



REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY

Your Organizational Unit
Post / Camp / Station

Office Symbol

Date:

MEMORANDUM FOR Commandant, United States Army Cyber School. ATTN: Director,
Office of the Chief of Cyber, 633 Barnes Ave, Fort Gordon, GA 30905

SUBJECT: Application Checklist for Cyber Operations Specialist – MOS 17C

Applicant: Snuffy, Joe M. III

Rank: SGT **DOR:** 20120115 **GT Score:** 125 **ST Score:** 122

Highest Professional Military Education: WLC **SSD Level Complete:** SSD2

Last APFT Date/Score: 20150514 / 288 **PULHES:** 121111

HT/WT: 73/168 **Meets Body fat Standards:** Y

Enterprise E-mail: joe.m.snuffy.mil@mail.mil **Work Phone:** 555-555-1234

Clearance: Secret

Highest Civilian Education: AS General Studies **University:** Central Texas College

Industry Technical Certifications: A+ and CEH

Career Counselor (MOS 79S) E-mail: joe.g.jones.mil@mail.mil

CHECKLIST: This checklist details items required for an application package. Verify your submission is complete using the most current examples posted on the OCC 17C page found at <https://uscyberschool.army.mil>. Initial each item below and sign cover memo then forward complete packet through your career counselor to Office Chief of Cyber, U.S. Army Cyber School, 633 Barnes Ave Fort Gordon, GA 30905 at usarmy.gordon.cyber-coe.mbx.occ-enlisted@mail.mil

NOTE: Submit documents in pdf format in the order listed below with this checklist as the cover.

1. _____ Cyber Cover Letter (see example)
2. _____ DA 4187 Reclassification Request (see example)
3. _____ Cyber Questionnaire

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SUBJECT: **Application Checklist for Cyber Operations Specialist – MOS 17C**

4. _____ Updated Enlisted Record Brief (E6 and Above w/photo)
5. _____ DA Pam 611-21 Acknowledgement Memo (see example)
6. _____ DA Form 705 within 30 days of application
7. _____ DA Form 5500 (if applicable)
8. _____ Security Clearance Verification Memo (see example)
9. _____ NFNA Screening Packet
10. _____ Last 5 NCOERs (SSNs blacked out)
11. _____ All NCOES PME DA Form 1059 (SSNs blacked out)
12. _____ Certifications and Credentials document listing technical experience
(see example)
13. _____ Civilian Education Transcripts

I have completed and submitted all items on this checklist. I acknowledge that it is my responsibility to ensure all required documents are accurate and up to date.

Signature

Date



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MEMORANDUM FOR Commandant, United States Army Cyber School. ATTN: Director,
Office of the Chief of Cyber, 633 Barnes Ave, Fort Gordon, GA 30905

SUBJECT: Cover Letter for SGT Snuffy, Joe M. 123-45-6789

1. I, SGT Joe M. Snuffy request consideration for reclassification approval for MOS 17C, Cyber Operations Specialist. Please find enclosed my application packet for your consideration.
2. The body of the cover letter memorandum is limited to **no more than 2 pages single spaced 12 point Arial font**. This Cover letter is your opportunity to paint a picture about yourself. Follow the following guidelines when composing you cover letter:
 - a. **DO NOT use the Cover letter as a resume that just summarizes all the documents in your packet.**
 - b. Ensure you discuss any training/education/certifications that you are currently working on and your progress (example) I am currently enrolled in a BSITM degree program from XYZ University and have completed 96 of the required 120 credits with a 3.95 GPA, my expected graduation is summer 2016. (example) I have completed the Skillsoft training courses for A+ and NET+ and passed the final exam with a 95% score however have not yet taken the official certification exam due to lack of exam vouchers.
 - c. Ensure you discuss any IT related work experience both official and outside your daily duties in your current job. (example) I currently am the web admin for the XYZ veterans website and created and manage 4 additional sites for them during my off duty time.
 - d. Discuss any activities and things you do outside the army that will influence for the greater Cyber Community (example) I currently am volunteering at the local middle school computer lab after school hours assisting students develop coding skills. (example) I am a founding member of a computer club that focus on teaching young skills and help them understand legal and ethical considerations when operating in Cyberspace.
 - e. The 17C Cyber Operations Specialist is a Combat Arms MOS. For NCO's ensure you discuss your experience or understanding of the operational process.

