

RICHMOND LIGHT INFANTRY BLUES

APPLICATION FOR ENLISTMENT

| APPLICANT INFORMATION | | | | | | | | | |
|--|-----------------------|--------------|------------|------|----------------|--------------------------|--------|--------|--|
| Last Name (Include suffix, I, II, Sr., Jr.) | First | | | M.I. | D | Pate | | | |
| Residence Address Apartment/Unit # | | | | | | | | | |
| City | State | | | | ZIP | | | | |
| Phone | E-mail Address Emerge | | | | Emergency | ency Contact | | | |
| Work Phone | | Cell Phone | | | | Emergency Contact Number | | | |
| Mailing Address (if different from above) | | | | | | | | | |
| City | | State | | | | ZIP | | | |
| Employer | Employer Address | | | | | | | | |
| Height: Feet Inches | Weight | | Hair Color | | Eye Color | | Gender | | |
| Date of Birth (mm/dd/yyyy) | Marital Status | | Depend | | | Religious Preference | | | |
| Photo ID Card Type and ID Card Number | | | | | | | | | |
| High School Graduate? YES □ NO □ If no, did you obtain a GED? YES □ NO □ | | | | | | | | | |
| Are you a citizen of the United States? YES NO If no, documentation of legal residence is required. | | | | | | | | | |
| Have you ever been convicted of a felony? YES NO Signature | | | | | | | | | |
| DEGREE-TYPE EDUCATION BEYOND HIGH SCHOOL (DOCUMENTATION MUST BE ATTACHED) | | | | | | | | | |
| School | Location | | | | Year Graduated | | | Degree | |
| School | Location | | | | Year Graduated | | Degree | | |
| School | Location | | | | | Year Graduated | | Degree | |
| CIVILIAN WORK EXPERIENCE | | | | | | | | | |
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| MILITARY SERVICE | | | | | | | | | |
| Do you have prior military service? YES NO If yes, documentation of an honorable discharge must be attached. | | | | | | | | | |
| Other Military training (attach documentation) | | | | | | | | | |
| DEMARKS/CONTINUESTICAL | | | | | | | | | |
| REMARKS/CONTINUATION | | | | | | | | | |
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| DISCLAIMER AND SIGNATURE | | -1 -1 - 1 | | | | | | | |
| I certify that my answers are true and comple | te to the be | St of my kno | owiedge. | | Г | | | | |
| Signature | | | | | | Date | | | |