

U.S. ARMY SPACE OPERATIONS (FA40) 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 (student or unofficial copies are sufficient for the initial phase; however, certified copies may be required later). A minimum of Bachelor's degree is mandatory.
- Cover letter or sample writing. Highlight strengths and experience that you believe qualify you for this program.
- Most recent resume or up-to-date curriculum vitae.
- Proof of relevant professional certifications and/or certificates of completion for training (optional).
- Prior military service documents, if applicable (e.g., DD214 or other official discharge papers).
- Letter(s) of recommendation or reference (optional). Submit no more than three strong letters.

IMPORTANT NOTES:

- Applicant must be a U.S. Citizen. Non-U.S. Citizens or Dual Citizens are not eligible.
- Ensure all personally identifiable information (e.g., social security number, personal phone number, and street address) is redacted throughout the application packet.
- 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 an Army Cyber Corps representative to schedule the interview process.
- Persons on Active Duty in any Branch of Military Service are not eligible for this program.

APPLICATION FORM

Demographic questions are optional, but your answers assist us with processing your application. Sign and date the form when complete.

Applicant's Details

First: _____ MI: _____ Last: _____

City: _____ State: _____ Age: _____

Sex/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(s): _____ (Reminder: Non-U.S. citizens and dual citizens are ineligible.)

EDUCATION, TRAINING AND EXPERIENCE

Include a copy of all college transcripts, professional certifications, etc. 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:

Include a copy of your DD214 (Proof of Military Service) and/or other official documents confirming proof of military service/discharge.

Status: _____ Branch: _____

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

MOS/AOC/FA (print or type): _____

Duties:

Other Details:

ARMY SERVICE COMPONENT OF INTEREST:

I am seeking commission into: _____

Select your requirement preference: _____

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

Detail the skills and qualifications you have acquired to include licenses, training, 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. Additional employment history pages are available for download, if needed.

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

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: _____