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SUBJECT: Cover Letter for SGT Snuffy, Joe M. 123-45-6789

- f. For all NCO's ensure you discuss your leadership strengths. The 17C MOS is very technical however, your abilities to lead a small team and conduct operations will be critical.
3. The Closing paragraph should focus on your greatest strengths already included in the body paragraph. This final paragraph is your last opportunity to express 2 things.
 - a. What makes me so special and different from everyone else?
 - b. What value do I bring to the organization and the greater Cyber Branch and Community?
4. Point of contact for this memorandum is the undersigned at (555) 555-1234 or joe.m.snuffy.mil@mail.mil

Joe M. Snuffy
SGT, USA

PERSONNEL ACTION

For use of this form, see PAM 600-8; the proponent agency is DCS, G-1.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, USC, Section 3013, E.O. 9397 (SSN), as amended
PRINCIPAL PURPOSE: To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8.
ROUTINE USES: The DoD Blanket Routine Uses that appear at the beginning of the Army's compilation of systems of records may apply to this system.
DISCLOSURE: Voluntary; however failure to provide Social Security Number may result in a delay or error in processing the request for personnel action.

1. THRU (Include ZIP Code) Commandant, U.S Army Cyber School ATTN: Office of the Chief of Cyber 633 Barnes Ave Fort Gordon, GA 30905	2. TO (Include ZIP Code) Commander, Human Resources Command ATTN: AHRC-EPF-R 1600 Spearhead Div Ave. Fort Knox, KY 40122-5304	3. FROM (Include ZIP Code) Commander (O5 level) Unit Name Unit Address Unit City and State
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SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI) Snuffy, Joe M.	5. GRADE OR RANK/PMOS/AOC E5 / 11B2O00YY	6. SOCIAL SECURITY NUMBER 123-45-6789
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SECTION II - DUTY STATUS CHANGE (AR 600-8-6)

7. The above Soldier's duty status is changed from _____ to _____
 effective _____ hours, _____

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: (Check as appropriate)

<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other (Specify) Voluntary Reclassification to 17C
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER (When required)	10. DATE (YYYYMMDD)
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SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

1. Soldier requests reclassification into MOS 17C Cyber Operations Specialist, under provisions of AR 614-200 and MILPER message XX-XXX.

2. Additional Requests: List any DA-Pam 611-21 requirements soldier is requesting a waiver for.

3. Additional information:
 a. BASD:
 b. ETS:
 c. RCP:
 d. TOS:
 e. DEROS
 f. TIS:
 g. FIG:

ENCLS:
 1. 17C Reclassification Request Packet

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -
 HAS BEEN VERIFIED RECOMMEND APPROVAL RECOMMEND DISAPPROVAL IS APPROVED IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE O5 level Commander,	13. SIGNATURE	14. DATE (YYYYMMDD)
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17C CYBER OPERATIONS SPECIALIST QUESTIONNAIRE

Please fill out this for as completely as possible. Be as honest as possible in your self-assessment. *Don't tell us what you think we want to hear, instead tell us who you are.* All applicants should be familiar with DA PAM 611-21.

PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

The following information is provided in accordance with 5 U.S.C. 552a(e)(3) and applies to this form. Authority for collection of the information is 44 U.S.C. 2907, 3101, and 3103, and E.O. 9397 of November 22, 1943. Disclosure of the information is voluntary. The purpose of the information on this form is to assist the Office Chief of Cyber. This form is filed as a record of disclosure and will not be shared with any unauthorized personnel.

