

MONTGOMERY GI BILL ACT OF 1984 (MGIB)

(Chapter 30, Title 38, U.S. Code)

BASIC ENROLLMENT

PRIVACY ACT STATEMENT

AUTHORITY: Chapter 30, Title 38, U.S. Code, Sections 3011, 3012, 3018A, and 3018B; and EO 9397.

PRINCIPAL PURPOSE(S): To document the understanding of members about their eligibility or lack of eligibility for benefits under the Montgomery GI Bill Act of 1984 (MGIB) and document a member's election to decline enrollment for benefits under the MGIB.

ROUTINE USE(S): To the Department of Veterans' Affairs to ascertain an individual's eligibility to claim benefits under the MGIB.

DISCLOSURE: Voluntary; however, failure to provide the requested information will result in the individual being automatically enrolled in the MGIB program.

1. SERVICE MEMBER DATA

a. NAME(*LAST, First, Middle Initial*)

Kosin, Theodore James

b. SOCIAL SECURITY NUMBER (SSN)

(b) (6)

2. STATEMENT OF UNDERSTANDING FOR INELIGIBLE MEMBERS

I am **NOT** eligible for the MGIB because (a) I am a service academy graduate, or (b) I am an ROTC scholarship graduate who received more than the current minimum amount allowed for enrollment in MGIB, or (c) I am a prior service member who disenrolled during my previous term of active duty.

a. SERVICE MEMBER SIGNATURE

b. RANK/GRADE c. DATE SIGNED(YYYYMMDD)

3. STATEMENT OF UNDERSTANDING FOR ALL ELIGIBLE MEMBERS

1. I am automatically enrolled unless I exercise the option to **DISENROLL** by signing Item 5 below.
2. I understand that **UNLESS I DISENROLL** from the MGIB my basic pay will be reduced \$100 per month or the current monthly rate until \$1200 has been deducted; this basic pay reduction **CANNOT** be **REFUNDED, SUSPENDED OR STOPPED** this is an **IRREVOCABLE DECISION**.
3. I must complete 36 months of active duty service (24 months if my enlistment is for less than 36 months) before I am entitled to the current rate of monthly benefits. The MGIB provides benefits for a period of 36 months.
4. I understand I am eligible for an increased monthly benefit by contributing an additional amount, not to exceed \$600 while on active duty. Once I separate, I cannot contribute.

5. I must receive an **HONORABLE** discharge for service establishing entitlement to the MGIB. This **DOES NOT** include 'under honorable conditions'.
6. I must complete the requirements of a secondary school diploma or equivalency certification, or successfully complete the equivalent of 12 semester hours in a program of education leading to a standard college degree before applying for benefits with the Department of Veterans' Affairs.
7. I have 10 years from date of last discharge from active duty to use MGIB benefits.
8. If I die while on active duty, or within one year after discharge or release from active duty if service related, my designated beneficiary(ies) will receive the unused balance of the money reduced from my basic pay for the MGIB. This death benefit will be paid by the Department of Veterans' Affairs (DVA).
9. I cannot receive any combination of DVA educational benefits in excess of 48 months.
10. I must complete at least **24** months of a 3 year active duty service obligation and if my obligation is 2 years I may join and serve honorably in the Selected Reserve for a minimum of 48 months to qualify for the current active duty benefit rate. A (one) period of service **CANNOT** qualify me for both active and reserve MGIB benefits.

a. SERVICE MEMBER SIGNATURE

(b) (6)

b. RANK/GRADE

E01

c. DATE SIGNED(YYYYMMDD)

20070831

4. SERVICE UNIQUE EDUCATION ASSISTANCE OPTIONS

Term of Enlistment: 4 Years, 00 Weeks, MOS: 35K

5. STATEMENT OF DISENROLLMENT

I DO NOT desire to participate in MGIB. I understand the benefits of the MGIB program and that **I WILL NOT** be able to enroll at a later date.

a. DATE SIGNED(YYYYMMDD) b. RANK/GRADE c. SERVICE MEMBER SIGNATURE

6. CERTIFYING OFFICIAL

a. TYPED OR PRINTED NAME <i>(LAST, First, Middle Initial)</i>	b. RANK/GRADE	c. SIGNATURE	d. DATE SIGNED <i>(YYYYMMDD)</i>
(b) (6)		(b) (6)	20070831

DD FORM 2366, JUN 2002

PREVIOUS EDITION IS OBSOLETE.

REQUEST FOR VERIFICATION OF BIRTH		1. DATE OF REQUEST (YYYYMMDD) 20070828	OMB No. 0704-0006 OMB approval expires Jan 31, 2008	
<p>The public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Service Directorate (0704-0006). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</p>				
PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO THE ADDRESS LISTED IN SECTION III, ITEM 14.b.				
SECTION I (Fill in every item in this section)				
2. FULL NAME OF CHILD AT TIME OF BIRTH (Last, First, Middle Names) Kosin, Theodore James		3. SEX (X) <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	4. DATE OF BIRTH (YYYYMMDD) (b) (6)	
5. PLACE OF BIRTH				
a. CITY (b) (6)	b. COUNTY (b) (6)	c. STATE (b) (6)		
6. FULL NAME OF FATHER AT TIME OF BIRTH OF CHILD LISTED IN BLOCK 2 (Last, First, Middle Names) (b) (6)				
7. FULL NAME OF MOTHER AT TIME OF BIRTH OF CHILD LISTED IN BLOCK 2 (Last, First, Middle and Maiden Names) (b) (6)				
8. RECRUITING OFFICER/REPRESENTATIVE MAKING REQUEST				
a. NAME (Last, First, Middle Initial) (b) (6)	b. RANK/GRADE SPC/E-7	c. TITLE Station Commander		
d. SIGNATURE (b) (6)				
SECTION II (For use by Vital Statistics Department only)				
9. CORRECTIONS OF ABOVE STATEMENT MADE ACCORDING TO FACTS ON FILE BY:				
a. NAME (Last, First, Middle Initial) (b) (6)		b. ORGANIZATION Town Clerks Office		
ORGANIZATION ADDRESS:				
c. STREET 54 Forgery Ave		d. CITY West Bay	e. STATE NY	f. ZIP CODE 11771
This is to verify that the above data as corrected are true and correct according to the record on file in this office. These data are confidential and cannot be used in any manner except for official purposes.		10. CERTIFICATE NUMBER (b) (6)	11. FILE DATE (YYYYMMDD) 19881024	
12. SIGNATURE (b) (6)			13. DATE SIGNED (YYYYMMDD) 20070829	
SECTION III (For completion by recruiting official)				
14. RECRUITING OFFICE IDENTIFICATION DATA				
a. RECRUITING OFFICER/REPRESENTATIVE NAME (Last, First, Middle Initial) (b) (6)				
b. UNIT/COMMAND NAME AND MAILING ADDRESS (Street, City, State and ZIP Code) 1000 Carlisle Street, Suite 5A Hanover, PA 17331				
15. SIGNATURE (b) (6)			d. DATE SIGNED (YYYYMMDD) 20070828	

STATEMENT FOR ENLISTMENT
UNITED STATES ARMY ENLISTMENT PROGRAM
For use of this form, see AR 601-210; the proponent agency is ODCSPER
(For instructions using this form see USAREC Reg 601-96)

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, United States Code. Section 275 Executive Order 9397.

PRINCIPAL PURPOSE: Basic form used to record contractual obligations to enlistees. Guarantees and annexes enlistment contract.

ROUTINE USES: This form becomes a part of the Enlisted Master File and Field Personnel File. All uses of this form are internal to the United States Army.

DISCLOSURE: Disclosure of the Social Security Number: (SSN) and other personal information is voluntary. However failure to provide the required information may result in denial of enlistment or reenlistment.

1. ACKNOWLEDGMENT: In connection with my enlistment in the Regular Army. I hereby acknowledge that:

a. I am enlisting for the following program (s):

<u>PROGRAM</u>	<u>TITLE</u>	<u>REQUEST OPTION</u>
9A	United States ARMY Training Enlistment Program(UNAB)	04

b. My enlistment for this program assures me that, provided I meet required prerequisites, I will receive training in the following Military Occupational Specialty (MOS) or Career Management Field (CMF)

MOS: 35K Unmanned Aerial Vehicle Operator

Skill Level: 1

SQI: O NO SPECIAL QUALIFICATIONS

ASI: 00 DEFAULT CODE

Language: YY NONE

- c. I understand that I must meet physical requirements for airborne IAW AR 40-501.
- d. I understand that I must demonstrate the ability to run five miles in 45 minutes or less or I will not be allowed to enter Airborne Training.
- e. I understand that I must successfully complete the Basic Airborne Training (BAT) course.
- f. I understand that the assignment location for which I have enlisted is subject to change if either my spouse or dependent child (ren) are enrolled in the Exceptional Family Member Program (EFMP) for medical reasons, meaning that one or more of my family members require medical treatment that may not be available at all military medical treatment facilities (MTF). I further understand that if my original assignment option is changed due to that installation's MTF not being able to provide

the proper care for my family member(s), I will be assigned to another installation where proper medical care is available, based on the Army's need for a Soldier of my military occupational specialty and rank at that installation. I understand that if I have not enlisted for a guaranteed assignment and either my spouse or dependent child(ren) are enrolled in the EFMP, my future assignment(s) will be determined based on availability of proper medical care for my family member(s) and the needs of the Army.

- (1) In addition to my MOS training I am required to complete airborne training, I understand that I am volunteering to perform frequent aircraft flights, parachute jumps and to participate in realistic combat training while receiving airborne training or performing Airborne duties. I understand that if I fail to complete airborne training, maintain airborne qualifications or fail to attain or maintain required standards on the advanced physical fitness test, I will be reassigned and trained in accordance with the needs of the Army.
- g. I certify that I have read or have viewed the Job Description for the MOS I am enlisting for and further acknowledge that I understand the general nature of the training I will receive.
- h. I understand that I must satisfactorily complete basic combat training in order to receive the training indicated above. Further, I understand that if I should be relieved from training for academic deficiency, disciplinary reasons, failure to receive any required security clearance because of information withheld by me or any misconduct, I will be trained in accordance with the needs of the Army and required to complete the term of my enlistment.
- i. I further state and understand that I have been given no guarantee of assignment nor have I been assured that I will or will not be assigned to an overseas location. I understand that upon successful completion of my training I will be assigned in accordance with the needs of the Army and no guarantee of a specific job has been made.
- j. My term of enlistment in the Regular Army is 4 Years 00 weeks.

2. ASSOCIATED OPTIONS: In connection with my enlistment into the Regular Army, I hereby acknowledge and understand

- a. I certify that I have read viewed and understand the Information for applicants Table 9-1 of AR 601-210 for the enlistment Programs I am enlisting for.

