

RESERVE COMPONENTS CAREER COUNSELOR INTERVIEW RECORD

For use of this form, see AR 601-280; the proponent agency is ODCSPER

AUTHORITY: Title 5, USC, Section 301.
PRINCIPAL PURPOSE: Explain obligation and participation requirements.
ROUTINE USES: Confirmation of obligation and participation requirements as a basis for contracts and requests for personnel actions.
DISCLOSURE: Disclosure of any information on this form is voluntary; failure to answer all questions may result in denial of enlistment, or transfer to a Reserve Component unit.

SECTION A - TO BE COMPLETED BY SEPARATING SOLDIER

1. NAME <i>(Last, first, middle)(Jr., Sr.)</i>			3. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			4. BIRTHDAY <i>(YYMMDD)</i>			5. HEIGHT			6. WEIGHT		
2. SSN									7. PULHES					
ITEM <i>(Check appropriate block for each item)</i>			YES	NO	R/G	16. EDUCATION COMPLETED <input type="checkbox"/> GED <input type="checkbox"/> HS GRAD <input type="checkbox"/> COL DEGREE								
8. Are you a U.S. citizen?														
9. Do you have a military driver's license?														
10. Do you have a normal color vision?						17. RACE								
11. Is your spouse on active duty?														
12. Do you have a bar to enlistment?						18. DATE OF LAST PHYSICAL			19. DATE OF HIV SCREEN					
13. Any Article 15s?						20. HOME PHONE NO.			21. DUTY PHONE NO.					
14. Any AWOL or bad time?														
15. Is this a regular ETS?														
22. CURRENT UNIT DESIGNATION			23. ADDRESS AFTER SEPARATION <i>(Street, city, state, ZIP Code)</i>						24. PHONE NO. AFTER SEPARATION					
25. MAJOR COMMAND														
26. PMOS		27. SMOS		28. RANK/GRADE			29. YRS OF SERVICE			30. MARITAL STATUS				
31. NO. DEPENDENTS			32. DATE OF ETS			33. TERMINAL LEAVE <i>(YYMMDD)</i>			34. TYPE OF DISCHARGE <i>(Chapter)</i>					
35a. SIGNATURE OF SOLDIER									35b. DATE					

SECTION B - TO BE COMPLETED BY RC CAREER COUNSELOR

MATH	SCI	GT	GM	EL	CL	MM	SC	CO	FA	OF	ST	AFQT	DLAB
36. CHECK ONE <input type="checkbox"/> ARNG <input type="checkbox"/> USAR <input type="checkbox"/> IRR _____							37. GAINING UNIT						
38. NUMBER OF YRS			39. BONUS <input type="checkbox"/> YES <input type="checkbox"/> NO				40. ADDRESS/LOCATION <i>(City, state, ZIP Code)</i>						
41. UIC			42. CONTROL NO.										
43. POC			44. ASGT DMOS				45. APPOINTMENT DATE			46. UNIT PHONE <i>(Incl area code)</i>			
47. REMARKS													
48a. SIGNATURE OF RC CAREER COUNSELOR											48b. DATE		