PART I – PERSONNEL AND BIOGRAPHICAL DATA

Name		Rank	BASD	Current MOS
Phone Number (Primary)	Phone Number (Alternate)	Email Address (Primary)		Email Address (Alternate)
Current Mailing Address				
Marital Status Single	Spouse Birth Country/Citizenship	Has spouse begun Naturalization process? <i>N/A</i>		Expected date of Naturalization
Married Army Couples Program (MACP)? <i>N/A</i>	Exceptional Family Member Program (EFMP)? <i>N/A</i>	Have you ever been passed over for promotion? <i>No</i>		Estimated date of availability to PCS
Date of completion of last Leadership position and title		Current security clearance Type: Date: Polygraph Date (if any):		Do you have any history of financial delinquency (bankruptcy, garnishments, foreclosure, etc.)? <i>No</i>

PART II – CYBER SELF-ASSESSMENT: WRITTEN

What qualifies you to be a 17C Cyber Operations Specialist? Include any special skills you have.

What do you believe are the 3 most important attributes or competencies for a Cyber Operations Specialist and why?

List 3 of your goals as a 17C Cyber Operations Specialist:

PART III – CYBER EXPERIENCE

List all Cyber related leadership positions held:

List any Cyber related deployments experience you've had:

List any relevant teaching experience:

List any open-source development experience you've had or links to publically available code repositories you have:

List any internships or industry experience:

List any professional societies you belong to:

List any Cyber club experience you've had to include leadership positions held, if any:

List any Cyber programming competitions you've participated in or coached. Indicate if team earned recognition.

PART IV – CYBER SELF-ASSESSMENT: TECHNICAL

Please rate your level of proficiency in the following areas on a scale of 1 -5, with 1 being least familiar and 5 being very comfortable. Do not circle any if you have no experience. **Reset Buttons**

Linux OS/UNIX, to include derivatives such as BSD, Mac OSX, Ubuntu	User:	① ② ③ ④ ⑤	Windows OS	User:	① ② ③ ④ ⑤
	Admin:	① ② ③ ④ ⑤		Admin: :	① ② ③ ④ ⑤
Forensics (disk, memory, network)		① ② ③ ④ ⑤	Penetration Testing		① ② ③ ④ ⑤
Software Analysis & Malware Reversal		① ② ③ ④ ⑤	Binary Analysis		① ② ③ ④ ⑤
Programming:					
Assembly		① ② ③ ④ ⑤	BASIC		① ② ③ ④ ⑤
FORTAN		① ② ③ ④ ⑤	C		① ② ③ ④ ⑤
C++		① ② ③ ④ ⑤	SQL		① ② ③ ④ ⑤
Java		① ② ③ ④ ⑤	JavaScript		① ② ③ ④ ⑤
Python		① ② ③ ④ ⑤	Perl		① ② ③ ④ ⑤
Other _____		① ② ③ ④ ⑤	Other _____		① ② ③ ④ ⑤
Other _____		① ② ③ ④ ⑤	Other _____		① ② ③ ④ ⑤

PART IV – CYBER SELF-ASSESSMENT: TECHNICAL (CONT.)

List any Cyber or IT related conferences you've attended:

Event name	Number of times attended	Presented?	

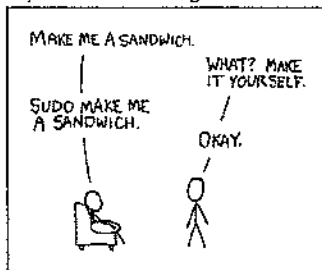
List your favorite Cyber-related books that you've read or movies that you've seen:

List your favorite sources for technology news (blogs, magazines, etc.):

Discuss a recent cyber related issue in the news and provide your thoughts and personal position for, or against, the actors involved:

List any hobbies or interests (technical or otherwise):

Explain the following cartoon:



What is the hardest technical problem you've solved?