3. APPLICABLE TO ALL APPLICANTS ENLISTING UNDER THIS PROGRAM:

- a. I have provided complete, detailed, and accurate background information in regards to my controlled drug and alcohol use, financial, moral, and physical history. This information will be used to determine my eligibility for the necessary security clearance if required by an MOS, option, or duty assignment in connection with my enlistment. I understand that if it is determined that I have knowingly failed to reveal information at the time of my enlistment, or I have significant derogatory information, which results in my inability to receive an interim or final security clearance within 120 days from the submission date of my request for a clearance, I may be reclassified based on the needs of the Army or processed for discharge.
- b. I understand that if my enlistment contract cannot be fulfilled through no fault of my own, the alternatives available to me will be provided in Army Regulation 635-200. I understand that I will have a period of thirty days from the time I am notified, become aware or reasonably should have become aware that my selected training (above) cannot become fulfilled, to elect an alternative training program for which I am qualified and a vacancy exists, or request a separation. This thirty day period may be extended by the general courts martial convening authority when necessary to determine the availability of my selected alternative. If I make no election within the thirty day period, my claim will be deemed to have been waived. I understand that if I have enlisted for training in a military occupational specialty (MOS) under the variable enlistment length (VEL) option. I understand I am required to complete all training and term of service (TOS) associated with the MOS. If MOS or training length changes, I will be required to meet the minimum years of service obligation associated with the MOS upon completion of training.
- c. If I fail, through my own fault, to meet any of these established prerequisites for the Nuclear Security Programs or the required security clearances or fail to meet or maintain required medical, physical, professional, or other suitability standards for

training or retention in accordance with my enlistment contract, I will be trained and assigned in accordance with the needs of the Army and required to complete my term of enlistment. I further acknowledge that if I become disqualified for this enlistment program because of personal conduct, withholding of information that I have within my knowledge that precludes access to special intelligence information, I will be retrained and required to complete my term of enlistment in accordance with the needs of the Army.

4. STATEMENT AND CONDITIONS which apply to ALL incentive programs above:

a. I further acknowledge and understand that my incentive is subject to the following conditions:

- (1) Should I fail to satisfactorily complete the Advanced Individual Training or One Station Unit Training, I will be trained in another MOS or CMF and required to complete my term of enlistment based upon the needs of the Army, forfeiting any entitlement of the Cash Bonus, LRP, or Army College Fund
- (2) I will lose entitlement to the incentive above if I fail to successfully complete training (*including academic failure*) and awarded the MOS I have enlisted for.
- (3) I must stay qualified in my incentive MOS for the duration of my initial enlistment, unless otherwise directed by Headquarters, Department of the Army. Change of MOS due to normal career progression is authorized.
- (4) If I fail to complete my term of enlistment and separation or discharge **was** at the convenience of the government, I must have completed at least 20 months if my initial term was less than 3 years and at least 30 months if 3 or more years. This applies to the MGIB and the ACF only.
- (5) If I receive a commission in the Armed Forces either by graduating from the U. S. Military, Naval, Air Force, or Coast Guard Academy, or by completing a program of educational assistance under the Reserve Officer Training Corps (ROTC) Scholarship program, I will lose my eligibility for the MGIB and the ACF.

5. ARMY KNOWLEDGE ONLINE:

- a. You must register for an AKO email account prior to your Initial Orientation with your recruiter which will occur 1–10 days from today's date. You must register for your account at: <http://www.futuresoldiers.com/html/registration.jsp>. You are required to enter your Social Security Number, Date of Birth and Pay Entry Basic Date. Your Pay Entry Basic Date is: **25 Oct 2007**.

6. SURE PAY:

- a. As part of my enlistment contract, I hereby acknowledge and agree that I have the duty and responsibility, to establish and maintain an account with a United States financial institution such as a bank, savings and loan, or credit union for the direct deposit/receipt of my Army net pay and allowances. I will have in my possession a completed direct deposit form from a financial institution, an ATM Card and or checks prior to shipping to access funds during training.
- b. I understand that prior to reporting on Active Duty, I am required to establish an account with the U. S. financial institution for direct deposit/receipt of my Army net pay and allowances, and execute the appropriate forms prior to or immediately to ensure my Army net pay and allowances are deposited directly into my account. I understand I may freely choose or change U. S. financial institutions to satisfy this requirement. I understand that I will continue to have the duty and responsibility to maintain such an account for direct deposit/receipt of my Army net pay allowances so long as I remain in service, unless I receive a specific exemption from this requirement from the Army. I understand that failure to establish and maintain an account as described above, in the absence of a specific exemption, may subject me to administrative action and/or disciplinary action under the Uniform Code of Military Justice or state military code.

7. ALCOHOL AND DRUG ABUSE:

- a. I understand that the Army's policy on alcohol and drug abuse is that the Army must prevent alcohol and drug abuse in order to

perform its mission to defend the United States, to ensure its combat readiness, and to protect the health and welfare of its soldiers. I understand that service in the United States Army places me in a position of special trust and responsibility. Any drug abuse by soldiers of the United States Army is against the law, violates Army standards of behavior and duty performance, and will not be tolerated. Alcohol abuse involving criminal acts or conduct detrimental to the Army or good order and discipline will also not be tolerated. The illegal use of narcotics, or prescription drugs, or any use of marijuana or other illegal substances by soldiers can lead to criminal prosecution and/or discharge under other than honorable conditions. If I am identified for either alcohol or drug abuse, including the use or possession of marijuana, appropriate disciplinary and/or administrative action may be taken against me. This may include trial by court-martial or administrative separation from the Army.

- b. I understand that certain Military Occupational Specialties (MOS) in the Army cannot be performed by persons who have used marijuana or other drugs. If it is established that I have used drugs or marijuana and that usage disqualifies me for the MOS for which I entered the ARMY or have been awarded, I may be reclassified into another MOS based on the needs of the Army.

8. RELIGIOUS PRACTICE ACCOMMODATION:

- a. I understand the Department of the Army's policy on accommodation of religious practices is to accommodate religious practices when accommodation will not have an adverse impact on military readiness, unit cohesion, standards, health, safety, or discipline. The Army places a high value on the rights of its soldiers to observe the tenants of their respective religions. Unit commanders are authorized to initially approve or deny requests for accommodation of religious practices. Conditions of accommodation may change based on military need. Policy guidelines are contained in AR 600-20 and AR 165-1 which my guidance counselor has available for me to read. I understand that the Army cannot guarantee accommodation of religious practices.
- b. I further state that I have been given the opportunity to read or I have read the policy in AR 600-20 and AR 165-1.

9. FITNESS TRAINING UNIT:

- a. I understand that all recruits reporting for Basic Combat Training (BCT) and One Station Unit Training (OSUT) will be assessed on their physical fitness during processing at the Reception Battalion.
- b. The new soldiers not meeting the minimum standards listed below will enter the Fitness Training Unit. Those who meet or exceed the standards will proceed on to BCT/OSUT. The minimum standards are:

Push-up:	13 repetitions
Sit-up:	17 repetitions
1 Mile Run:	8 min 30 sec.

10. SEXUAL HARASSMENT:

- a. U.S. Army will not condone any person who violates the rights of; or discriminates against; any person because of their gender. Further, I understand that:
- (1) Sexual harassment is a form of gender discrimination that involves unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature, when submission to or rejection of such conduct is made either explicitly or implicitly a term or condition of a person's job, pay, or career;
 - (2) Submission to or rejection of such conduct by a person is used as a basis for career or employment decisions affecting that person; or such conduct interferes with an individual's performance or creates an intimidating, hostile, or offensive environment.

(3) Any soldier or civilian employee in a supervisory or command position who uses or condones implicit or explicit sexual behavior to control, influence, or affect the career, pay, or job of another soldier or civilian employee is engaging in sexual harassment. Who makes deliberate or repeated unwelcome verbal comments, gestures, or physical contact of a sexual nature is engaging in sexual harassment. Sexual harassment is not limited to the workplace, can occur at almost any place, and violates acceptable standards of integrity and impartiality required of all Army personnel. It interferes with mission accomplishment and unit cohesion. Such behavior by soldiers or Army civilians will not be tolerated.

(4) I fully acknowledge that I have the duty and responsibility to report immediately any violation of the above stated policy. In addition, I acknowledge that I am aware of the Army policy stated above and any violation could be grounds for adverse action or criminal charges under the Uniform Code of Military Justice. If a violation of the above policy occurs while I am a member of the Delayed Entry/Training Program, I may contact the U.S. Army Recruiting Battalion Executive Officer or Commander at (717) 737-3636.

b. U.S. Army has zero tolerance for conduct or behavior that violates the policy stated above.

c. The Army policy stated above may be found in Army Regulation 600-20, Army Command Policy.

11. PROHIBITED ACTIVITIES:

a. I understand that the U.S. Army strictly prohibits any social activity of a personal, unofficial nature between U.S. Army Recruiting Command personnel and members of the Future Soldier Program. Prohibited activities include:

(1) Any type of romantic or sexual conduct.

(2) Sharing of lodging.

(3) Sharing of a personal vehicle.

(4) Drinking of alcoholic beverages.

(5) Personal employment, such as babysitting and maintenance work.

(6) Exchange of money; to include loaning, giving, receiving, or borrowing.

(7) Exchange of personal property; to include selling, purchasing, leasing, giving, receiving, loaning, and borrowing.

b. I understand that Future Soldier Program functions are official in nature and are not considered personal, social activity; therefore, the above rules still apply to those functions.

c. I understand that if I become aware of any recruiting personnel violating any of these rules, I will report it immediately to the Battalion Executive Officer whose telephone number is: (717) 737-3636.

d. I understand that between recruiting personnel and Future Soldiers there will be no sex, no dating, no sleepovers, no sharing of property, no drinking of alcohol, no financial deals, no improper touching, no profane language, no verbal sexual suggestions, and no sexual harassment.

12. PARTICIPATION IN EXTREMIST ORGANIZATIONS OR ACTIVITIES:

a. I have been advised that participation in extremist organizations or activities is inconsistent with the treatment for all soldiers without regard to race, color, religion, sex, or national origin. Enforcement of responsibilities of military service. It is the policy of the U.S. Army to provide equal opportunity and the Army's equal opportunity policy is a responsibility of command, is vitally important to unit cohesion and morale, and is essential to the Army's ability to accomplish its mission. It is the commander's responsibility to maintain good order and discipline in the unit. Every commander has the inherent authority to take appropriate actions to accomplish this goal. This paragraph identifies prohibited actions by soldiers

involving extremist organizations or activities, discusses the authority of the commander to establish other prohibitions, and establishes that violation of the prohibitions contained in this paragraph or those established by a commander may result in prosecution under various provisions of the Uniform Code of Military Justice (UCMJ).

