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: |