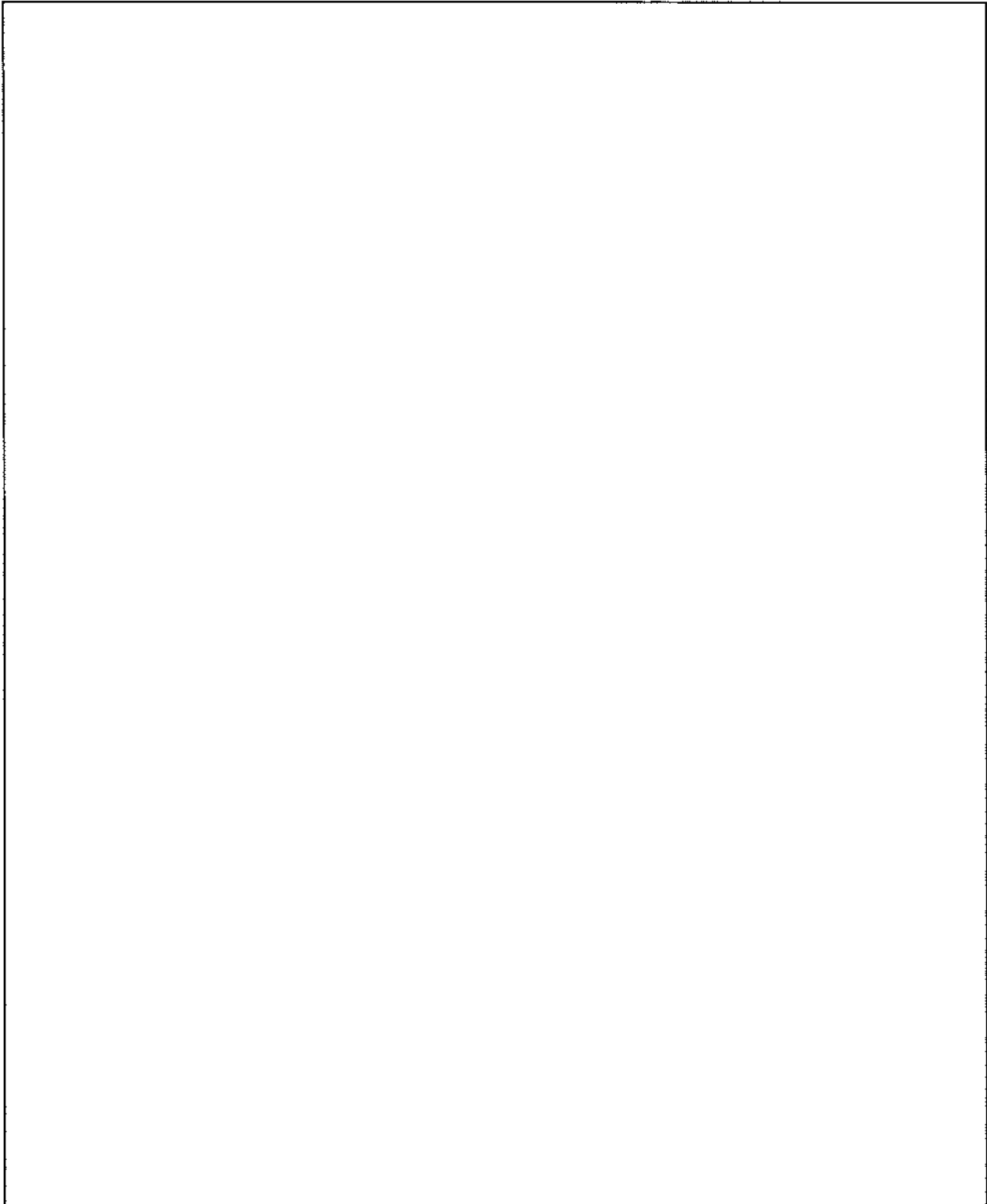
How many hours a week do you spend on Cyber self-development outside of the workplace?