- (1) Participation. Military personnel must reject participation in extremist organizations and activities. Extremist organizations and activities are ones that advocate racial, gender, or ethnic hatred or intolerance; advocate, create, or engage in illegal discrimination based on race, color, sex, religion, or national origin; advocate the use of or use force or violence or unlawful means to deprive individuals of their rights under the United States Constitution or the laws of the United States or any State; or advocate or seek to overthrow the Government of the United States, or any State by unlawful means.
- (2) Prohibitions. Soldiers are prohibited from the following actions in support of extremist organizations or activities. Penalties for violation of these prohibitions include the full range of statutory and regulatory sanctions, both criminal (UCMJ) and administrative.
- (3) Participating in a public demonstration or rally.
- (4) Attending a meeting or activity with knowledge that the meeting or activity involves an extremist cause when on duty, when in uniform, when in a foreign country (whether on- or off-duty or in uniform), when it constitutes a breach of law and order, when violence is likely to result, or when in violation of off-limits sanctions or a commander's order;
- (5) Fund-raising;
- (6) Recruiting or training members (including encouraging other soldiers to join);
- (7) Creating, organizing, or taking a visible leadership role in such an organization or activity; or
- (8) Distributing literature on or off a military installation the primary purpose and content of which concerns advocacy or support of extremist causes, organizations, or activities and it appears that the literature presents a clear danger to the loyalty, discipline, or morale of military personnel, or if the distribution would materially interfere with the accomplishment of a military mission.

b. I acknowledge that I have read and fully understand the Army's policy regarding a soldier's participation in extremist organizations or activities. If I request, a complete copy of AR 600-20, paragraph 4-12, will be provided to me.

13. UNIFORM AND APPEARANCE:

a. I acknowledge that I have been informed of the U.S. Army uniform and appearance policy. I understand that:

- (1) AR 670-1 (Wear and Appearance of Army Uniforms and Insignia) contains personal appearance policies which I will be required to comply with. Soldiers are expected to maintain good daily hygiene and wear their uniform so as not to detract from an overall military appearance.
- (2) I have been informed that provisions of AR 670-1 as it applies to personal appearance include specific policy with regard to body markings.
- (3) The current policy is as follows:
 - (a.) Any person with a tattoo on the head, neck, scalp, or face will not be accepted. Furthermore, regardless of a tattoo's location, any tattoo deemed offensive, racist, profane, and/or linked to a criminal activity or extremist group may be denied enlistment.
 - (b.) TATTOOING in areas of the body (i.e., face, legs, hands, fingers, etc.,) that would cause the tattoo to be exposed in a Class A Uniform would detract from a soldierly appearance.

(c.) Any person who is not in compliance with AR 670-1 as it applies to tattoos will not be accepted for enlistment in the U.S. Army.

b. I have been advised that while a member of the U.S. Army, to include the Delayed Entry Program, I may not violate the above policy. I will refrain from obtaining any body markings or I may be denied entry for violation of the above expressed policy.

c. I hereby state that I have revealed the existence of all tattoos during my medical examination. I have further revealed to my recruiter, or guidance counselor that I have markings (tattoos).

I DO NOT HAVE ANY TATTOOS.

14. MILITARY SERVICE OBLIGATION UNDERSTANDING:

I understand that an original enlistment in the US Armed Forces obligates me to an eight (8) year Military Service Obligation. My term of enlistment in the Regular Army is creditable towards that obligation, as was any enlistment in the Delayed Entry Program. In the event that the Secretary of the Army determines that military necessity of a national scope requires that soldiers be available for assignment/reassignment or training, any or all guarantees contained in this agreement may be terminated. Under these conditions I may be trained, assigned or reassigned according to the needs of the Army.

AUTHENTICATION

15. I have read and understand the statements above and that these statements are intended to constitute ALL promises and guarantees whatsoever concerning my enlistment. No other (verbal or otherwise) promise or representation not annexed to my enlistment contract is valid or will be honored. I hereby state that I have NOT been promised anything other than what is written on this form and hereby waive any claim based upon any promise or representation not annexed to my contract. I further state that I have provided my recruiter and guidance counselor all information concerning my qualifications and that no official in the U.S. Army or any other agency has advised me to conceal, nor have I concealed information in connection with my enlistment.

I certify that I have not received any additional law violations, and remain morally qualified for the enlistment options I have chosen.

All additional documentation/information necessary for my MOS / Options have been provided IAW AR 601-210.

**TYPED NAME AND SSN OF
APPLICANT**

SIGNATURE OF APPLICANT

DATE

Theodore James Kosin

(b) (6)

(b) (6)

0071025

**TYPED NAME AND GRADE OF
COUNSELOR**

**SIGNATURE OF GUIDANCE
COUNSELOR**

DATE

M (b) (6)

(b) (6)

20071025

**STATEMENT FOR ENLISTMENT
UNITED STATES ARMY ENLISTMENT PROGRAM
U.S. ARMY DELAYED ENLISTMENT PROGRAM**
For use of this form, see AR 601-210; the proponent agency is ODCSPER
(For instructions using this form see USAREC Reg 601-96)

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, United States Code. Section 275 Executive Order 9397.

PRINCIPAL PURPOSE: Basic form used to record contractual obligations to enlistees. Guarantees and annexes enlistment contract.

ROUTINE USES: This form becomes a part of the Enlisted Master File and Field Personnel File. All uses of this form are internal to the United States Army.

DISCLOSURE: Disclosure of the Social Security Number: (SSN) and other personal information is voluntary. However failure to provide the required information may result in denial of enlistment or reenlistment.

1. ACKNOWLEDGMENT: In connection with my enlistment in the Regular Army. I hereby acknowledge that:

- a. My enlistment in the U. S. Army Reserve obligates me to a total of **8** years service in the U. S. Armed Forces, including service in the Reserve components, unless sooner discharged by proper authority. Fulfillment of this obligation begins on the date I enlist in the Delayed Entry Program.
 - b. I will be assigned to the U. S. Army Reserve Control Group (Delayed Entry). During which time I will be in a non-pay status and will not be authorized to participate in any Reserve training.
 - c. I volunteer to serve on active duty for two years in any job assignment specified by the Army. Such period to begin within 39 days unless I enlist into the Regular Army, or I am granted further delay by proper authority.
 - d. In lieu of performing the active duty specified above, I may enlist into the Regular Army for a period of 4 Years 00 weeks.
2. Upon enlistment into the Regular Army. I will be enlisted under the provisions of Army Regulation 601-210. Program or programs as indicated below:

<u>PROGRAM</u>	<u>TITLE</u>	<u>REQUEST OPTION</u>
9A	United States ARMY Training Enlistment Program(UNAB)	04

School course, I have been assured of attending the School course for:

MOS: 35K Unmanned Aerial Vehicle Operator
Skill Level: 1
SQI: O NO SPECIAL QUALIFICATIONS
ASI: 00 DEFAULT CODE

Language: YY NONE

a. In the event, through no fault of my own, that my enlistment, program school course, or training of my choice is cancelled or otherwise not available before I enlist into the Regular Army. I will elect one of the following alternatives:

(1) I will elect another program, School Course, or training of my choice for which I am qualified and a vacancy exists.

(2) I will be separated from the Delayed Entry Program.

3. The date of my enlistment into the Regular Army is scheduled for 24 Oct 2007 .

a. In the event that I willfully fail to report for active duty as specified in above and on my DD Form 4 enlistment Contract. I understand that I will be in an Absent With out Leave Status (AWOL) and subject to apprehension and charged with article 86 (deserter) of the Uniform Code of Military Justice.

b. I have provided complete, detailed, and accurate background information in regards to my controlled drug and alcohol use, financial, moral, and physical history. This information will be used to determine my eligibility for the necessary security clearance if required by an MOS, option, or duty assignment in connection with my enlistment. I understand that if it is determined that I have knowingly failed to reveal information at the time of my enlistment, or I have significant derogatory information, which results in my inability to receive an interim or final security clearance within 120 days from the submission date of my request for a clearance, I may be reclassified based on the needs of the Army or processed for discharge.

c. I understand that I must meet physical requirements for airborne IAW AR 40-501.

d. I understand that I must demonstrate the ability to run five miles in 45 minutes or less or I will not be allowed to enter Airborne Training.

e. I understand that I must successfully complete the Basic Airborne Training (BAT) course.

f. I certify that I have read or have viewed the Job Description for the MOS I am enlisting for and further acknowledge that I understand the general nature of the training I will receive.

g. I have provided my recruiter or and Guidance Counselor all information required on my application for enlistment. I certify that I have read and fully understand the contents of this form and that no one has told me to conceal any information. I further state that all of the documents such as my birth certificate, high school or college transcripts, diplomas, social security card, or other documents in my enlistment or appointment packet are mine and were not falsified. It is prohibited to have anyone assist me in taking the Armed Services Vocational Aptitude Battery (ASVAB). I certify that no one has given me any answers to the test questions and that the scores I achieved were through my own efforts and I received no assistance taking the ASVAB.

(1) I am aware that I must reveal all criminal offenses, cases, and arrests to include juvenile and those charges that have been expunged, dismissed, set aside, or not prosecuted. I must reveal all responsibilities I have with respect to children or spouse. I must reveal all prior military service.

(2) I have not concealed any medical information and I further state that If anyone has told me to conceal, omit from my application, or falsify any information I must report any misconduct on anyone's part that is involved with my recruiting process immediately to the recruiting battalion executive officer.

(3) That no person has advised me to conceal any information with respect to my enlistment.

4. I understand that in the event the Secretary of the Army determines for military necessity of national interest members be available for immediate assignment/reassignment any guarantees contained in this agreement may be terminated. Under these conditions I may be assigned or reassigned according to the needs of the Army.

5. Pre-Basic Combat Training (BCT) Physical Training (PT) Program

- a. I understand and acknowledge that all recruits reporting for Active Duty/Active Duty for Training will be required to meet a physical assessment standard in order to enter on active duty. At a minimum, I must be able to demonstrate my ability to successfully perform 13 pushups for males, 3 pushups for females, 17 sit-up for males and females and a one mile run in 8:30 minutes for males and 10:30 minutes for females. In addition, Prior Service applicants not requiring basic training will be required to successfully achieve a minimum of 60 points in each event on the Army Physical Fitness Test (APFT).
- b. Based upon my initial assessment, my recruiter will enroll me in a self-paced Pre-Basic Combat Training (BCT) Physical Training (PT) Program. I understand and acknowledge that as a member of the Army or Army Reserves, my participation in the PT program is voluntary; however, I will be required to meet a physical assessment standard in order for me to enter on active duty. Failure to meet these standards will prevent me from shipping.

6. ARMY KNOWLEDGE ONLINE:

- a. You must register for an AKO email account prior to your Initial Orientation with your recruiter which will occur 1-10 days from today's date. You must register for your account at: <http://www.futuresoldiers.com/html/registration.jsp>. You are required to enter your Social Security Number, Date of Birth and Pay Entry Basic Date. Your Pay Entry Basic Date is: **24 Oct 2007** ..

