

RECRUITING DUTY SCREENING

RATE	NAME : (Last, First, Middle Initial)
Proposed Detachment Date:	Proposed Duty Station

SECTION A: GENERAL CRITERIA

"YES" response in items 1, 3, 5, 9, and "NO" responses in items 2, 4, 6, 7, 8, 11 require explanation in CMC comments section or Command Endorsement.

			Interviewer's Initials
<input type="checkbox"/> YES	<input type="checkbox"/> NO	1. Within the past 36 months, has member been disqualified or found unsuitable for special programs(s)?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	2. Performance Evaluation (NAVPERS 1616/26): Has member received at least 3.0 on all traits, been recommended for retention and promotable or higher for advancement in the past 36 months?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	3. Has member had any NJP, courts-martial, civilian conviction, significant involvement with civilian authorities or moral/integrity violations within the past 36 months?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	4. Does member have an excellent command of the English Language?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	5. Has member had any alcohol related incidents in the last 36 months? Any 3 documented alcohol related incidents within the previous 5 years are considered unsuitable.	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	6. Is member currently within height, weight, or body fat standards, and has member passed the last three regularly scheduled Physical Fitness Assessments (PFA)? Waivers are considered on a case-by-case basis by PERS-4010. HT: _____ INCHES WT: _____ POUNDS BF: _____ %	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	7. Is member outstanding in appearance, military bearing, and conduct? Submit a 3 x 5 picture to PERS-4010 for waivers of conditions that detract from outstanding personal appearance (shaving waivers, etc.).	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	8. Does member have a valid state driver's license? Member must have a valid state driver's license prior to transfer to Recruiting Duty. State: _____ License Number: _____ Expiration Date: _____	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	9. Does Member have visible tattoos? If yes, refer to NAVADMIN 110/06 for guidance. Any visible tattoos require submission of a 3 x 5 photo to PERS-4010 with this application for waiver consideration.	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	10. Has member signed the required OBLISERV for this program?	
Personnel Officer's Name and Rank:		Personnel Officer's Signature:	Date:

SECTION B: MEDICAL/DENTAL SCREENINGInterviewer's
Initials

<input type="checkbox"/> YES	<input type="checkbox"/> NO	1. Has member completed required medical screening for this program? If "no" will the gaining NRD accept? <input type="radio"/> Yes <input type="radio"/> No	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	2. Is member fully medically qualified for reenlistment/retention?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	3. Is member Dental Class II for PCS orders?	
Medical Officer's Name and Rank:		Medical Officer's Signature:	Date:
Dental Officer's Name and Rank:		Dental Officer's Signature:	Date:

SECTION C: COMMAND FINANCIAL SPECIALIST

<input type="checkbox"/> YES	<input type="checkbox"/> NO	1. Has the member been interviewed by the Command Financial Specialist per OPNAVINST 1740.5A? (Copy of Financial Screening must be provided with this application.)	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	2. Is member financially stable?	
Financial Specialist Name and Rank:		Financial Specialist Signature:	Date:

All of the above information is certified to be true to the best of my knowledge. By signing this form I acknowledge that I must maintain my suitability throughout my assignment to Recruiting Duty.

Member's Name and Rank:	Member's Signature:	Date:
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SECTION D: COMMAND MASTER CHIEF

<input type="checkbox"/> YES	<input type="checkbox"/> NO	1. This member meets minimum requirements, and is recommended for assignment to Recruiting Duty.	
Comments:			
Command Master Chief's Name and Rank:		Command Master Chief's Signature:	Date:

SECTION E: CO/XO/OIC/COS/DIRECTOR ENDORSEMENT

YES NO

1. Are there any compelling reasons why servicemember would be unsuitable for Recruiting Duty? If Yes, provide reason for unsuitability in Command Endorsement block below.)

INITIAL CERTIFICATION UPON NOMINATION

Approved: _____
 Initials Date

Disapproved: _____
 Initials Date

**RE-CERTIFICATION WITHIN 5 WORKING DAYS OF TRANSFER.
MEMBER CONTINUES TO MEET ALL REQUIREMENTS. INITIALS BELOW ARE REQUIRED**

Approved: _____
 Initials Date

Disapproved: _____
 Initials Date

Command Endorsement: (A summary statement evaluating the applicant is required. Provide written recommendation from Commanding Officer indicating member's potential to perform and excel in recruiting duty.)

Endorsement of this screening represents full recommendation of this candidate by transferring command. All information is certified to be true to the best of my knowledge. A copy of this form has been filed in member's service record.

Command Officer's Name and Rank:

Commanding Officer's Signature:

Date:

Privacy Statement:

The authority to request this information is contained in 5 USC 301 Departmental Regulations. The information will be used to assist officials and employees of the Department of the Navy in determining your future duty assignments. Completion of the form is mandatory except for duty and home phone numbers. Failure to provide required information may result in delay in response to, or disapproval, of your request.