Reset Form

PART V – EDUCATION AND TRAINING

Education								
	LEVEL	SCHOOL	MAJOR		NSA CAE	GPA	GRAD DATE	
1.								
2.								
3.								
4.								
5.								
Scores								
Graduate Record Examinations (GRE) Percentile (if any):					Verbal		Quantitative	Analytical
Graduate Management Admission Test (GMAT) Percentile (if any):					Writing	Reasoning	Quantitative	Verbal
Law School Admission Test (LSAT) Score & Percentile (if any):								
Certifications								
Have you ever held or do you hold any of the following certifications?								
BASIC		INTERMEDIATE		ADVANCED		EXPERT		
Name	Current?	Name	Current?	Name	Current?	Name	Current?	
<input type="checkbox"/> Network+	<input type="checkbox"/>	<input type="checkbox"/> CCNA	<input type="checkbox"/>	<input type="checkbox"/> CCNP	<input type="checkbox"/>	<input type="checkbox"/> CCDE	<input type="checkbox"/>	
<input type="checkbox"/> A+	<input type="checkbox"/>	<input type="checkbox"/> CISSP	<input type="checkbox"/>	<input type="checkbox"/> OSCP	<input type="checkbox"/>	<input type="checkbox"/> CCIE	<input type="checkbox"/>	
<input type="checkbox"/> Security+	<input type="checkbox"/>	<input type="checkbox"/> CEH	<input type="checkbox"/>	<input type="checkbox"/> CISA	<input type="checkbox"/>	<input type="checkbox"/> RHCA	<input type="checkbox"/>	
<input type="checkbox"/> CCENT	<input type="checkbox"/>	<input type="checkbox"/> PMP	<input type="checkbox"/>	<input type="checkbox"/> CCDP	<input type="checkbox"/>	<input type="checkbox"/> GSE	<input type="checkbox"/>	
Other Certifications (indicate whether current or not):								
Foreign Language								
Defense Language Aptitude Battery (DLAB) Score:								
List any foreign languages and rate your level of proficiency								
Language		Level		DLPT Score (if taken)				
Training								
Please list the courses you've completed that you feel are most important:								
I acknowledge that the information provided above is option and that refusal to provide some information may prevent successful processing of the application for reclassification into MOS 17C. All of the above information is true and correct to the best of my knowledge. I understand that it is my responsibility to provide any information about any changes.								
Printed Name			Rank		Signature		Date	

Continuation Sheet
(Use as needed for additional text for any field)

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for providing additional text for any field.



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MEMORANDUM FOR Commandant, United States Army Cyber School. ATTN: Director,
Office of the Chief of Cyber, 633 Barnes Ave, Fort Gordon, GA 30905

SUBJECT: DA Pam 611-21 Acknowledgement Memo for SGT Snuffy, Joe M.

1. I, SGT Snuffy, Joe M. 123-45-6789 by signing this memorandum agree to the following statements:

a. I have reviewed DA Pam 611-21 and meet the following minimum prerequisites:

- (1) A physical profile of 222221
- (2) Normal color vision.
- (3) A minimum score of 110 in aptitude area for GT and a minimum score of 116 in aptitude area ST on Armed Services Vocational Aptitude Battery (ASVAB) test administered prior to 2 January 2002.

A minimum score of 110 in aptitude area GT and a minimum score of 113 in aptitude area ST on ASVAB tests administered on and after 2 January 2002, but prior to 1 April 2014.

A minimum score of 110 in aptitude area for GT and a minimum score of 112 in aptitude area ST on ASVAB tests administered on and after 1 April 2014.

NOTE: Only include the applicable statement above based on the date ASVAB was taken.

- (4) A high school graduate or equivalent prior to entry on active duty.
 - (5) Must be a U.S. citizen.
- b. I understand that only a SECRET clearance is required for 17C application packet approval. If selected I will have to meet the following requirements in order to obtain an INTERIM TS Clearance prior to attending training.
- (1) Never been a member of the U.S. Peace Corps, except as specified in AR 614-200 (para 3-2).