7. SURE PAY:

- a. As part of my enlistment contract, I hereby acknowledge and agree that I have the duty and responsibility, to establish and maintain an account with a United States financial institution such as a bank, savings and loan, or credit union for the direct deposit/receipt of my Army net pay and allowances. I will have in my possession a completed direct deposit form from a financial institution, an ATM Card and or checks prior to shipping to access funds during training.
- b. I understand that prior to reporting on Active Duty, I am required to establish an account with the U. S. financial institution for direct deposit/receipt of my Army net pay and allowances, and execute the appropriate forms prior to or immediately to ensure my Army net pay and allowances are deposited directly into my account. I understand I may freely choose or change U. S. financial institutions to satisfy this requirement. I understand that I will continue to have the duty and responsibility to maintain such an account for direct deposit/receipt of my Army net pay allowances so long as I remain in service, unless I receive a specific exemption from this requirement from the Army. I understand that failure to establish and maintain an account as described above, in the absence of a specific exemption, may subject me to administrative action and/or disciplinary action under the Uniform Code of Military Justice or state military code.

8. ALCOHOL AND DRUG ABUSE:

- a. I understand that the Army's policy on alcohol and drug abuse is that the Army must prevent alcohol and drug abuse in order to perform its mission to defend the United States, to ensure its combat readiness, and to protect the health and welfare of its soldiers. I understand that service in the United States Army places me in a position of special trust and responsibility. Any drug abuse by soldiers of the United States Army is against the law, violates Army standards of behavior and duty performance, and will not be tolerated. Alcohol abuse involving criminal acts or conduct detrimental to the Army or good order and discipline will also not be tolerated. The illegal use of narcotics, or prescription drugs, or any use of marijuana or other illegal substances by soldiers can lead to criminal prosecution and/or discharge under other than honorable conditions. If I am identified for either alcohol or drug abuse, including the use or possession of marijuana, appropriate disciplinary and/or administrative action may be taken against me. This may include trial by court-martial or administrative separation from the Army.
- b. I understand that certain Military Occupational Specialties (MOS) in the Army cannot be performed by persons who have used marijuana or other drugs. If it is established that I have used drugs or marijuana and that usage disqualifies me for the MOS for which I entered the ARMY or have been awarded, I may be reclassified into another MOS based on the needs of the Army.

9. RELIGIOUS PRACTICE ACCOMMODATION:

- a. I understand the Department of the Army's policy on accommodation of religious practices is to accommodate religious practices when accommodation will not have an adverse impact on military readiness, unit cohesion, standards, health, safety, or discipline. The Army places a high value on the rights of its soldiers to observe the tenants of their respective religions. Unit commanders are authorized to initially approve or deny requests for accommodation of religious practices. Conditions of accommodation may change based on military need. Policy guidelines are contained in AR 600-20 and AR 165-1 which my guidance counselor has available for me to read. I understand that the Army cannot guarantee accommodation of religious practices.
- b. I further state that I have been given the opportunity to read or I have read the policy in AR 600-20 and AR 165-1.

10. FITNESS TRAINING UNIT:

- a. I understand that all recruits reporting for Basic Combat Training (BCT) and One Station Unit Training (OSUT) will be assessed on their physical fitness during processing at the Reception Battalion.
- b. The new soldiers not meeting the minimum standards listed below will enter the Fitness Training Unit. Those who meet or exceed the standards will proceed on to BCT/OSUT. The minimum standards are:

Push-up:	13 repetitions
Sit-up:	17 repetitions
1 Mile Run:	8 min 30 sec.

11. SEXUAL HARASSMENT:

- a. The U.S. Army will not condone any person who violates the rights of; or discriminates against; any person because of their gender. Further, I understand that:
- (1) Sexual harassment is a form of gender discrimination that involves unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature, when submission to or rejection of such conduct is made either explicitly or implicitly a term or condition of a person's job, pay, or career;
 - (2) Submission to or rejection of such conduct by a person is used as a basis for career or employment decisions affecting that person; or such conduct interferes with an individual's performance or creates an intimidating, hostile, or offensive environment.
 - (3) Any soldier or civilian employee in a supervisory or command position who uses or condones implicit or explicit sexual behavior to control, influence, or affect the career, pay, or job of another soldier or civilian employee is engaging in sexual harassment. Who makes deliberate or repeated unwelcome verbal comments, gestures, or physical contact of a sexual nature is engaging in sexual harassment. Sexual harassment is not limited to the workplace, can occur at almost any place, and violates acceptable standards of integrity and impartiality required of all Army personnel. It interferes with mission accomplishment and unit cohesion. Such behavior by soldiers or Army civilians will not be tolerated.
 - (4) I fully acknowledge that I have the duty and responsibility to report immediately any violation of the above stated policy. In addition, I acknowledge that I am aware of the Army policy stated above and any violation could be grounds for adverse action or criminal charges under the Uniform Code of Military Justice. If a violation of the above policy occurs while I am a member of the Delayed Entry/Training Program, I may contact the U.S. Army Recruiting Battalion Executive Officer or Commander at (717) 770-7140 .
- b. The U.S. Army has zero tolerance for conduct or behavior that violates the policy stated above.

- c. The Army policy stated above may be found in Army Regulation 600–20, Army Command Policy.

12. PARTICIPATION IN EXTREMIST ORGANIZATIONS OR ACTIVITIES:

a. I have been advised that participation in extremist organizations or activities is inconsistent with the treatment for all soldiers without regard to race, color, religion, sex, or national origin. Enforcement of responsibilities of military service. It is the policy of the U.S. Army to provide equal opportunity and the Army's equal opportunity policy is a responsibility of command, is vitally important to unit cohesion and morale, and is essential to the Army's ability to accomplish its mission. It is the commander's responsibility to maintain good order and discipline in the unit. Every commander has the inherent authority to take appropriate actions to accomplish this goal. This paragraph identifies prohibited actions by soldiers involving extremist organizations or activities, discusses the authority of the commander to establish other prohibitions, and establishes that violation of the prohibitions contained in this paragraph or those established by a commander may result in prosecution under various provisions of the Uniform Code of Military Justice (UCMJ).

- (1) Participation. Military personnel must reject participation in extremist organizations and activities. Extremist organizations and activities are ones that advocate racial, gender, or ethnic hatred or intolerance; advocate, create, or engage in illegal discrimination based on race, color, sex, religion, or national origin; advocate the use of or use force or violence or unlawful means to deprive individuals of their rights under the United States Constitution or the laws of the United States or any State; or advocate or seek to overthrow the Government of the United States, or any State by unlawful means.
- (2) Prohibitions. Soldiers are prohibited from the following actions in support of extremist organizations or activities. Penalties for violation of these prohibitions include the full range of statutory and regulatory sanctions, both criminal (UCMJ) and administrative.
- (3) Participating in a public demonstration or rally.
- (4) Attending a meeting or activity with knowledge that the meeting or activity involves an extremist cause when on duty, when in uniform, when in a foreign country (whether on- or off-duty or in uniform), when it constitutes a breach of law and order, when violence is likely to result, or when in violation of off-limits sanctions or a commander's order;
- (5) Fund-raising;
- (6) Recruiting or training members (including encouraging other soldiers to join);
- (7) Creating, organizing, or taking a visible leadership role in such an organization or activity; or
- (8) Distributing literature on or off a military installation the primary purpose and content of which concerns advocacy or support of extremist causes, organizations, or activities and it appears that the literature presents a clear danger to the loyalty, discipline, or morale of military personnel, or if the distribution would materially interfere with the accomplishment of a military mission.

b. I acknowledge that I have read and fully understand the Army's policy regarding a soldier's participation in extremist organizations or activities. If I request, a complete copy of AR 600–20, paragraph 4–12, will be provided to me.

13. UNIFORM AND APPEARANCE:

a. I acknowledge that I have been informed of the U.S. Army uniform and appearance policy. I understand that:

- (1) AR 670–1 (Wear and Appearance of Army Uniforms and Insignia) contains personal appearance policies which I will be required to comply with. Soldiers are expected to maintain good daily hygiene and wear their uniform so as not to detract from an overall military appearance.
- (2) I have been informed that provisions of AR 670–1 as it applies to personal appearance include specific policy with regard

to body markings.

(3) The current policy is as follows:

(a.) Any person with a tattoo on the head, neck, scalp, or face will not be accepted. Furthermore, regardless of a tattoo's location, any tattoo deemed offensive, racist, profane, and/or linked to a criminal activity or extremist group may be denied enlistment.

(b.) TATTOOING in areas of the body (i.e., face, legs, hands, fingers, etc.,) that would cause the tattoo to be exposed in a Class A Uniform would detract from a soldierly appearance.

(c.) Any person who is not in compliance with AR 670-1 as it applies to tattoos will not be accepted for enlistment in the U.S. Army.

b. I have been advised that while a member of the U.S. Army, to include the Delayed Entry Program, I may not violate the above policy. I will refrain from obtaining any body markings or I may be denied entry for violation of the above expressed policy.

c. I hereby state that I have revealed the existence of all tattoos during my medical examination. I have further revealed to my recruiter, or guidance counselor that I have markings (tattoos).

I DO NOT HAVE ANY TATTOOS.

AUTHENTICATION

14. I have read and understand the statements above and that these statements are intended to constitute ALL promises and guarantees whatsoever concerning my enlistment. No other (verbal or otherwise) promise or representation not annexed to my enlistment contract is valid or will be honored. I hereby state that I have NOT been promised anything other than what is written on this form and hereby waive any claim based upon any promise or representation not annexed to my contract. I further state that I have provided my recruiter and guidance counselor all information concerning my qualifications and that no official in the U.S. Army or any other agency has advised me to conceal, nor have I concealed information in connection with my enlistment.

**TYPED NAME AND SSN OF
APPLICANT**

SIGNATURE OF APPLICANT

DATE

Theodore James Kosin

(b) (6)

(b) (6)

20070914

**TYPED NAME AND GRADE OF
COUNSELOR**

SIGNATURE OF WITNESSING OFFICIAL

DATE

Ms (b) (6)

(b) (6)

20070914

RECORD OF MILITARY PROCESSING - ARMED FORCES OF THE UNITED STATES

(Read Privacy Act Statement and Instructions on back before completing this form.)

OMB No. 0704-0173
OMB approval expires
Mar 31, 2010

The public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Executive Services Directorate (0704-0173). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION.

