

## CSMR Application Questionnaire

Yes, I would like to learn more about the California State Military Reserve (CSMR)

How did you hear about the CSMR?  Internet

|  |  |           |                  |
|--|--|-----------|------------------|
| Name:  | First:   | Middle:   | Last:            |
| Phone:<br>(w/ area code)   |  |           |                  |
| Address:<br>Physical Address   |  |           |                  |
| E-mail:  |  |           |                  |
| Date of Birth:   | Mo/day/year:   | Age:      |                  |
| Education Completed:<br>(Circle all applicable)                          | High School Diploma:<br>A.A. / A.S. Degree:<br>B.A. / B.S. Degree:                                 |           |                  |
| Disability: (Civilian or Military)                                       | VA Disability Rating Y___ N___ If yes, what percent ___<br>Other Disabilities?                     |           |                  |
| Significant Medical Conditions:  | List major medical issues in past 10 years: Asthma<br>Diabetes Heart Depression Other: ___<br>_    |           |                  |
| U.S. Citizen:  | Yes___ No___ Applied for Citizenship? ___ NA   |           |                  |
| Prior Military Experience:<br>(Circle all applicable)                    | Marines___ Active___ Rank:___ Retired Date: ___<br>RE-Code: _____<br>Total years of service: _____ |           |                  |
| Military Specialty:  |  |           |                  |
| Civilian Occupation:   |  |           |                  |
| Height/Weight:   | Height:___inches   |           | Weight:___pounds |
| Law Violations:  | Felony Convictions:<br>Misdemeanor Convictions:<br>Moving Violations:                              |           |                  |
| <b>***** Applicant: Do not write below this line. (Leave blank)*****</b> |  |           |                  |
| Referred/recruited by:   | Date:  |           |                  |
| Invited to which orientation?  | Date:  | Roster #: |                  |
| Date attended:   |  |           |                  |
| Packet assigned to:  |  |           |                  |
| Orders cut on:   | Date:  | Unit:     |                  |
| Max Weight:  |  |           |                  |
| Remarks:   |  |           |                  |

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Please email forms to [janice.r.barnes.nfg@mail.mil](mailto:janice.r.barnes.nfg@mail.mil)