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SUBJECT: **DA Pam 611-21 Acknowledgement Memo for SGT Snuffy, Joe M.**

- (2) No information in military personnel, Provost Marshal, intelligence, or medical records that would prevent the granting of a security eligibility under AR 380-67 (para 3.401.a).
 - (3) No record of conviction by court-martial.
 - (4) No record of conviction by a civil court for any offense other than minor traffic violations.
 - (5) Have neither commercial nor vested interest in a country within whose boundaries physical or mental coercion is known to be a common practice against persons acting in the interest of the U.S. This requirement applies to the Soldier's spouse as well.**
- c. I understand that I must obtain a TOP SECRET with SCI Access prior to graduation and being awarded MOS 17C.
- d. I understand that I must pass an initial Notification of Foreign National Association (NFNA) screening and meet the following requirements.
- (1) Soldier and spouse must not have immediate family members who reside in a country within whose boundaries physical or mental coercion is known to be a common practice, either against: persons accused of or acting in the interest of the U.S. or the relatives of such persons to whom they may reasonably be considered to be bound by ties of affection, kinship, or obligation. Immediate family for both Soldier and spouse includes both blood and stepparents, spouse, children, sisters, brothers, any sole living blood relative, or a person in loco parentis per AR 600-8-10.
 - (2) Have neither commercial nor vested interest in a country within whose boundaries physical or mental coercion is known to be a common practice against persons acting in the interest of the U.S. This requirement applies to the Soldier's spouse as well.
- e. I understand that due to the nature of training and assignments, temporary restrictions may be placed on foreign travel both during and after the term of service.
- f. I understand that if I am selected I will be required to receive and pass a Counterintelligence Scope Polygraph (CSP) prior to being awarded the MOS and must continue to pass subsequent CSPs to hold the MOS. Soldiers who refuse to take or fail a CSP will be reclassified.

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SUBJECT: DA Pam 611-21 Acknowledgement Memo for SGT Snuffy, Joe M.

- g. I understand that if I am selected for and complete the Cyber Operations Specialist MOS 17C course, I will have to serve a minimum of 36 months upon completion of 17C training. If I do not have enough time in service remaining upon graduation, I will have to re-enlist or extend to meet the Service Remaining Requirement IAW AR 614-200 Chapter 4 and AR 601-280.
 - h. I understand that the Cyber Operations Specialist MOS 17C Course is a 2-phased PCS course. Phase 1 is currently 24 weeks at Corey Station, FL and Phase 2 is currently 23 weeks at Fort Gordon, GA. If I am selected I acknowledge that I will be placed in the first available training class which may reduce normal assignment notification timelines IAW AR 614-200.
 - i. I understand I will be reclassified to MOS 17C after the completion of the 17C course and will be assigned based on the needs of the Army to an authorized 17C coded position.
2. Point of contact for this memorandum is the undersigned at (555) 555-1234 or joe.m.snuffy.mil@mail.mil

Joe M. Snuffy
SGT, USA



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MEMORANDUM FOR Commandant, United States Army Cyber School. ATTN: Director,
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SUBJECT: Security Clearance Verification for **SGT Snuffy, Joe M.**

1. References: a. AR 380-67, Personnel Security Program, 9 Sep 88.
2. (**RANK, Last Name, First Name, Middle Name, XXX-XX-Last four**) was granted (**Type of security clearance for example TS/SCI**) eligibility on (**date clearance was granted**) by the Army Central Clearance Facility (CCF). (**Rank Last Name**) had a PPR closed on (**date investigation was closed**)
3. The point of contact for this memorandum is (**Your S2/ Security Manager's Name, Phone Number, and E-mail address**).

**Security Manager's Signature
Block with Signature**

17C Cyber Operations Specialist NFNA Screening Packet

Important: Please answer each question to the best of your ability. Indicate "UNK" or "N/A" if appropriate. Incomplete forms (areas left blank) will not be accepted and will cause delays in your reclassification processing.