A. SERVICE PROCESSING FOR		B. PRIOR SERVICE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		C. SELECTIVE SERVICE CLASSIFICATION		D. SELECTIVE SERVICE REGISTRATION NO.	
D A R		NUMBER OF DAYS:		NONE		NONE	

SECTION I - PERSONAL DATA

1. SOCIAL SECURITY NUMBER (b) (6)		2. NAME (Last, First, Middle Name (and Maiden, if any), Jr., Sr., etc.) Kosin, Theodore James					
3. CURRENT ADDRESS (Street, City, County, State, Country, ZIP Code) (b) (6)				4. HOME OF RECORD ADDRESS (Street, City, County, State, Country, ZIP Code) (b) (6) PA (b) (6)			
5. CITIZENSHIP (X one) (b) (6) U.S. AT BIRTH (If this box is marked, also X (1) or (2)) (1) NATIVE BORN (2) BORN ABROAD OF U.S. PARENT(S) U.S. NATURALIZED U.S. NON-CITIZEN NATIONAL IMMIGRANT ALIEN (Specify) NON-IMMIGRANT FOREIGN NATIONAL (Specify)		6. SEX (X one) <input checked="" type="checkbox"/> a. MALE <input type="checkbox"/> b. FEMALE (b) (6)		7. RACIAL CATEGORY (X one or more) (1) AMERICAN INDIAN/ALASKA NATIVE (2) ASIAN (3) BLACK OR AFRICAN AMERICAN (4) NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (5) WHITE (b) (6)		8. ETHNIC CATEGORY (1) HISPANIC OR LATINO (2) NOT HISPANIC OR LATINO (b) (6)	
10. DATE OF BIRTH (YYYYMMDD) (b) (6)		11. RELIGIOUS PREFERENCE (b) (6)		12. EDUCATION (Yrs/Highest Ed Gr Completed) 11 / E		13. PROFICIENT IN FOREIGN LANGUAGE (If Yes, specify. If No, enter NONE.) (b) (6)	
14. VALID DRIVER'S LICENSE (X one) (If Yes, list State, number, and expiration date) (b) (6) YES (b) (6) NO		15. PLACE OF BIRTH (City, State and Country) (b) (6)					

SECTION II - EXAMINATION AND ENTRANCE DATA PROCESSING CODES

(FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SECTION - Go on to Page 2, Question 20.)

16. APTITUDE TEST RESULTS																																																																																																																																																																																					
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PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Sections 504, 505, 508, 12102; Title 14 USC Sections 351 and 632; Title 50 USC Appendix 451; and EO 9397 (SSAN).

PRINCIPAL PURPOSE(S): DD Form 1966 is the basic form used by all the Military Services and the Coast Guard for obtaining data used in determining eligibility of applicants and for establishing records for those applicants who are accepted.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure to answer all questions on this form, except questions labeled as "Optional," may result in denial of your enlistment application.

WARNING

Information provided by you on this form is **FOR OFFICIAL USE ONLY** and will be maintained and used in strict compliance with Federal laws and regulations. The information provided by you becomes the property of the United States Government, and it may be consulted throughout your military service career, particularly whenever either favorable or adverse administrative or disciplinary actions related to you are involved.

YOU CAN BE PUNISHED BY FINE, IMPRISONMENT OR BOTH IF YOU ARE FOUND GUILTY OF MAKING A KNOWING AND WILLFUL FALSE STATEMENT ON THIS DOCUMENT.

INSTRUCTIONS

(Read carefully BEFORE filling out this form.)

1. Read Privacy Act Statement above before completing form.
2. Type or print LEGIBLY all answers. If the answer is "None" or "Not Applicable," so state. "Optional" questions may be left blank.
3. Unless otherwise specified, write all dates as 8 digits (with no spaces or marks) in YYYYMMDD fashion. June 1, 2005 is written 20050601.

20. NAME (Last, First, Middle Initial) Kosin, Theodore J				21. SOCIAL SECURITY NUMBER (b) (6)	
SECTION III - OTHER PERSONAL DATA					
22. EDUCATION					
a. List all high schools and colleges attended. (List dates in YYYYMM format.)					(5) GRADUATE
(1) FROM	(2) TO	(3) NAME OF SCHOOL	(4) LOCATION	YES	NO
200708	200709	YORK TECHNICAL HIGH SCHOOL	2179 S QUEEN ST YORK, PA	X	
200209	200610	NORTHWESTERN LEHIGH HS	6493 ROUTE 309 NEW TRIPOLI, PA		X
b. Have you ever been enrolled in ROTC, Junior ROTC, Sea Cadet Program or Civil Air Patrol?				YES	NO
					X
23. MARITAL/DEPENDENCY STATUS AND FAMILY DATA (If "Yes," explain in Section VI, "Remarks.")					
a. Is anyone dependent upon you for support?					
b. Is there any court order or judgment in effect that directs you to provide alimony or support for children?					
c. Do you have an <u>immediate relative</u> (father, mother, brother, or sister) who: (1) is now a prisoner of war or is missing in action (MIA); or (2) died or became 100% permanently disabled while serving in the Armed Services?					
d. Are you the only living child in your immediate family?					
24. PREVIOUS MILITARY SERVICE OR EMPLOYMENT WITH THE U.S. GOVERNMENT (If "Yes," explain in Section VI, "Remarks.")					
a. Are you now or have you ever been in any regular or reserve branch of the Armed Forces or in the Army National Guard or Air National Guard?					
b. Have you ever been rejected for enlistment, reenlistment, or induction by any branch of the Armed Forces of the United States?					
c. Are you now or have you ever been a deserter from any branch of the Armed Forces of the United States?					
d. Have you ever been employed by the United States Government?					
e. Are you now drawing, or do you have an application pending, or approval for: retired pay, disability allowance, severance pay, or a pension from any agency of the government of the United States?					
25. ABILITY TO PERFORM MILITARY DUTIES (If "Yes," explain in Section VI, "Remarks.")					
a. Are you now or have you ever been a conscientious objector? (That is, do you have, or have you ever had, a firm, fixed, and sincere objection to participation in war in any form or to the bearing of arms because of religious belief or training?)					
b. Have you ever been discharged by any branch of the Armed Forces of the United States for reasons pertaining to being a conscientious objector?					
c. Is there anything which would preclude you from performing military duties or participating in military activities whenever necessary (i.e., do you have any personal restrictions or religious practices which would restrict your availability)?					
26. DRUG USE AND ABUSE (If "Yes," explain in Section VI, "Remarks.") Have you ever tried, used, sold, supplied, or possessed any narcotic (to include heroin or cocaine), depressant (to include quaaludes), stimulant, hallucinogen (to include LSD or PCP), or cannabis (to include marijuana or hashish), or any mind-altering substance (to include glue or paint), or anabolic steroid, except as prescribed by a licenced physician?					

27. NAME (Last, First, Middle Initial) Kosin, Theodore J	28. SOCIAL SECURITY NUMBER (b) (6)
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SECTION IV - CERTIFICATION

29. CERTIFICATION OF APPLICANT (Your signature in this block must be witnessed by your recruiter.)

a. I certify that the information given by me in this document is true, complete, and correct to the best of my knowledge and belief. I understand that I am being accepted for enlistment based on the information provided by me in this document; that if any of the information is knowingly false or incorrect, I could be tried in a civilian or military court and could receive a less than honorable discharge which could affect my future employment opportunities.

b. TYPED OR PRINTED NAME (Last, First, Middle Initial) Kosin, Theodore J	c. SIGNATURE (b) (6)	d. DATE SIGNED (YYYYMMDD) 20070914
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30. DATA VERIFICATION BY RECRUITER (Enter description of the actual documents used to verify the following items.)

a. NAME (X one)	b. AGE (X one)	c. CITIZENSHIP (X one)
X (1) BIRTH CERTIFICATE	X (1) BIRTH CERTIFICATE	X (1) BIRTH CERTIFICATE
(2) OTHER (Explain)	(2) OTHER (Explain)	(2) OTHER (Explain)
d. SOCIAL SECURITY NUMBER (SSN) (X one)	e. EDUCATION (X one)	f. OTHER DOCUMENTS USED
X (1) SSN CARD	(1) DIPLOMA	
(2) OTHER (Explain)	X (2) OTHER (Explain) GED	

31. CERTIFICATION OF WITNESS

a. I certify that I have witnessed the applicant's signature above and that I have verified the data in the documents required as prescribed by my directives. I further certify that I have not made any promises or guarantees other than those listed and signed by me. I understand my liability to trial by courts-martial under the Uniform Code of Military Justice should I effect or cause to be effected the enlistment of anyone known by me to be ineligible for enlistment.

b. TYPED OR PRINTED NAME (Last, First, Middle Initial) (b) (6)	c. PAY GRADE	d. RECRUITER I.D. (b) (6)	e. SIGNATURE (b) (6)	f. DATE SIGNED (YYYYMMDD) 20070914
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32. SPECIFIC OPTION/PROGRAM ENLISTED FOR, MILITARY SKILL, OR ASSIGNMENT TO A GEOGRAPHICAL AREA GUARANTEES

a. SPECIFIC OPTION/PROGRAM ENLISTED FOR (Completed by Guidance Counselor, MEPS Liaison NCO, etc., as specified by sponsoring service.)
(Use clear text English.)
IAW AR601-210, Chapter 9, table 9-1 Program 9A United States ARMY Training Enlistment Program, Req. OPT 04AND Req. OPT null, MOS 35K1000YY 4 years 0 weeks UNAB

b. I fully understand that I will not be guaranteed any specific military skill or assignment to a geographic area except as shown in Item 32.a. above and annexes attached to my Enlistment/Reenlistment Document (DD Form 4).

c. APPLICANT'S INITIALS (b) (6)

33. CERTIFICATION OF RECRUITER OR ACCEPTOR

a. I certify that I have reviewed all information contained in this document and, to the best of my judgment and belief, the applicant fulfills all legal policy requirements for enlistment. I accept him/her for enlistment on behalf of the United States (Enter Branch of Service)

Army and certify that I have not made any promises or guarantees other than those listed in Item 32.a.

above. I further certify that service regulations governing such enlistments have been strictly complied with and any waivers required to effect applicant's enlistment have been secured and are attached to this document.

b. TYPED OR PRINTED NAME (Last, First, Middle Initial) (b) (6)	c. PAY GRADE	d. RECRUITER ID OR ORGANIZATION (b) (6)	e. SIGNATURE (b) (6)	f. DATE SIGNED (YYYYMMDD) 20070914
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SECTION V - RECERTIFICATION

34. RECERTIFICATION BY APPLICANT AND CORRECTION OF DATA AT THE TIME OF ACTIVE DUTY ENTRY

a. I have reviewed all information contained in this document this date. That information is still correct and true to the best of my knowledge and belief. If changes were required, the original entry has been marked "See Item 34" and the correct information is provided below.

b. ITEM NUMBER	c. CHANGE REQUIRED

d. APPLICANT (b) (6)	(2) DATE SIGNED (YYYYMMDD) 20071025	e. WITNESS (1) TYPED OR PRINTED NAME (Last, First, Middle Initial) (b) (6)	(2) RANK/GRADE (b) (6)
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35. NAME (Last, First, Middle Initial) Kosin, Theodore J	36. SOCIAL SECURITY NUMBER (b) (6)
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SECTION VI - REMARKS

(Specify item(s) being continued by item number. Continue on separate pages if necessary.)

