

Cadet Information

This information will be used by offices throughout the Academy. It provides necessary personal information to start receiving military pay/allowances and open your personnel file. In addition, the U.S. Government must conduct a background investigation prior to issuing you a military ID card; future investigations will establish whether you are eligible for required security clearances. Prior to reporting for Swab Summer, you will receive instructions on how to access and complete your Electronic Questionnaire for Investigation Processing (e-QIP) forms to aide the Government in conducting these investigations. Researching the following information now will make completing the e-QIP forms much easier, so it's highly recommended that you do not return this form (or ensure you keep a copy of the information) until you've finished all the e-QIP forms.

Please do not submit original citizenship documents (e.g. naturalization certificate) since these items will not be returned. We do not require original documents; notarized copies of these documents are sufficient.

Full Name: _____ SSN: _____ Ethnicity: _____

Aliases, Nicknames: _____ Gender: _____ Date of Birth: _____

Place of Birth: _____ Mother's Maiden Name: _____
(City, State, Country)

If you **were not** born in the United States, please ensure you can provide a certified copy of one of the following:

- Naturalization Certificate: court, city, state, certificate number, month/day/year issued.
- Citizenship Certificate: city, state certificate number, month/day/year issued.
- State Department Form 240 - Report of birth abroad of a citizen of the U.S.: date the form was prepared/explanation, if needed.
- U.S. Passport: passport number, month/day/year issued.

Additional Information (court issued, date issued, certificate number, passport number, etc):

Country(ies) of Dual Citizenship: _____

Selective Service Registration Number: Males are legally bound to register with the Selective Service at the age of 18. Ensure that you bring your Selective Service Registration Card with you on Swearing-In Day. If it is impossible for you to register with the Selective Service prior to your arrival, you must bring a certified copy of your birth certificate and a copy of your Social Security Card.

Selective Service Registration Number: _____

Residences: List the complete physical address (no P.O. boxes) of every place you have lived for the last seven years. For any address within the last five years, you will need the name and phone number of a person who knew you at that address and who preferably still lives in that area (do not list people for residences completely outside this five year period and do not list a relative).

From this date: _____ to this date: present

Address: _____ City: _____ State: _____ Zip Code: _____

Name/Address/Phone Number of person who knows you: _____

From this date: _____ to this date: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Name/Address/Phone Number of person who knows you: _____

(Continue on last page or additional paper, if necessary)

Return in White Envelope
Refer questions to: Security Officer at (860) 701-6715

Schools Attended: List the complete address and phone number of your high school(s) and college(s), and a person who knew you at the school (an instructor or staff). For correspondence schools and extension classes, know the address where the records are kept.

From this date: _____ to this date: present
School Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Name/Phone Number of person who knows you: _____

From this date: _____ to this date: _____
School Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Name/Phone Number of person who knows you: _____

From this date: _____ to this date: _____
School Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Name/Phone Number of person who knows you: _____

(Continue on last page or additional paper, if necessary)

Employment Activities: List the complete physical address, phone numbers, and supervisor's name(s) for every job, full-time or part-time, since your 16th birthday.

From this date: _____ to this date: _____ Position/Title: _____
Employer/Business Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Supervisor(s)/Phone Numbers: _____

From this date: _____ to this date: _____ Position/Title: _____
Employer/Business Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Supervisor(s)/Phone Numbers: _____

(Continue on last page or additional paper, if necessary)

References: List the complete address and phone number of three people who know you well and live in the United States. They should be personal friends, peers, family friends, etc., whose combined association with you covers as well as possible the last seven years. Do not list your relatives or anyone previously listed for your residence, school, or employment history.

Name: _____ Known from this date: _____ to this date: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone Number(s): _____

Name: _____ Known from this date: _____ to this date: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone Number(s): _____

Name: _____ Known from this date: _____ to this date: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone Number(s): _____

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Relatives: List the full name, date of birth, country of birth, country of citizenship and current complete physical address and phone number of each of your immediate relatives (parents, siblings, step-parents and step-siblings, guardians, or other appropriate individuals).

Full Name: _____ Date of Birth: _____
Country of Birth: _____ Country(ies) of Citizenship: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone Number(s): _____ Relationship: _____

Full Name: _____ Date of Birth: _____
Country of Birth: _____ Country(ies) of Citizenship: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone Number(s): _____ Relationship: _____

Full Name: _____ Date of Birth: _____
Country of Birth: _____ Country(ies) of Citizenship: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone Number(s): _____ Relationship: _____

Full Name: _____ Date of Birth: _____
Country of Birth: _____ Country(ies) of Citizenship: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone Number(s): _____ Relationship: _____

(Continue on last page or additional paper, if necessary)

If your mother, father, or sibling(s) is a U.S. citizen, but **was not** born in the United States, or is an alien residing in the United States, list their naturalization certificate or alien registration number and please ensure you can provide a certified copy of one of the following:

- Naturalization Certificate:** court, city, state, certificate number, month/day/year issued.
- Citizenship Certificate:** city, state certificate number, month/day/year issued.
- State Department Form 240 - Report of birth abroad of a citizen of the U.S.:** date the form was prepared/explanation, if needed.
- U.S. Passport:** passport number, month/day/year issued.
- Alien Registration:** provide the date and place where the person entered the United States (city, state).

Mother's Name: _____ Date of Birth: _____
Certificate Type: _____ Certificate/Registration Number: _____
Additional Information (court issued, date issued, certificate number, passport number, etc):

Father's Name: _____ Date of Birth: _____
Certificate Type: _____ Certificate/Registration Number: _____
Additional Information (court issued, date issued, certificate number, passport number, etc):

Sibling's Name: _____ Date of Birth: _____
Certificate Type: _____ Certificate/Registration Number: _____
Additional Information (court issued, date issued, certificate number, passport number, etc):

Sibling's Name: _____ Date of Birth: _____
Certificate Type: _____ Certificate/Registration Number: _____
Additional Information (court issued, date issued, certificate number, passport number, etc):

(Continue on last page or additional paper, if necessary)

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