

RECRUITING INFORecruited 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		Home Phone	Cell 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:		
7. Email Address:							

CIVILIAN EMPLOYMENT EXPERIENCE*(TYPE OR PRINT CLEARLY IN BLACK INK)*

8. Name and Address of Employer			Dates employed from/to	Average No. of hours per week	Number of employees supervised	
9. Your immediate supervisor's name		Telephone Number	Exact title of your job			
10. List every employment you have had for the past five (5) years, including periods of unemployment.						
From 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)*

11. 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: _____	12. Name and location (<i>City/State</i>) of the high school you attended or where you obtained GED equivalency. Name: _____ City: _____ State: _____
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College Data

13. Do you have a college or Graduate degree? ___ YES Year of degree: _____ Type of Degree: _____	14. Name and location (<i>City and State</i>) of the College. Name: _____ City: _____ State: _____
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VCASNY APPLICATION FOR MEMBERSHIP

LICENSES

(TYPE OR PRINT CLEARLY IN BLACK INK)

15. 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

RESIDENCE HISTORY

(TYPE OR PRINT CLEARLY IN BLACK INK)

16. 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

(TYPE OR PRINT CLEARLY IN BLACK INK)

17. Have you ever been convicted of a crime? YES _____ NO _____
If yes, attach rider with details as to time, place, circumstances, and police agency.

MILITARY EXPERIENCE

Add riders if necessary

18. Have you served in the Military? YES _____ NO _____ New York/State Guard? YES _____ NO _____

19. 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

20. Experience with: Color Guard? _____ Honor Guard? _____ Field Music?(instrument) _____

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 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.

20. Signature (*Sign application in black ink*)

Date Signed (*Month, day, year*)