in the Selected Reserve (SELRES). _____

g. I am not currently receiving financial assistance under Chapters 1608, 1609, or 1611 of Title 10, United States Code, or special pay under Section 302g of Title 37, United States Code, and will not receive such assistance during the period of this agreement. _____

2. I incur the obligations of this incentive as follows:

a. I hereby agree to serve in the Air Force Reserve for a minimum of 3 years (the full period of this agreement). _____

b. I shall serve satisfactorily, as prescribed by the Air Force/Air Force Reserve instructions/regulations, the complete period indicated above in the Air Force Reserve according to this written agreement and in the critical skill (AFSC) in which affiliated, unless excused for the convenience of the Government. _____

3. I shall be paid an accession bonus as follows:

a. Beginning on the date this agreement is accepted by the Air Force Reserve, the total amount of the bonus payable under the agreement becomes fixed. _____

b. In conjunction with this agreement, I shall receive a maximum bonus of \$10,000.00. _____

c. This bonus shall be paid as follows:

(1) Fifty percent of the potential bonus shall be paid following satisfactory completion of the first year of this assigned agreement with the remaining fifty percent divided in equal installments on the second and third anniversary. Therefore, a maximum of \$5,000.00 shall be paid following the first year and maximum equal installments of \$2,500.00 shall be paid following the second and third years. _____

(2) For the Unit Program, incentive payments are based upon meeting maximum annual participation requirements or 48 Inactive Duty Training (IDT) periods per year. For the first year of this agreement, payment equals \$104.16 per drill period (\$416.64 per Unit Training Assembly (UTA)). For the second and third years of this agreement, payment equals \$52.08 per drill period (\$208.32 per UTA) (Remaining cents added to maximum payment). For the IMA Program, incentive payments are based upon satisfying FY participation and training requirements according to Reserve Section ID. _____

4. If I fail to begin to participate, or I do not satisfactory fulfill the service obligation incurred under this agreement for any of the reasons listed below, I shall not be eligible to receive any further bonus payment.

- a. I fail to participate satisfactorily in training and/or duty with the Air Force Reserve including failure to maintain medical and dental readiness during the entire period of my service obligation unless the failure to participate satisfactorily was reasons beyond my control (i.e., death, injury, illness, or other impairment not the result of my own misconduct). _____
 - b. I am involuntarily separated from the Selected Reserve (SELRES) unless as a result of unit inactivation, unit relocation, unit reorganization, or a DoD-directed reduction in the SELRES force. _____
 - c. I separate from the Air Force Reserve for any reason (including enlistment or voluntary order to active duty (AD) in the active forces) (other than by death, injury, illness or other impairment not the result of my own misconduct, or an involuntary call-up or mobilization). _____
 - d. I voluntarily move to a non-incentive eligible critical AFSC, unless the move is required by the Air Force Reserve. _____
 - e. I fail to extend the contracted term of service for a period of authorized non-availability (as detailed below). _____
 - f. I accept a military technician position or Active Guard Reserve (AGR) position where membership in the Air Force Reserve is a condition of employment. _____
5. Termination from bonus entitlement shall not affect any period of obligation to serve in the Air Force Reserve. _____
6. If I incur a period of authorized non-availability for temporary overseas residence, missionary obligation or overseas employment obligation, etc., I shall be suspended from this incentive and not receive payments during the period of suspension. To regain eligibility for further payments, I shall extend my commitment to serve the full contracted period in the Air Force Reserve. Entitlement to subsequent payments shall resume on the adjusted anniversary date of satisfactory, creditable service in the Air Force Reserve (i.e., the date shall be adjusted for the period of authorized non-availability). Failure to meet reinstatement criteria in a capacity for which previously contracted shall result in termination of the incentive. _____
7. If, subsequent to acceptance of this agreement by the Air Force Reserve, I am called or ordered to active duty, I shall be paid, during that period of active duty, any amount of the bonus that becomes payable to me during that period of active duty. _____
8. I have been advised of, understand, and agree to the conditions, which may (1) terminate my continued entitlement to unpaid bonus installments and (2) cause a portion of my bonus payments to be terminated. _____

B. UNDERSTANDING

I have read and understand each of the statements above and the statements contained in this agreement signed by me and understand that they are intended to constitute all promises or agreements whatsoever concerning my accession. I further understand that this written agreement is executed subject to availability of funds and review of eligibility. The Air Force Reserve Command Incentive Office will provide final review/approval of eligibility and/or funds availability. Failure to obtain approval will cause this contract to be null and void. I understand that this agreement does not take effect until I am appointed into the Air Force Reserve and my anniversary date will be established based on my appointment date and not the date of this contract. No other promise, representation, or commitment has been made to me in connection with this bonus. _____