26. Have you ever used marijuana? (b) (6)

Statement Remarks:

Request this individual return to this RSID for HRAP Duty upon completion of AIT/OSUT.

I have read/viewed and understand the military occupational specialty (MOS) description for

35K.

Airborne qualified at Harrisburg MEPS on 20071024. BAT Start date is 20080708.

Enlistment grade is E-2 IAW AR 601-210 paragraph 2-18a(14).

AKO E-mail Address: theodore.kosin@us.army.mil

DEP and ACC Pay Grade Authority: 218L

RENO Information:

A RENO approved by BATTALION - XO MAJ (b) (6) 20070914 - Control # 4d00b6fb8076859e

- Comments: pull forward, completed GED

(b) (6)

DD FORM 1966/5 YES
ATTACHED? (X one) NO

SECTION VII - STATEMENT OF NAME FOR OFFICIAL MILITARY RECORDS

37. NAME CHANGE.

If the preferred enlistment name (name given in Item 2) is not the same as on your birth certificate, and it has not been changed by legal procedure prescribed by state law, and it is the same as on your social security number card, complete the following:

a. NAME AS SHOWN ON BIRTH CERTIFICATE

Theodore James Kosin

b. NAME AS SHOWN ON SOCIAL SECURITY NUMBER CARD

Theodore James Kosin

c. I hereby state that I have not changed my name through any court or other legal procedure; that I prefer to use the name of

Theodore James Kosin by which I am known in the community as a matter of convenience

and with no criminal intent. I further state that I am the same person as the person whose name is shown in Item 2.

d. APPLICANT

(1) SIGNATURE



(2) DATE SIGNED (YYYYMMDD)

e. WITNESS

(1) TYPED OR PRINTED NAME (Last, First, Middle Initial)

(b) (6)

(2) PAY GRADE

E06

(3) SIGNATURE



38. NAME (Last, First, Middle Initial) Kosin, Theodore J	39. SOCIAL SECURITY NUMBER (b) (6)
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USE THIS DD FORM 1966 PAGE ONLY IF EITHER SECTION APPLIES TO THE APPLICANT'S RECORD OF MILITARY PROCESSING.

SECTION VIII - PARENTAL/GUARDIAN CONSENT FOR ENLISTMENT

40. PARENT/GUARDIAN STATEMENT(S) (Line out portions not applicable)

a. I/we certify that (Enter name of applicant) Theodore J. Kosin

has no other legal guardian other than me/us and I/we consent to his/her enlistment in the United States
(Enter Branch of Service)


REGULAR ARMY

I/we acknowledge/understand that he/she may be required upon order to serve in combat or other hazardous situations. I/we certify that no promises of any kind have been made to me/us concerning assignment to duty, training, or promotion during his/her enlistment as an inducement to me/us to sign this consent. I/we hereby authorize the Armed Forces representatives concerned to perform medical examinations, other examinations required, and to conduct records checks to determine his/her eligibility. I/we relinquish all claim to his/her service and to any wage or compensation for such service. I/we authorize him/her to be transported unsupervised to/from the Military Entrance Processing Station via public conveyance and to stay unsupervised at a government contracted hotel facility.


b. FOR ENLISTMENT IN A RESERVE COMPONENT.

I/we understand that, as a member of a reserve component, he/she must serve minimum periods of active duty for training unless excused by competent authority. In the event he/she fails to fulfill the obligations of his/her reserve enlistment, he/she may be recalled to active duty as prescribed by law. I/we further understand that while he/she is in the ready reserve, he/she may be ordered to extended active duty in time of war or national emergency declared by the Congress or the President or when otherwise authorized by law, and may be required upon order to serve in combat or other hazardous situations.


c. PARENT

(1) TYPED OR PRINTED NAME (Last, First, Middle Initial)	(2) SIGNATURE	(3) DATE SIGNED (YYYYMMDD)
		


d. WITNESS

(1) TYPED OR PRINTED NAME (Last, First, Middle Initial)	(2) SIGNATURE	(3) DATE SIGNED (YYYYMMDD)
		

e. PARENT

(1) TYPED OR PRINTED NAME (Last, First, Middle Initial)	(2) SIGNATURE	(3) DATE SIGNED (YYYYMMDD)
		

f. WITNESS

(1) TYPED OR PRINTED NAME (Last, First, Middle Initial)	(2) SIGNATURE	(3) DATE SIGNED (YYYYMMDD)
		

41. VERIFICATION OF SINGLE SIGNATURE CONSENT

42. NAME (Last, First, Middle Initial)
Kosin, Theodore J

43. SOCIAL SECURITY NUMBER
(b) (6)

SECTION VI - REMARKS CONTINUATION

(Specify item(s) being continued by item number. Continue on separate pages if necessary.)

(b) (6)

ENLISTMENT/REENLISTMENT DOCUMENT
ARMED FORCES OF THE UNITED STATES

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 552a; 10 U.S.C. 113, 136, 502, 504, 506, 508, 509, 510, 513, 515, 516, 518, 519, 972, 978, 2107, 2107a, 3253, 3256, 3262, 5540, 5252, 5254, 5257, 5258, 12102, 12103, 12104, 12105, 12106, 12107, 12108, 12301, 12302, 12304, 12305, 12405, 14 USC 251, 502; 32 U.S.C. 301, 302, 303, 304; and Executive Order 9397, November 1943 (SSN).

PRINCIPAL PURPOSE(S): To record enlistment or reenlistment into the U.S. Armed Forces. This information becomes a part of the subject's military personnel records which are used to document promotion, reassignment, training, medical support, and other personnel management actions. The purpose of soliciting the SSN is for positive identification.

ROUTINE USE(S): This form becomes a part of the Service's Enlisted Master File and Field Personnel File. All uses of the form are internal to the relevant Service.

DISCLOSURE: Voluntary; however, failure to furnish personal identification information may negate the enlistment/reenlistment application.

A. ENLISTEE/REENLISTEE IDENTIFICATION DATA

1. NAME (Last, First, Middle) KOSIN THEODORE JAMES		2. SOCIAL SECURITY NUMBER (b) (6)			
3. HOME OF RECORD (Street, City, State, ZIP Code) (b) (6) (b) (6) PA (b) (6)		4. PLACE OF ENLISTMENT/REENLISTMENT (MIL. Installation, City, State) A08 MECHANICSBURG, PA 17055-4843			
5. DATE OF ENLISTMENT/ REENLISTMENT (YYYYMMDD) 20070831	6. DATE OF BIRTH (YYYYMMDD) (b) (6)	7. PREV MIL SVC UPON ENL/REENLIST	YEARS	MONTHS	DAYS
		a. TOTAL ACTIVE MILITARY SERVICE			
		b. TOTAL INACTIVE MILITARY SERVICE			

B. AGREEMENTS

B. I am enlisting/reenlisting in the United States (list branch of service) ARMY RESERVE
this date for 8 years and 0 weeks beginning in pay grade E01 of which
4 years and 0 weeks is considered an Active Duty Obligation, and 4 years and
0 weeks will be served in the Reserve Component of the Service in which I have enlisted. If this is an initial
enlistment, I must serve a total of eight (8) years, unless I am sooner discharged or otherwise extended by the appropriate
authority. This eight service requirement is called the Military Service Obligation. The additional details of my enlistment/
reenlistment are in Section C and Annex(es) (list name of Annex(es) and describe) A

a. FOR ENLISTMENT IN A DELAYED ENTRY/ENLISTMENT PROGRAM (DEP):

I understand that I am joining the DEP. I understand that by joining the DEP I am enlisting in the Ready Reserve component of the
United States (list branch of service) ARMY 0800 for a period not to exceed
365 days, unless this period of time is otherwise extended by the Secretary concerned. While in the DEP, I understand that I am in
a nonpay status and that I am not entitled to any benefits or privileges as a member of the Ready Reserve, to include, but not
limited to medical care, liability insurance, death benefits, education benefits, or disability retired pay if I incur a physical disability. I
understand that the period of time while I am in the DEP is NOT creditable for pay purposes upon entry into a pay status. However,
I also understand that the period of time while I am in the DEP is counted toward fulfillment of my military service obligation
described in paragraph 10, below. While in the DEP, I understand that I must maintain my current qualifications and keep my
recruiter informed of any changes in my physical or dependency status, qualifications, and mailing address. I understand that I
WILL be ordered to active duty unless I report to the place shown in item 4 above by (list date (YYYYMMDD)) 20080305
for enlistment in the Regular component of the United States (list branch of service) ARMY
for not less than 4 years and 0 weeks

b. REMARKS: (If none, so state.) NONE

c. The agreements in this section and attached annex(es) are all the promises made to me by the Government. ANYTHING ELSE
ANYONE HAS PROMISED ME IS NOT VALID AND WILL NOT BE HONORED.

(Initials of Enlistee/Reenlistee) (b) (6)

(Continued on Page 1)

(b) (6)

(b) (6)

NAME OF ENLISTEE/REENLISTEE (Last, First, Middle) KOSIN THEODORE JAMES		SOCIAL SECURITY NO. OF ENLISTEE/REENLISTEE (b) (6)	
D. CERTIFICATION AND ACCEPTANCE			
<p>13a. My acceptance for enlistment is based on the information I have given in my application for enlistment. If any of that information is false or incorrect, this enlistment may be voided or terminated administratively by the Government or I may be tried by a Federal, civilian, or military court and, if found guilty, may be punished.</p> <p>I certify that I have carefully read this document, including the partial statement of existing United States laws in Section C and how they may affect this agreement. Any questions I had were explained to my satisfaction. I fully understand that only those agreements in Section B and Section C of this document or recorded on the attached annex(es) will be honored. I also understand that any other promises or guarantees made to me by anyone that are not set forth in Section B or the attached annex(es) are not effective and will not be honored.</p>			
b. SIGNATURE OF ENLISTEE/REENLISTEE (b) (6)		c. DATE SIGNED (YYYYMMDD) 20070831	
14. SERVICE REPRESENTATIVE CERTIFICATION			
<p>a. On behalf of the United States (list branch of service) <u>ARMY</u>, I accept this applicant for enlistment. I have witnessed the signature in item 13b to this document. I certify that I have explained that only those agreements in Section B of this form and in the attached Annex(es) will be honored, and any other promises made by any person are not effective and will not be honored.</p>			
b. NAME (Last, First, Middle) (b) (6)		c. PAY GRADE GS9	d. UNIT/COMMAND NAME USA RECRUITING BATTALION
e. SIGNATURE (b) (6)		f. DATE SIGNED (YYYYMMDD) 20070831	g. UNIT/COMMAND ADDRESS (City, State, ZIP Code) NEW CUMBERLAND PA 17070-0000
E. CONFIRMATION OF ENLISTMENT OR REENLISTMENT			
<p>15. IN THE ARMED FORCES EXCEPT THE NATIONAL GUARD (ARMY OR AIR): I, <u>THEODORE JAMES KOSIN</u>, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me according to regulations and the Uniform Code of Military Justice. So help me God.</p>			
<p>16. IN THE NATIONAL GUARD (ARMY OR AIR): I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the State of _____ against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the Governor of _____ and the orders of the officers appointed over me, according to law and regulations. So help me God.</p>			
<p>17. IN THE NATIONAL GUARD (ARMY OR AIR): I do hereby acknowledge to have voluntarily enlisted/reenlisted this _____ day of _____, _____, in the _____ National Guard and as a Reserve of the United States (list branch of service) _____ with membership in the _____ National Guard of the United States for a period of _____ years, _____ months, _____ days, under the conditions prescribed by law, unless sooner discharged by proper authority.</p>			
18a. SIGNATURE OF ENLISTEE/REENLISTEE (b) (6)		b. DATE SIGNED (YYYYMMDD) 20070831	
19. ENLISTMENT/REENLISTMENT OFFICER CERTIFICATION			
<p>a. The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date _____.</p>			
b. NAME (Last, First, Middle) (b) (6)		c. PAY GRADE 004	d. UNIT/COMMAND NAME HARRISBURG MEPS
e. SIGNATURE (b) (6)		f. DATE SIGNED (YYYYMMDD) 20070831	g. UNIT/COMMAND ADDRESS (City, State, ZIP Code) MECHANICSBURG PA 17055-4843
(Initials of Enlistee/Reenlistee) (b) (6)		(b) (6)	

