

Application for enlistment

Answer each question fully and accurately. No action can be taken on this application until all questions have been answered completely. **Print except for signature on bottom.**

**Personal Information**

**Name**

First Middle Last DOB

**\*Must be 17 years of age for enlistment**

SS# Home phone number Cell phone number

Race Sexual orientation

**\*Sexual orientation must be straight for enlistment**

**Address**

Present Address Street City State/Province

Zip code/Postal code

Permanent Address Street City State/Province

Zip code/Postal code

Have you ever been convicted of a felony offense of any kind? If so, list below in detail.



**\*Any criminal background must be completely wiped off your record and fines must be paid off for enlistment**

**Education**

|  |  |  |  |
| --- | --- | --- | --- |
| High School | Name and Address of School | Number of years completed | Did you graduate?  Y N |
| College | Name and Address of School | Number of years completed | Did you graduate  Y N |

**\*A high school diploma is required for enlistment**

Did you complete your ASVAB test? Y N

**\*Must have completed for enlistment**

If so, what was your score? **\* Minimum score of 320 is required for enlistment**

**Medical**

**\*Passing a full military body inspection and physical is required for enlistment**

Have you ever broken any bones? Y N If so, explain.

Have you ever had surgery? Y N If so, explain.

Have you ever gotten into any sort of major accident? Y N If so, explain.

Do you have asthma? Y N

Do you have back problems? Y N

**Family (Spouse)**

Are you married? Y N If so, fill in the following information.

**Name**

First Middle Last DOB

**Address**

Street City State/Province

Zip code/Postal code

Did you still provide for someone from a previous marriage? Y N If so, fill in the following information.

**Name**

First Middle Last DOB

**Address**

Street City State/Province

Zip code/Postal code

**Family (Children)**

Do you have any children? Y N If so, fill in the following information.

**Name**

First Middle Last DOB

**Address**

Street City State/Province

Zip code/Postal code

**Name**

First Middle Last DOB

**Address**

Street City State/Province

Zip code/Postal code

**Name**

First Middle Last DOB

**Address**

Street City State/Province

Zip code/Postal code

**Next of Kin**

In the event of your death, who would be your next of kin?

**Name**

First Middle Last DOB

Relationship to you

**Address**

Street City State/Province

Zip code/Postal code

I certify that I have read and fully completed all pages of this application, and that the information contained in it is correct to the best of my knowledge. I authorize the United States Marine Corps to thoroughly investigate any information in this application. I understand I must undergo and pass a drug test to be enlisted in the United States Marine Corps. Failure in doing any of the following will result in the denial of your application.

Applicant’s signature