

RECRUITING INFO
Recruited by: -----
Recruiting Officer: -----
Date Submitted: -----

**STATE OF NEW YORK
VETERAN CORPS OF ARTILLERY**

***NINTH NEW YORK FIELD
ARTILLERY REGIMENT***

APPLICATION FOR MEMBERSHIP

Read the Privacy Act & Certification Statements at the end before you complete this application. *Type or Print Clearly in BLACK INK.*

GENERAL INFORMATION (TYPE OR PRINT CLEARLY IN BLACK INK)									
1 NAME Last			First		M.I.		1b Other names used, maiden name, nickname, etc.:		
2 Home Address (Street No.)				Apt.#	City or Town			State	Zip Code
3. Citizen			Alien Registration #/Country		Social Security Number		Home Phone		Yrs. In Res.
___ Alien									
4. Place of Birth - City, State, Country				Age	Date of Birth	Height	Weight	Sex	
5 Are you ___ Single ___ Married ___ Widowed/er ___ Divorced?					Color of Hair	Color of Eyes	Blood Type		
6. Name of Next of Kin					Address		Phone		

CIVILIAN EMPLOYMENT EXPERIENCE (TYPE OR PRINT CLEARLY IN BLACK INK)					
7. Name and Address of Employer's Organization			Dates employed from to	Average No. of hours per week	Number of employees supervised
8. Your immediate supervisor's name			Telephone Number	Exact title of your job	
9 List every employment you have had for the past five (5) years, including periods of unemployment.					
From (Mo. and Yr.)	To (Mo. and Yr.)	Business Name and Address (Include State, Country, Zip) (Add riders if necessary)			Occupation or Title

CIVILIAN EDUCATION		High School Data (TYPE OR PRINT CLEARLY IN BLACK INK)	
10 Did you graduate from high school? If you have a GED or will graduate in the next 9 months, say "YES" ___ YES - give year graduated: _____ ___ NO - give the highest grade completed: _____		11 Name and location (<i>City and State</i>) of the high school you attended or where you obtained GED equivalency. Name: _____ City: _____ State: _____	
12 Do you have a college or Graduate degree? ___ YES - give year of degree: _____ Type of Degree: _____		13 Name and location (<i>City and State</i>) of the College. Name: _____ City: _____ State: _____	

LICENSES**APPLICATION FOR MEMBERSHIP****14** List licenses or certificates you have, such as: *registered nurse; lawyer; radio operator; driver's; pilot's; etc.*

License or Certificate Name	Date of Latest License or Certificate	State or other Agency

RESIDENCES HISTORY*(TYPE OR PRINT CLEARLY IN BLACK INK)***15** List all residences (of 90 days or more) for the past ten (10) years. Start with your immediately previous residences and carry back through to your first residence, or ten years, whichever comes first, leaving no gaps in time. Show only Month and Year in from -to.

From	To	Street Address	City	State	Zip Code

BACKGROUND INFORMATION**16.** Have you ever been convicted of a crime ?

If yes: Give details as to time, place and circumstances, and police agency;

YES _____ NO _____

MILITARY EXPERIENCE*Add riders if necessary***17.** Have you served in the Military? YES NO
18. Branch _____ From _____ to _____ AFSC/MOS: _____ Rank _____
 Branch _____ From _____ to _____ AFSC/MOS: _____ Rank _____
*If you served in any Armed Forces, a copy of your DD214 must accompany this application***GENERAL STATEMENT OF UNDERSTANDING****I understand** that members of the Veteran Corps of Artillery serve in a voluntary capacity only, and reimbursements (if any) for expenses are provided only if purchase has been pre-approved by you Chain of Command**I understand** that promotions and awards are dependent on drill participation and overall value to the Veteran Corps of Artillery**a. Bi-Weekly Drills:** Evening drills from 1830 to 2230 hours, or as directed by the Commandant,**b. Monthly Drills:** Usually one Saturday and/or Sunday per month from 0900 to 1500, or as directed by the Commandant,**c. Annual Training:** One full weekend in the summer at a location in New York State.

No applicant for enlistment or appointment with the Veteran Corps of Artillery shall be denied such enlistment or appointment to such position or rank for which they are otherwise qualified because of applicant's race, color, gender, religion, or national origin.?

PRIVACY ACT STATEMENT

Authority for collecting this information is Section 3013 of Title 10 to the US Code, and Executive Order 9397. Publications containing this data are protected from disclosure (by any means of communication) to any person or agency pursuant to the Privacy Act of 1974 (Title 5 United States Code, 552a) and the Personal Privacy Protection Law (Public Officer's Law of New York Article 6-A). The information protected by these statutes is your home address and telephone number. The Primary use of this information is to determine your eligibility for enlistment, and the information may be disclosed to the individuals and agencies as required to investigate your statements. Furnishing the information on this form, including your Social Security Number, is voluntary, but failure to do so may result in disapproval of this enlistment.

SIGNATURE, CERTIFICATION, AND RELEASE OF INFORMATION**YOU MUST SIGN THIS APPLICATION. Read the following carefully before you sign.**

A false statement on any part of your application may be grounds for not enlisting you, or for discharging you after you are enlisted.

I understand that any information I give may be investigated as allowed by law.**I hereby consent** to the release of information about my ability and fitness for enlistment in the Veteran Corps of Artillery **by employers, schools, law enforcement agencies and other individuals and organizations, to investigators, personnel staffing specialists, and other authorized members of the Veteran Corps of Artillery.****I hereby certify** that, to the best of my knowledge and belief, all of my statements (on this form and any attachments) are true, correct, and made in good faith.**18** Signature *(Sign application in black ink)*Date Signed *(Month, day, year)*