

Military Experience & Education Resume

This will serve as a supplement to the OF-612 application

1. Name: Last, First, Full Middle, (Maiden, if any):

2. Date of this Statement:

3. Address (Street number, City, State, Zip Code):

4. Date of Birth

5. Social Security Number

6. Position applying for: (Include)

Title

Series

Grade

TVA Number

7.

Military Experience:

National Guard/Reserve:

A. Branch: _____
From: _____ To: _____
Unit: _____
AFSC/MOS: _____
Highest Rank: _____

B. Branch: _____
From: _____ To: _____
Unit: _____
AFSC/MOS: _____
Highest Rank: _____

C. Branch: _____
From: _____ To: _____
Unit: _____
AFSC/MOS: _____
Highest Rank: _____

D. Branch: _____
From: _____ To: _____
Unit: _____
AFSC/MOS: _____
Highest Rank: _____

8.

Active Duty Experience:

A. Branch: _____
From: _____ To: _____
Unit: _____
AFSC/MOS: _____
Highest Rank: _____

B. Branch: _____
From: _____ To: _____
Unit: _____
AFSC/MOS: _____
Highest Rank: _____

C. Branch: _____
From: _____ To: _____
Unit: _____
AFSC/MOS: _____
Highest Rank: _____

D. Branch: _____
From: _____ To: _____
Unit: _____
AFSC/MOS: _____
Highest Rank: _____

9.

Military Education: (Resident Schools):

A. Title of Course: _____

Dates From: _____ To: _____

Completed: Yes: No:

B. Title of Course: _____

Dates From: _____ To: _____

Completed: Yes: No:

C. Title of Course: _____

Dates From: _____ To: _____

Completed: Yes: No:

D. Title of Course: _____

Dates From: _____ To: _____

Completed: Yes: No:

E. Title of Course: _____

Dates From: _____ To: _____

Completed: Yes: No:

F. Title of Course: _____

Dates From: _____ To: _____

Completed: Yes: No:

G. Title of Course: _____

Dates From: _____ To: _____

Completed: Yes: No:

H. Title of Course: _____

Dates From: _____ To: _____

Completed: Yes: No:

10.

Military Education (Correspondence Schools):

A. Title of Course: _____

Dates From: _____ To: _____

Completed: Yes: No:

B. Title of Course: _____

Dates From: _____ To: _____

Completed: Yes: No:

C. Title of Course: _____

Dates From: _____ To: _____

Completed: Yes: No:

D. Title of Course: _____

Dates From: _____ To: _____

Completed: Yes: No:

E. Title of Course: _____

Dates From: _____ To: _____

Completed: Yes: No:

F. Title of Course: _____

Dates From: _____ To: _____

Completed: Yes: No:

G. Title of Course: _____

Dates From: _____ To: _____

Completed: Yes: No:

H. Title of Course: _____

Dates From: _____ To: _____

Completed: Yes: No:

Military experience may be credited towards Specialized Experience and the Knowledge, Skills, & Abilities (KSA's), however, you MUST submit an attachment of the duties and responsibilities.

11. I certify that all statements made in this supplement are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

Signature

Date