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 Initials	
	YES		NO	<ol> <li>Within the past 36 months, has member been disqualified or found unsuitable for special programs(s)?</li> </ol>		
	YES		NO	<ol> <li>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?</li> </ol>		
	YES		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?		
	YES		NO	4. Does member have an excellent command of the English Language?		
	YES		NO	<ol> <li>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.</li> </ol>		
	YES		NO	<ol> <li>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. HT: INCHES WT:POUNDS BF:%</li> </ol>		
	YES		NO	<ol> <li>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.).</li> </ol>		
	YES		NO	<ul> <li>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.</li> <li>State: License Number: Expiration Date:</li></ul>		
	YES		NO	<ol> <li>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.</li> </ol>		
	YES		NO	10. Has member signed the required OBLISERV for this program?		
Pei	Personnel Officer's Name and Rank: Personnel Officer's Signature: Date:				Date:	

## SECTION B: MEDICAL/DENTAL SCREENING

					Iterviewer"s Initials		
			1. Has member completed required medical screenir	ng for this program?			
T YES	<u> </u>	10	If "no" will the gaining NRD accept? O Yes O No				
T YES	<u>г</u> м	10	2. Is member fully medically qualified for reenlistment/retention?				
T YES	YES 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: Denta			ne and Rank: Dental Officer's Signature:	tal Officer's Signature:			
			SECTION C: COMMAND FINANCIAL	SPECIALIST			
T YES	YES       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.)						
T YES		10	2. Is member financially stable?				
Financia	I Spec	ialist	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:			d Rank: Member's Signature	:	Date:		
			SECTION D: COMMAND MASTER				
	1						
T YES	<u> </u>	10	<ol> <li>This member meets minimum requirements, and is Recruiting Duty.</li> </ol>	s recommended for assignr	nent to		
Commen	ts:						
Command Master Chief's Name and Rank:			hief's Name and Rank: Command Master C	hief's Signature:	Date:		
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SECTION E: CO/XO/OIC/COS/DIRECTOR ENDORSEMENT						
□ YES □ NO 1.	YES NO 1. Are there any compelling reasons why servicemember would be unsuitable for Recruiting Duty? If Yes, provide reason for unsuitability in Command Endorsement block below.)					
· · ·	INITIAL CERTIFICA	ATION UPON NOMINA	TION			
Approved: Initial	ls Date	Disapproved: _	Initials	Date		
RE-CERTIFICATION WITHIN 5 WORKING DAYS OF TRANSFER. MEMBER CONTINUES TO MEET ALL REQUIREMENTS. INITIALS BELOW ARE REQUIRED						
Approved: Initial	ls Date	Disapproved:	Initials	Date		
Command Endorsement: (A summary statement evaluating the applicant is required. Provide written recommendation from Commanding Officer indicating member's potential to perform and excel in recruiting duty.) Endorsement of this screening represents full recommendation of this candidate by transferring command. All						
information is certified to be true to the best of my knowledge. A copy of this form has been filed in member's service record.						
Command Officer's Na	ame and Rank:	Commanding Officer's S	ignature:	Date:		
Privacy Statement: The authority to request this information is contained in 5 USC 301 Departmental Regulations. The information will be used to assist officials and employees of the Department of the Navy in determining your future duty assignments. Completion of the form is mandatory except for duty and home phone numbers. Failure to provide required information may result in delay in response to, or disapproval, of your request.						
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