C. AUTHENTICATION

Typed Rank/ Name of Applicant: _____

Signature of Applicant and Date: _____

Typed Rank/ Name of Recruiter: _____

Signature of Recruiter and Date: _____

Typed Rank/ Name of Wing Career Assistance Advisor (WCAA):

Signature of WCAA and Date: _____

Typed Rank / Name of MPF Commander/Superintendent (Unit Program) / RMG/DPS (IMA Program): _____

Signature of MPF / RMG Representative and Date: _____

D. HQ ARPC APPROVAL

Bonus Approval Number: _____ Date: _____

Notes: _____

Signature of HQ ARPC Representative and Date: _____



DEPARTMENT OF THE AIR FORCE
AIR FORCE RESERVE COMMAND



DD Mmm YY

MEMORANDUM FOR 340 FTG/CC

FROM:

SUBJECT: Three Part Hiring Checklist – (Rank, Last, First, MI)

1. The following information is provided for your approval/disapproval:

Personnel Coordination: _____(CSS INITIALS)

- a. Position Type:
- b. Aircraft and AFSC:
- c. Position Number:
- d. Projected Supervisor:
- e. Effective Gain Date:
- f. Current Status:
- g. DOS/ETS:
- h. Required Personnel Action:
- i. Documentation for- Required Personnel Action-attached:
- j. Losing organization/Serviceing FSS:

Flight Commander/DO Coordination: _____ (FLT CC/DO INITIALS)

- k. Waivers Required:
- l. PIT Required:
- m. Projected PIT Course Date:
- n. Projected IP Letter Date:

Flight Management Coordination: _____ (FLT MANAGER'S INITIALS)

- o. date of Last Military Flight: _____ Type Aircraft: _____
- p. Expiration Date of Current Physical:
- q. Expiration Date of Physiological Training:
- r. Required Aviation Service Action:
- s. Progress of Required Aviation Service Action:

Personnel Coordination:

1. Application Package Complete and attached.
2. POC. DSN:
3. To my knowledge, the member does not have negative (UIF, Article 15, etc.) information in past or current records.
4. Commander's background check completed

Unit Commander's Signature Block

Atchs:

1. ITH Package
2. ITH Memo
- 3.

AFFMS II Fitness Printout—Provided by the member

FOR OFFICIAL USE ONLY

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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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Resume—Provided by the member

Letters of Recommendation—Provided by the member

OPRs—Provided by the member

DD Form 214, Officer brief or current records review rip or equivalent—Provided by the member

Current Flying History Report and Individual Data Summary—Provided by the member

Attachment 4

ACKNOWLEDGEMENT OF UNDERSTANDING OF OBLIGATION TO REPAY SEPARATION/SEVERENCE PAY IN THE EVENT OF QULIFICATION FOR RETIRED OR RETAINER PAY UNDER TITLES 10 OR 14 OF THE U.S.C.

PRIVACY ACT STATEMENT;

AUTHORITY: Title 10 U.S.C., 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 U.S.C., Section 1174a, that if in the future I become qualified to receive military retired or retainer pay under either Titles 10 or 14 of the U.S.C., 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 U.S.C., Section 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 | | 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.) | | |
| DATE OF ORIGINAL COMMISSION. | | | | |
| 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/have not (circle one) 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/have not (circle one) 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/HAS NOT COMPLETED THE FITNESS PROGRAM (DATE LAST TEST IF APPLICABLE) AND DOES/DOES NOT MEET THE PHYSICAL QUALIFICATIONS FOR CONTINUING SERVICE. MEMBER MEETS/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) |
|------------------------------|-----------|-----------------|

RECORD OF EVALUATION

| NAME (Last, First, Middle Initial) | | | | SSAN | | | |
|------------------------------------|--------------------|----------------|---------------------|--------------------|--------------------|----------------|---------------------|
| ACFT/CREW POSITION | TYPE OF EVALUATION | DATE COMPLETED | QUALIFICATION LEVEL | ACFT/CREW POSITION | TYPE OF EVALUATION | DATE COMPLETED | QUALIFICATION LEVEL |
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PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 8013; EO 9397
PRINCIPAL PURPOSE: Source document used to record aircrew evaluations.
DISCLOSURE IS VOLUNTARY: SSAN Is used to establish individual identity. Failure to provide may result in a loss of aircrew evaluation records.