SECTION 1: BIO INFORMATION			
Full Name: (Last, First, Middle)			
Rank:	Military Service:	Current Unit: (include Official address)	
SSN:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Other Names: (Maiden, birth, alias)	
Date of Birth: (YYYYMMDD)	Birth Country:	Birth City, Town & State/Province:	
Current Address: (Street, City/Town, State/Country, Postal Code)			
Primary Phone: (xxx) xxx-xxxx	Work Phone: (xxx) xxx-xxxx	DSN Work Phone: xxx-xxxx	
Enterprise E-Mail:			
SECTION 2: CITIZENSHIP INFORMATION			
<input type="checkbox"/> U.S Citizen	<input type="checkbox"/> Dual Citizen (List Citizenship Countries)	<input type="checkbox"/> Other (List Citizenship Country)	
<input type="checkbox"/> Naturalized U.S. Citizen	Naturalization Certificate #:		
Naturalized Certificate Date Issued:	Naturalized Certificate Place Issued: (City, State)		
Past Citizenships: (if applicable, list here)			

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NOTE: PLEASE ANSWER EACH QUESTION TO THE BEST OF YOUR ABILITY. IF YOU ANSWER YES TO ANY OF THE QUESTIONS YOU MUST PROVIDE A DETAILED ANSWER ON THE MILITARY CONTINUATION SHEET.

SECTION 3: SECURITY QUESTIONNAIRE	
1. Have you ever been a dual citizen of the U.S. and Another Country?	<input type="checkbox"/> YES <input type="checkbox"/> NO
1.a. If yes List the country:	
2. Do you have any immediate family members (parents, full, step, or half siblings, spouse, in-laws, cohabitants, and/or fiancé were not born in the U.S.?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.a. If yes list ALL applicable family members, living or otherwise; on an additional Contact Sheet (ACS) YOU MUST FILL OUT ONE ACS PER PERSON.	
NOTE: Any U.S. Citizens born abroad to U.S. Parents do not require an Additional Contact Sheet (ACS), provide an explanation on the Military Continuation Sheet	
3. Other than those already listed, do you maintain a close and/or continuing association with anyone who was not born in the U.S.?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3.a If yes list ALL applicable associations on an additional Contact Sheet (ACS) YOU MUST FILL OUT ONE ACS PER PERSON.	
4. List your most recent polygraph (when/where)?	
5. Do you or your immediate family members have foreign property or other foreign financial interests?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
6. Have you <u>EVER</u> been involved in the loss or mishandling of classified information/material?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Have you been arrested and/or charged with a UCMJ violation since your last investigation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. In the last seven years, or since the age of 18, whichever is shorter, have you	
a. Had any alcohol-related arrests, treatment, or counseling? <input type="checkbox"/> YES <input type="checkbox"/> NO	
b. Illegally used, possessed, bought, sold, and or transferred any illegal drug or controlled substance? <input type="checkbox"/> YES <input type="checkbox"/> NO	
c. Experienced financial difficulties that resulted in bankruptcy, repossession, tax lien, wage garnishment, judgement, and or collection actions? <input type="checkbox"/> YES <input type="checkbox"/> NO	
9. In the last seven years, have you consulted with a healthcare professional regarding an emotional or mental health condition, or were you hospitalized for such a condition? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NOTE: INDICATE NO IF COUNSELING WAS FOR THE FOLLOWING:	
a. Martial, family, or grief not related to violence by you.	
b. Counseling related to adjustments from service in a military combat environment.	
c. You are a VICTIM of sexual assault	
10. In the last seven years, have you attended a language immersion course, studied abroad, or gone on ANY PERSONAL travel outside of the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO	
10.a If yes, provide details on the Military Continuation Sheet. Please include dates of travel, city/Country visited and the purpose of travel.	
SECTION 4: NFNA SCREENING PACKET VERIFICATION.	
Your Signature:	DATE: (yyyymmdd)

