ROYAL LAO AIRBORNE

**ENLISTMENT FORM**

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| **PERSONAL INFORMATION** |
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| **Name** (Last, First, Middle): |       |
| **Address:** |       | City:       | State:    | Zip:       |
| **Phone:** |     -     -      [ ] Cell Phone [ ]  Home Phone |
| **Email Address:** |       |
| **Last 4 digits of SSN:** |      |
| **Date of Birth:** |       |

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| **EMERGENCY CONTACT INFORMATION** |
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| **Name:**  |       | **Phone:**     -     -       | **Relationship:**       |

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| **EDUCATION** |
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| Highest Education Completed: |       |
| Name of High School: |       Graduated? [ ] Yes [ ]  No |
| Name of College/Trade School: |       Graduated? [ ] Yes [ ]  No |
| Degree/Field of Study: |       |

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| **MILITARY BACKGROUND** |
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| Are you Prior Service? [ ]  Yes [ ]  No (if no skip section) Branch:       |
| Dates: From       to        | MOS       | Rank at time of Discharge:       |

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| **EMPLOYMENT** |
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| Current employer:       | Job title/description:       |

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| **LEGAL** |
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| Have you ever been charged with a crime (Misdemeanors/Felony [ ] Yes [ ]  No | List all Traffic Violations |
| If Yes, please explain:       |  |

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| **MEDICAL INFORMATION** |
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| List any allergies to medications, food, or insect bites or stings:       |
| List any medical condition that could limit your activity:       |

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| **OFFICIAL USE ONLY** |
| Enlistment Date:       Rank:       MOS:       |