

U.S. ARMY FUNCTIONAL AREA 52 - NUCLEAR AND COUNTERPROLIFERATION
DIRECT COMMISSIONING PROGRAM APPLICATION

CHECKLIST:

Completed or filled version of this application form.

A recent full-length professional photograph.

Transcripts of undergraduate and graduate education.

Cover letter or sample writing. Highlight strengths and experience that make you a good fit for this program.

Most recent resume or curriculum vitae.

Proof of relevant professional certifications and/or certificates of completion for trainings.

Prior military service documents, DD214 or other pertinent discharge papers (if applicable).

Letter of recommendation or reference (optional). Submit up to three strong reference letters.

NOTES:

Ensure all personally identifiable information (e.g. social security numbers, personal phone numbers, home addresses) is redacted throughout the application packet.

Once you have completed the application, email it to the following mailbox:
usarmy.belvoir.hqda-dcs-g-3-5-7.mbx.usanca-proponency-division@mail.mil.

After your application is sent, you will receive an email confirming receipt of your application packet within seven business days. Additional instructions and packet status notifications will follow if/when appropriate.

If your experiences align with the specified requirements, you will be contacted by a Functional Area 52 representative to schedule the interview process.

APPLICATION FORM

Demographic questions are optional. Sign and date the form when complete.

Applicant's Details

First: _____ MI: _____ Last: _____

City: _____ State: _____ Age: _____

Gender: _____

Phone #: _____ Email: _____

How would you describe yourself? (Race or Ethnicity): _____

How did you hear about this program? _____

Have you ever been convicted of a crime? ☐ YES ☐ NO

If yes, please describe the crime, state nature of the crime(s), when and where convicted and disposition of the case:

If hired, are you willing to submit to and pass a controlled substance test? ☐ YES ☐ NO

How do you rate your current health? _____

Note: Certain conditions may disqualify people from entering military service (e.g. depression, ADHD requiring medication, obesity, major health issues) Speak with a recruiter early in the application process if you have a disqualifying condition.

Citizenship: _____

If you hold citizenship in a country other than U.S., name the country: _____

Are you willing to renounce the country? ☐ YES ☐ NO

EDUCATION, TRAINING AND EXPERIENCE

Include a certified copy of all college transcripts, professional certifications, or DD214 (Proof of Military Service). List most recent education first.

College/University 1:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Start Date: _____ Graduation Date: _____ Years Completed: _____

Did you graduate? ☐ YES ☐ NO

College/University 2:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Start Date: _____ Graduation Date: _____ Years Completed: _____

Did you graduate? ☐ YES ☐ NO

College/University 3:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Start Date: _____ Graduation Date: _____ Years Completed: _____

Did you graduate? ☐ YES ☐ NO

College/University 4:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Start Date: _____ Graduation Date: _____ Years Completed: _____

Did you graduate? ☐ YES ☐ NO

MILITARY SERVICE:

Status: _____ Branch: _____

Rank/Grade: _____ Total Years of Service (as stated in DD214): _____ year(s) _____ month(s)

MOS/AOC (print or type): _____

Duties:

Other Details:

MILITARY BRANCH OF INTEREST:

I am seeking commission into: _____

Select your functional competency preference: _____

Note: It is mandatory to select a preference in the previous drop-down list. This list may change according to the needs of the Army.

Detail the skills and qualifications you have acquired to include licenses, trainings, certifications, and awards that make you a match for the requirement preference:

Do you speak, write or understand any foreign language(s)? ☐ YES ☐ NO

If yes, give the language(s) and your level of fluency:

EMPLOYMENT HISTORY

Detail your employment history during the previous FIVE years and account for any gaps in employment during that period. List most recent employment first.

Are you currently employed? ☐ YES ☐ NO

Name of Employer: _____

Name of Supervisor: _____

Telephone Number: _____

Business Type: _____

City: _____ State: _____

Length of Employment (Include Dates): _____

Position(s) & duties:

Reasoning for leaving: _____

May we contact this employer? ☐ YES ☐ NO

Name of Employer: _____

Name of Supervisor: _____

Telephone Number: _____

Business Type: _____

City: _____ State: _____

Length of Employment (Include Dates): _____

Position(s) & duties:

Reasoning for leaving: _____

May we contact this employer? ☐ YES ☐ NO

PROFESSIONAL REFERENCES

List at least three people who have extensive knowledge of your experience. Please include professional references only.

Name (Last, First): _____

Telephone Number: _____ Occupation/Title: _____

Number of Years Acquainted: _____

Name (Last, First): _____

Telephone Number: _____ Occupation/Title: _____

Number of Years Acquainted: _____

Name (Last, First): _____

Telephone Number: _____ Occupation/Title: _____

Number of Years Acquainted: _____

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if am hired. I authorize the verification of all information listed above.

Signature: _____ Date: _____