(b) (6)

NAME OF ENLISTEE/REENLISTEE (Last, First, Middle)

KOSIN THEODORE JAMES

SOCIAL SECURITY NO OF ENLISTEE/REENLISTEE

(b) (6)

F. DISCHARGE FROM DELAYED ENTRY/ENLISTMENT PROGRAM

20a. I request to be discharged from the Delayed Entry/Enlistment Program (DEP) and enlisted in the Regular Component of the United States (list branch of service) ARMY for a period of 4 years and 0 weeks. No changes have been made to my enlistment options OR if changes were made they are recorded on Annex(es) B

which replace(s) Annex(es) A

SIGNATURE OF DELAYED ENTRY/ENLISTMENT PROGRAM ENLISTEE

(b) (6)

c. DATE SIGNED (YYYYMMDD)

20071025

G. APPROVAL AND ACCEPTANCE BY SERVICE REPRESENTATIVE

21. SERVICE REPRESENTATIVE CERTIFICATION

a. This enlistee is discharged from the Reserve Component shown in item 6 and is accepted for enlistment in the Regular Component of the United States (list branch of service) ARMY in pay grade E-2

b. NAME (Last, First, Middle)

(b) (6)

c. PAY GRADE

GS7

d. UNIT/COMMAND NAME

USA RECRUITING BATTALION

e. DATE SIGNED (YYYYMMDD)

20071025

f. UNIT/COMMAND ADDRESS (City, State, ZIP Code)

NEW CUMBERLAND
PA 17070-0000

H. CONFIRMATION OF ENLISTMENT OR REENLISTMENT

22a. IN A REGULAR COMPONENT OF THE ARMED FORCES:

I, THEODORE JAMES KOSIN, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God.

b. SIGNATURE

(b) (6)

c. DATE SIGNED (YYYYMMDD)

20071025

23. ENLISTMENT OFFICER CERTIFICATION

a. The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date.

b. NAME (Last, First, Middle)

(b) (6)

c. PAY GRADE

O-3

d. UNIT/COMMAND NAME

HARRISBURG MEPS

e. DATE SIGNED (YYYYMMDD)

20071025

f. UNIT/COMMAND ADDRESS (City, State, ZIP Code)

MECHANICSBURG
PA 17055-4943

(Initials of Enlistee/Reenlistee)

(b) (6)

72981AB050

MONTGOMERY GI BILL ACT OF 1984 (MGIB)

(Chapter 30, Title 38, U.S. Code)

BASIC ENROLLMENT**PRIVACY ACT STATEMENT****AUTHORITY:** Chapter 30, Title 38, US Code, Sections 3011, 3012, 3018A, and 3018B; and EO 9397.**PRINCIPAL PURPOSE:** To document the understanding of members about their eligibility or lack of eligibility for benefits under the Montgomery GI Bill Act of 1984 (MGIB) and document a member's election to decline enrollment for benefits under the MGIB.**ROUTINE USES:** To the Department of Veterans' Affairs to ascertain an individual's eligibility to claim benefits under the MGIB.**DISCLOSURE:** Voluntary; however, failure to provide the requested information will result in the individual being automatically enrolled in the MGIB program.**1. SERVICE MEMBER DATA**

a. NAME (LAST, First, Middle Initial)

KOSIN THEODORE J

b. SOCIAL SECURITY NUMBER (SSN)

(b) (6)

2. STATEMENT OF UNDERSTANDING FOR INELIGIBLE MEMBERS

I am **NOT** eligible for MGIB because (a) I am a Service Academy graduate, or (b) I am an ROTC scholarship graduate who received more than the current minimum amount allowed for enrollment in MGIB, or (c) I am a prior service member who disenrolled during my previous term of active duty.

(1) SERVICE MEMBER SIGNATURE

(2) RANK / RADE

(3) DATE SIGNED (YYYYMMDD)

3. STATEMENT OF UNDERSTANDING FOR ALL ELIGIBLE MEMBERS

- (1) I am automatically enrolled unless I exercise the option to **DISENROLL** by signing item 5 below.
- (2) **UNLESS I DISENROLL** from the MGIB, my basic pay will be reduced \$100 per month or the current monthly rate until \$1,200 has been deducted; this basic pay reduction **CANNOT** be **REFUNDED, SUSPENDED OR STOPPED**, this is an **IRREVOCABLE DECISION**.
- (3) I must complete 36 months of active duty service (24 months if my enlistment is for less than 36 months) before I am entitled to the current rate of monthly benefits. The MGIB provides benefits for a period of 36 months.
- (4) I understand I am eligible for an increased monthly benefit by contributing an additional amount, not to exceed \$600 while on active duty. Once I separate, I cannot contribute.
- (5) I must receive an **HONORABLE** discharge for service establishing entitlement to the MGIB. This **DOES NOT** include "under honorable conditions."
- (6) I must complete the requirements of a secondary school diploma or equivalency certification, or successfully complete the equivalent of 12 semester hours in a program of education leading to a standard college degree before applying for benefits with the Department of Veterans' Affairs.
- (7) I have 10 years from date of last discharge from active duty to use MGIB benefits.
- (8) If I die while on active duty, or within one year after discharge or release from active duty if service related, my designated beneficiary(ies) will receive the unused balance of the money reduced from my basic pay for the MGIB. This death benefit will be paid by the Department of Veterans' Affairs (DVA).
- (9) I cannot receive any combination of DVA educational benefits in excess of 48 months.
- (10) I must complete at least 24 months of a 3 year active duty service obligation and if my obligation is 2 years I may join and serve honorably in the Selected Reserve for a minimum of 48 months to qualify for the current active duty benefit rate. A (one) period of service **CANNOT** qualify me for both active and reserve MGIB benefits.

(a) SERVICE MEMBER SIGNATURE

X

(b) (6)

(b) RANK/GRADE

PV2/E02

(c) DATE SIGNED (YYYYMMDD)

20071030

4. SERVICE UNIQUE EDUCATION ASSISTANCE OPTIONS**5. STATEMENT OF DISENROLLMENT**

I **DO NOT** desire to participate in the MGIB. I understand the benefits of the MGIB program and that I **WILL NOT** be able to enroll at a later date.

a. DATE SIGNED
(YYYYMMDD)

b. RANK/GRADE

c. SERVICE MEMBER SIGNATURE

6. CERTIFYING OFFICIAL

a. TYPED OR PRINTED NAME (LAST, First, Middle Initial)

(b) (6)

b. RANK/GRADE

GS 4

(b) (6)

d. DATE SIGNED
(YYYYMMDD)

20071030

ENLISTED RECORD BRIEF

BRIEF DATE 20071204	NAME KOSIN, THEODORE JAMES	RANK - DOR PV2	PMOS 35K	SSN (b) (6)	COMPONENT REGULAR
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SECTION I - Assignment Information		SECTION II - Security Data		SECTION III - Service Data		SECTION IV - Personal/Family Data					
OS/Deployment Combat Duty		(b) (6)		BASD 20071025		PEBD 20071025					
Start-End Date				ETS 20111024		DIEMS 20071025					
CT/MOTS/TT				# Days Lost		AGCM Dt					
C 0 0				PVT		PV2					
O 0 0				DOR		20071025					
R 0 0		DOR		SGT		SSG					
TOT: 0		DOR		SGM - CSM							
Dwell Time		DEROS		SECTION VII - CIVILIAN Education							
Start (b) (6)		DROS		Level Completed 4 YRS HS							
Month - Days (b) (6)				DESG TEST-BASED EQUIV DIPLOMA							
Date Dependents Arrived OS		DLAB		Institution Discipline							
PMOS 35K		PDSI/YRMO /		Institution Discipline							
SMOS		ASI 00		Number Of Semester Hours Completed 0							
Bonus MOS		ASVAB		Technical Certification							
Bonus Enlist Elig Dt		Test # / Dt		Course Name							
Promotion Points/YRMO		ASVAB10 / 20070801		Dt Certified							
Prev Promotion Points/YRMO		GT (b) (6) ELEC (b) (6) FOOD (b) (6) TECH (b) (6)		Dt Expires							
Prom Seq#		ADMIN (b) (6) FA (b) (6) COMMO (b) (6)		SECTION VIII - Awards and Decorations							
Prom Select Dt		CMBT (b) (6) MECH (b) (6) MAINT (b) (6)									
Promotion MOS		Delay Separation Reason									
AEA / Dt		Flag Code									
Flag Start Dt		Flag Expiration Dt									
Flag Expiration Dt											
Date of Loss		Date of Last PCS		SECTION IX - Assignment Information							
Date of Last NCOER											
ASGT	FROM	MO	UNIT NO	ORGANIZATION	STATION	LOC	COMD	DUTY TITLE	DMOS	ASI	LANG
PROJ	20071101		W2L570	BCTB BDE 47 IN 03 BN CO A	FT BENNIN		TC	RA TRAINEE	1		YY
Current	20071025		W2L5H2	0030 AG BN CO A ITB	FT BENNIN		TC	RA TRAINEE	1		YY
1st Prev			W175ES	MEPS HARRISBURG	NEW CUMBE		TM				
2nd Prev											
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22nd Prev											
23rd Prev											
24th Prev											