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Military Additional Contact Sheet (ACS)**

NOTE: Answer the questions below to the best of your ability for each of your foreign-born associate(s); indicate "UNK" or "N/A" if appropriate. Incomplete forms (i.e, areas left blank) will not be accepted and will cause delays in your processing. **NOTE: if the associate is deceased, please provide all last known information.**

Associate Type: (relationship to you)		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Full Name: (Last, First, Middle)			
Other Names: (maiden, birth, alias)			
Date of Birth: (yyyymmdd)		Place of Birth: (City/Town & State/Province & Country)	
Citizenship Status: (check one)	Naturalized U.S. Citizen	Dual Citizen (list Citizenship Countries Below)	Other (List Citizenship Country Below)
	Certificate No:		
	Date Issued:		
	Place Issued:		
If associate is not currently naturalized, do they intend to become naturalized?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Past Citizenship(s): (if applicable)			
Current/Last Known Address: (street, city/town, state/country, postal code) STATE/COUNTRY AT A MINIMUM			
Primary Phone:		Secondary Phone(s):	Work Phone:
Email(s):			
Occupation: (if retired, list from what/where they are retired)			
Employer:		Employer Address: (City/Town & State/Province & Country)	
Frequency of CURRENT Contact:		Frequency of FUTURE Contact:	
<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly	
<input type="checkbox"/> Other (explain):		<input type="checkbox"/> Other (explain):	
Means of CURRENT Contact:		<input type="checkbox"/> In-Person <input type="checkbox"/> E-Mail <input type="checkbox"/> Phone <input type="checkbox"/> Social Media	
(Check all that apply)		<input type="checkbox"/> Other (explain):	
Means of FUTURE Contact:		<input type="checkbox"/> In-Person <input type="checkbox"/> E-Mail <input type="checkbox"/> Phone <input type="checkbox"/> Social Media	
(Check all that apply)		<input type="checkbox"/> Other (explain):	
When First Contacted (MM/YY):		When Last Contacted (MM/YY):	
Describe the circumstances under which you first met:			
Has this associate ever been affiliated with a foreign government or military?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Don't Know	
Does the associate maintain contact with individuals from his/her birth country?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Don't Know	
Is this associate aware of your US government/military/intelligence affiliation?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Don't Know	
NOTE: If you answer yes to any of these questions, please provide a detailed answer on the military continuation sheet			
Your Signature:			DATE: (yyyymmdd)



REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY

Your Organizational Unit
Post / Camp / Station

Office Symbol

Date:

MEMORANDUM FOR Commandant, United States Army Cyber School. ATTN: Director,
Office of the Chief of Cyber, 633 Barnes Ave, Fort Gordon, GA 30905

SUBJECT: SGT Snuffy, Joe M. Cyber Certifications and Credentials

1. Summary of Qualifications (Required Entry)

- a. Highly trainable with the exceptional ability to learn new concepts and procedures with minimal instruction or supervision
- b. Excellent communication and interpersonal skills that build strong professional rapport with clients, coworkers, and superiors

2. Education and Certifications (Required Entry)

Associates of Science in General Studies Central Texas College, May 2011

CompTIA A+ Certification Jun 2010

CEH Certification Feb 2011

3. IT Work Experience (Required Entry)

Network Administrator 1-22 IN BN Jun 2010 – Aug 2013

NOTE: Official IT work experience is not required for reclassification packet approval. If you have no official IT work experience list any experience outside official duties (see example below)

Code for Kids advisor Sunny Middle School Jun 2010 – Aug 2013

4. REFERENCES (no more than 2)

1SG Joe, Greg I.

greg.joe.mil@mail.mil

706-777-7777

WO3 Snuffy, Joe

joe.snuffy.mil@mail.mil

706-777-7778

Signature

Date

NOTE: This document is a summary of all cyber certifications and credentials. Ensure you include all Transcripts both civilian and military and copies of certifications