Military Department - State of California
California Cadet Corps

APPLICATION FOR APPOINTMENT

Personal Qualification Statement

1. _____ _____ 2. _____ 3. _____
(Last Name) (First Name) Social Security Date

4. Home Address _____
City _____ Zip _____
Phone _____ Fax _____
Email _____

5. Business Address _____
City _____ Zip _____
Phone _____ Fax _____
Email _____

6. Date of Birth (mm/dd/yy)	7. Place of Birth (City, County, State)	8. CA Driver's License #

9. Answer Items "A" through "E" by placing a check in the proper Column	Yes	No
A. Are you a citizen of the United States? In "No", give the country of which you are a citizen:	☐	☐
B. Are you now, or have you been, within the past ten years, a member of an organization that, to your present knowledge, seeks the overthrow of the constitutional form government of the United States by force or other unlawful means? If your answer is "Yes", please explain on a separate sheet of paper indicating the dates of your membership and the purpose of the organization while you were a member.	☐	☐
C. To ensure that you are not placed in a position which might impair your health, or which might be a hazard to others, do you have a valid Tuberculosis (TB) test not more than 2 years old with negative results? Send a copy with this application.	☐	☐
D. Have you ever been convicted of an offense against the law, or are you now under charges for any offense against the law? (Other than minor traffic violations)?**	☐	☐
E. Have you been convicted with an offense defined in CALIFORNIA PENAL CODE 299 (Megan's Law)?**	☐	☐
F. While on military duty, were you ever convicted by a general or special court-martial?**	☐	☐

** If the answer to "D" or "E" or "F" is yes, explain on a separate sheet of paper. Show for each offense, date, charge, court and action taken. Submit police or military records if available.

Military Experience

10. Do you have prior military service? (Check all applicable boxes) Yes ☐ No ☐ Active ☐ Resv ☐ CASMR ☐ RET ☐

A. Branch _____

Provide DD Form 214 or other approved document to substantiate service

11. Have you ever been discharged from the armed service under other than honorable conditions? If yes, provide details: Yes ☐ No ☐

Military Service (start with the most recent, list only Primary Duty Stations)

From	To	Organization and Component	Grade	Duty Assignment

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Military Education (start with most recent)

Course Title	Date Completed

Civilian Education

From	To	School / College	Degree	Major

Do you currently hold a California Teaching Credential? Yes ☐ No ☐ Type _____

Expiration Date: _____

Professional Experience

12. Please list you present position and work background for the past 10 years. Also account for periods of unemployment. May inquiry be made to your present employer regarding your character, qualifications and record of employment? Yes ☐ No ☐

(A "NO" answer may affect consideration for employment.)

A	Date of Employment (month, year)	Title or Position	Grade if Federal or Military Service

Supervisor's Name _____ Name of Employer _____

Telephone ( ) _____ Address _____ _____ _____

Street Address City Zip

A	Date of Employment (month, year)	Title or Position	Grade if Federal or Military Service

Supervisor's Name _____ Name of Employer _____

Telephone ( ) _____ Address _____ _____ _____

Street Address City Zip

ATTENTION - THIS STATEMENT MUST BE SIGNED

A false answer to any question in this statement maybe ground for not appointing you, or for discharging you after your appointment, together with any additional sanctions or punishments allowed by the California Military and Veterans Code and State and Federal Laws. All statements are subject to verification including a review of Department of Motor Vehicles records, police records (if warranted), DOJ and FBI clearance (if warranted) and former employers.

CERTIFICATION

I, certify that all of the statements made in this Declaration are true, complete, and correct to the best of my knowledge and belief, and are made in good faith,

Date _____ _____

Signature (Sign in ink or digital signature)

For California Cadet Corps Use Only ☐ Approved ☐ Not Approved _____ Executive Officer Signature _____ Date