SECTION X - Remarks	
HIV YRMO (b) (6)	
RGMT AFL	
Date Last Photo	

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) KOSIN, THEODORE JAMES		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/RA		3. SOCIAL SECURITY NUMBER (b) (6)		
4a. GRADE, RATE OR RANK PV2	b. PAY GRADE E02	5. DATE OF BIRTH (YYYYMMDD) (b) (6)	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) 00000000			
7a. PLACE OF ENTRY INTO ACTIVE DUTY MECHANICSBURG, PENNSYLVANIA		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) (b) (6) (b) (6) PENNSYLVANIA (b) (6)				
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND COMPANY F RHU TC		b. STATION WHERE SEPARATED FORT BENNING, GA 31905-5010				
9. COMMAND TO WHICH TRANSFERRED N/A			10. SGLI COVERAGE (b) (6) NONE AMOUNT: \$(b) (6)			
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) NONE//NOTHING FOLLOWS		12. RECORD OF SERVICE		YEAR(S)	MONTH(S)	DAY(S)
		a. DATE ENTERED AD THIS PERIOD		2007	10	25
		b. SEPARATION DATE THIS PERIOD		2007	12	12
		c. NET ACTIVE SERVICE THIS PERIOD		0000	01	18
		d. TOTAL PRIOR ACTIVE SERVICE		0000	00	00
		e. TOTAL PRIOR INACTIVE SERVICE		0000	00	00
		f. FOREIGN SERVICE		0000	00	00
		g. SEA SERVICE		0000	00	00
h. EFFECTIVE DATE OF PAY GRADE		2007	10	25		
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) NONE//NOTHING FOLLOWS		14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) NONE//NOTHING FOLLOWS				
15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM (b) (6) YES (b) (6) NO b. HIGH SCHOOL GRADUATE OR EQUIVALENT X YES YES NO						
16. DAYS ACCRUED LEAVE PAID (b) (6)	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION YES NO (b) (6)					
18. REMARKS BLOCK 6 PERIOD OF DELAYED ENTRY PROGRAM: 20070831-20071024/ (b) (6) (b) (6) /NOTHING FOLLOWS						
The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.						
19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code) (b) (6)		b. NEAREST RELATIVE (Name and address, include ZIP Code) (b) (6)				
20. MEMBER REQUESTS COPY 6 BE SENT TO (b) (6) DIRECTOR OF VETERANS AFFAIRS (b) (6) YES (b) (6) NO						
21. SIGNATURE OF MEMBER BEING SEPARATED (b) (6)		22. OFFICIAL AUTHORIZED TO SIGN (b) (6) and signature) (b) (6) SITE MANAGER				

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

(b) (6) (6)

204 IN
200

DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES INFANTRY CENTER
FORT BENNING, GEORGIA 31905-5000

ORDERS 342-2215

08 December 2007

KOSIN, THEODORE JAMES (b) (6) PV2 COMPANY F RHU, (W2L5F6), FT BENNING, GA
31905

You are reassigned to the U.S. Army transition point shown for transition processing. After processing, you are discharged from the Component shown. If you are delayed in reporting to the transition point, you still must report to the transition point as soon as possible or as authorized to receive a new effective date of discharge.

Assigned to: FORT BENNING STUDENT (W2L5NS) FORT BENNING - STUDENT GA
31905-5010

Reporting date: 12 December 2007

Comp: REGULAR

Date of discharge unless changed or rescinded: 12 December 2007

Additional instructions: a. AUTHORIZED TRAVEL FROM FORT BENNING, GA TO HOME OF RECORD, AUTHORIZED SHIPMENT OF UNACCOMPANIED BAGGAGE. SHIPMENT OF HOUSEHOLD GOODS NOT AUTHORIZED. FAMILY MEMBER ID CARDS ARE NO LONGER VALID AFTER EFFECTIVE DATE OF SEPARATION, AND, IF APPLICABLE, MUST BE RETURNED TO THE NEAREST MILITARY INSTALLATION FOR DESTRUCTION. B. OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVERNMENT IS NOT REIMBURSABLE. b. TICKET PURCHASED WITH CBA (CENTRALLY BILLED ACCOUNT)

FOR ARMY USE

Auth: AR 635-200

HOR: (b) (6) PA US

Place EAD or OAD: MECHANICSBURG PA US

MDC: 7BE8

Format: 501

FOR THE COMMANDER:

* OFFICIAL *
* FORT BENNING, GA *

(b) (6)
ADJUTANT GENERAL

DISTRIBUTION:

PV2 KOSIN (1)

Cdr COMPANY F RHU, (W2L5F6) (2)

IMSE-BEN-HRM-S (1)

FINANCE (2)

1-FINANCE SEPARATIONS (1)WD JFV

1-TRAVEL (1)

CDR (1)

Please read the instructions on the back before completing this form.

Servicemembers' Group Life Insurance Election and Certificate

Use this form to: (check all that apply)

- ☒ Name or update your beneficiary
☐ Reduce the amount of your insurance coverage
☐ Decline insurance coverage

Important: This form is for use by Active Duty and Reserve members. This form does not apply to and cannot be used for any other Government Life Insurance.

Last name KOSIN THEODORE JAMES	First name	Middle name	Rank, title or grade PV2	Social Security Number (b) (6)
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Branch of Service (Do not abbreviate) UNITED STATES ARMY	Current Duty Location 30TH AG BN FT BENNING, GA 31905
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Amount of Insurance

By law, you are automatically insured for \$400,000. **If you want \$400,000 of insurance**, skip to *Beneficiary(ies)* and *Payment Options*. **If you want less than \$400,000** of insurance, please check the appropriate block below and write the amount desired and your initials. Coverage is available in increments of \$50,000. **If you do not want any insurance**, check the appropriate block below and write (in your own handwriting), "I do not want insurance at this time."

- ☐ I want coverage in the amount of \$ _____ Your initials _____
☐ _____
(Write "I do not want insurance at this time.")

Note: Reduced or refused insurance can only be restored by completing form SGLV 8285 with proof of good health and compliance with other requirements.

Beneficiary(ies) and Payment Options

I designate the following beneficiary(ies) to receive payment of my insurance proceeds. I understand that the principal beneficiary(ies) will receive payment upon my death. If all principal beneficiaries predecease me, the insurance will be paid to the contingent beneficiary(ies).

Complete Name (first, middle, last) and Address of each beneficiary	Social Security Number (if known)	Relationship to you	Share to each beneficiary (Use %, \$ amounts or fractions)	Payment Option (Lump sum or 36 equal monthly payments)
Principal				
1. (b) (6)				
2.			%	
Contingent				
1. (b) (6)				
2. (b) (6)				
3. (b) (6)				
4.			%	

Service Member counseled concerning beneficiary selection on 2007-10-30

I HAVE READ AND UNDERSTAND the instructions on pages 2 and 3 of this form. I ALSO UNDERSTAND that:

- This form cancels any prior beneficiary or payment instructions
- The proceeds will be paid to beneficiaries as stated in #6 on page 3 of this form, unless otherwise stated above.
- If I have legal questions about this form, I may consult with a military attorney at no expense to me
- I cannot have combined SGLI and VGLI coverages at the same time for more than \$400,000

SIGN HERE IN INK >

X (b) (6)

(Your signature. Do not print)

DATE: 2007-10-30

Do not write in space below - For official use only.

WITNESSED AND RECEIVED BY: (b) (6)	RANK, TITLE OR GRADE GS 4, OFFICE AUTOMATION CLERK	ORGANIZATION 30TH AG BN FT BENNING, GA 31905	DATE RECEIVED 2007-10-30
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(b) (6)

RECORD OF EMERGENCY

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 1475 to 1480 and 2771, 38 USC 1970, 44 USC 3101, and EO 9397, November 1943 (SSN).

PRINCIPAL PURPOSES: This form is used to designate beneficiaries for certain benefits in the event of the servicemember's death. It is a guide for the disposition of that member's pay and allowances if captured, missing or interned. It also shows names and addresses of the person(s) the servicemember desires to be notified in case of emergency or death. The purpose of soliciting the SSN is to provide positive identification

ROUTINE USES: None.

DISCLOSURE: Voluntary; however, failure to provide personal identifier information may delay notification of the servicemember's status or may handicap processing of benefits to designated beneficiaries.

INSTRUCTIONS TO SERVICEMEMBER

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty, and, to designate beneficiaries for certain benefits if you die. IT IS YOUR RESPONSIBILITY to keep your Record of Emergency Data up to date to show your desires as to beneficiaries to receive certain death payments, and to show changes in your family or other dependents listed; for example, as a result of marriage, civil court action, death, or address change. Regarding your designation in Item 11, "Allotment if Missing" (if used by your Service), please read the following

statement carefully, and sign on the line provided:

I fully understand that, if I am captured, missing, or interned, my designation of allotments to dependents from my pay and allowances serves only as a guide to the Secretary of my Service. The Secretary may alter my designated allotment in the best interests of myself, my dependents, or the United States Government.

(Signature of Servicemember)

1. NAME (Last, First, Middle) KOSIN THEODORE JAMES		2a. SSN (b) (6)	b. INITIAL (To indicate valid SSN)	3a. SERVICE DAR	b. REPORTING UNIT CODE DUTY STATION W2L5H2
4a. SPOUSE NAME (b) (6)		d. ADDRESS (Include ZIP code)			
5. CHILDREN a. NAME		b. RELATIONSHIP	c. DATE OF BIRTH (YYYYMMDD)	d. ADDRESS (Include ZIP code)	
(b) (6)					
6a. FATHER NAME (b) (6)		b. ADDRESS (Include ZIP code)			
7a. MOTHER NAME (b) (6)		b. ADDRESS (Include ZIP code)			
8a. DO NOT NOTIFY DUE TO ILL HEALTH		b. NOTIFY INSTEAD			
9a. BENEFICIARY(IES) FOR DEATH GRATUITY (If no surviving spouse or child)		b. ADDRESS (Include ZIP Code)		c. PERCENTAGE	
(b) (6)					
10a. BENEFICIARY(IES) FOR UNPAID PAY/ALLOWANCES		b. ADDRESS (Include ZIP Code)		c. PERCENTAGE	
(b) (6)					
11. ALLOTMENT DESIGNEE/PERCENTAGE IF MISSING (Subject to Secretarial determination)					
12. INSURANCE (SGLI and other Insurance Companies/Policy Numbers)		a. SGLI (Optional Service Use) <input type="checkbox"/> MAXIMUM <input type="checkbox"/> NO <input type="checkbox"/> OTHER (Amount) _____		b. INSURANCE COMPANIES/POLICY NUMBERS	
13. CONTINUATION/REMARKS					
14. SIGNATURE OF SERVICEMEMBER (b) (6)		15. SIGNATURE OF WITNESS (b) (6)		grade S4	16. DATE SIGNED (YYYYMMDD) 20071025

(b) (6)