

**RECRUITING DUTY SCREENING**

|                           |                                      |
|---------------------------|--------------------------------------|
| RATE                      | NAME : (Last, First, Middle Initial) |
| Proposed Detachment Date: | Proposed Duty Station                |

**SECTION A: GENERAL CRITERIA**

"YES" response in items 1, 3, 5, 9, and "NO" responses in items 2, 4, 6, 7, 8, 11 require explanation in CMC comments section or Command Endorsement.

|                                    |                             |   | Interviewer's<br>Initials |
|------------------------------------|-----------------------------|---|---------------------------|
| <input type="checkbox"/> YES       | <input type="checkbox"/> NO | 1. Within the past 36 months, has member been disqualified or found unsuitable for special programs(s)?   |                           |
| <input type="checkbox"/> YES       | <input type="checkbox"/> NO | 2. Performance Evaluation (NAVPERS 1616/26): Has member received at least 3.0 on all traits, been recommended for retention and promotable or higher for advancement in the past 36 months?   |                           |
| <input type="checkbox"/> YES       | <input type="checkbox"/> NO | 3. Has member had any NJP, courts-martial, civilian conviction, significant involvement with civilian authorities or moral/integrity violations within the past 36 months?  |                           |
| <input type="checkbox"/> YES       | <input type="checkbox"/> NO | 4. Does member have an excellent command of the English Language?   |                           |
| <input type="checkbox"/> YES       | <input type="checkbox"/> NO | 5. Has member had any alcohol related incidents in the last 36 months? Any 3 documented alcohol related incidents within the previous 5 years are considered unsuitable.  |                           |
| <input type="checkbox"/> YES       | <input type="checkbox"/> NO | 6. Is member currently within height, weight, or body fat standards, and has member passed the last three regularly scheduled Physical Fitness Assessments (PFA)? Waivers are considered on a case-by-case basis by PERS-4010.<br>HT: _____ INCHES WT: _____ POUNDS BF: _____ % |                           |
| <input type="checkbox"/> YES       | <input type="checkbox"/> NO | 7. Is member outstanding in appearance, military bearing, and conduct? Submit a 3 x 5 picture to PERS-4010 for waivers of conditions that detract from outstanding personal appearance (shaving waivers, etc.).   |                           |
| <input type="checkbox"/> YES       | <input type="checkbox"/> NO | 8. Does member have a valid state driver's license? Member must have a valid state driver's license prior to transfer to Recruiting Duty.<br>State: _____ License Number: _____ Expiration Date: _____  |                           |
| <input type="checkbox"/> YES       | <input type="checkbox"/> NO | 9. Does Member have visible tattoos? If yes, refer to NAVADMIN 110/06 for guidance. Any visible tattoos require submission of a 3 x 5 photo to PERS-4010 with this application for waiver consideration.  |                           |
| <input type="checkbox"/> YES       | <input type="checkbox"/> NO | 10. Has member signed the required OBLISERV for this program?   |                           |
| Personnel Officer's Name and Rank: |                             | Personnel Officer's Signature:  | Date:                     |

**SECTION B: MEDICAL/DENTAL SCREENING**Interviewer's  
Initials

|                                  |                             |   |       |
|----------------------------------|-----------------------------|---|-------|
| <input type="checkbox"/> YES     | <input type="checkbox"/> NO | 1. Has member completed required medical screening for this program?<br>If "no" will the gaining NRD accept? <input type="radio"/> Yes <input type="radio"/> No |       |
| <input type="checkbox"/> YES     | <input type="checkbox"/> NO | 2. Is member fully medically qualified for reenlistment/retention?  |       |
| <input type="checkbox"/> YES     | <input type="checkbox"/> NO | 3. Is member Dental Class II for PCS orders?  |       |
| Medical Officer's Name and Rank: |                             | Medical Officer's Signature:  | Date: |
| Dental Officer's Name and Rank:  |                             | Dental Officer's Signature:   | Date: |

**SECTION C: COMMAND FINANCIAL SPECIALIST**

|                                     |                             |   |       |
|-------------------------------------|-----------------------------|---|-------|
| <input type="checkbox"/> YES        | <input type="checkbox"/> NO | 1. Has the member been interviewed by the Command Financial Specialist per OPNAVINST 1740.5A? (Copy of Financial Screening must be provided with this application.) |       |
| <input type="checkbox"/> YES        | <input type="checkbox"/> NO | 2. Is member financially stable?  |       |
| Financial Specialist Name and Rank: |                             | Financial Specialist Signature:   | Date: |

All of the above information is certified to be true to the best of my knowledge. By signing this form I acknowledge that I must maintain my suitability throughout my assignment to Recruiting Duty.

|                         |                     |       |
|-------------------------|---------------------|-------|
| Member's Name and Rank: | Member's Signature: | Date: |
|-------------------------|---------------------|-------|

**SECTION D: COMMAND MASTER CHIEF**

|                                       |                             |  |       |
|---------------------------------------|-----------------------------|--|-------|
| <input type="checkbox"/> YES          | <input type="checkbox"/> NO | 1. This member meets minimum requirements, and is recommended for assignment to Recruiting Duty. |       |
| Comments:                             |                             |  |       |
| Command Master Chief's Name and Rank: |                             | Command Master Chief's Signature:  | Date: |

