

# U.S. ARMY CYBER DIRECT COMMISSIONING PROGRAM APPLICATION



#### **REQUIRED PACKET DOCUMENTS:**

- 1. Completed/Signed Cyber Direct Commissioning Application.
- 2. Up-to-date resume/curriculum vitae.
- 3. Diploma and College transcripts showing GPA and degree completion (student or unofficial copies are sufficient for the initial phase; however, certified copies may be required later). Note: Bachelor's degree is the minimum education requirement for direct commissioning.
- 4. If applicable, DD214 reflecting honorable military discharge or appropriate discharge/separation documentation for Guard or Reserve military service.
- 5. Proof of relevant professional certification and/or certificates of completion for training.
- 6. No more than three (3) letters of recommendation or reference.

#### **IMPORTANT NOTES:**

- Applicants must be a U.S. Citizens; Non–U.S. Citizens or Dual Citizens are not eligible.
- > Currently serving members of the military (any branch or component) are not eligible.
- > Please redact social security number and/or DoDID number from all submitted documents.
- After your application is submitted, you will receive an email confirming receipt of your application packet within seven (7) business days. Additional instructions and packet status notifications will follow, if/when appropriate. If receipt of your packet is not confirmed as noted, please feel free to follow-up in a separate email.
- ➤ If your education and experience align well with specified requirements, you will be contacted by an Army Cyber Corps representative to schedule an interview. Thank you for your interest in the Cyber Direct Commissioning Program!

### Send completed application packet to the following mailbox:

usarmy.eisenhower.cyber-coe.mbx.occ-officers@army.mil

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BASIC INFORMATION									
Demographic questions are optional, but your answers are requested to assist us with program management and application processing. Carefully review the acknowledgment statement. Sign and date form when completed.									
First:		MI:		Last:					
Sex:	Age:	Race/Ethnicity:							
Current City:		State:							
Phone:		Email:							
Citizenship Status:  Note: Non-U.S. citizens and dual citizens are ineligible for this program.									
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 accepted, are you willing to submit to and pass a controlled substance test?  YES  NO									
Do you currently hold a valid security clearance? YES, level:						NO			
How would you rate your current health?									
Note: Certain conditions may disqualify people from entering military service (e.g. ADHD requiring medication, depression, obesity, major health issues). Speak with a recruiter for advice early in the application process if you believe you may have a disqualifying condition.									

COMMISSIONING PATH							
I am seeking commission into:							
Specify valid position(s) applying for:							
Note: Provide one or more position for which you feel best qualified from the job positions listed under "Skill Requirements" on https://talent.army.mil/job/cyber-officer/.							
Why do you believe you should receive a direct commission as a Cyber Officer? Answer in paragraph format.							
EDUCATION AND TRAINING							
Include a copy of all college transcripts, professional certifications, course completion certificates, etc. List most recent education first.							
PhD/Doctorate							
School Name:	<del>,</del>						
Degree Awarded:	Graduation Date:						
Masters							
School Name:	T						
Degree Awarded:	Graduation Date:						
Baccalaureate							
School Name:	<u> </u>						
Degree Awarded:	Graduation Date:						
Associates							
School Name:							

Degree Awarded:

Graduation Date:

Professional Certifications									
MILITARY SERVICE									
Include a copy of your DD2 proof of military service/dis		vice) and/or o	ther offici	al documents c	onfirming				
Status:		Branch:							
Rank/Grade:	Total Years of Service	(from DD214):	Y	ear(s)	Month(s)				
MOS/AOC/FA:	Discharge Type:								
EMPLOYMENT DATA									
List contact information for your last three (3) employers.									
1. Company Name:									
Position Title:	Supervisor Name:								
Phone:	Email:	Dates of Employr		ТО					
2. Company Name:									
Position Title:		Supervisor Name:							
Phone:	Email:		Dates of TO Employment:						
3. Company Name:									
Position Title:		Supervisor N	lame:						
Phone:	Email:	Dates of Employr		то					
ACKNOWLEDGMENT									
I certify the information prov	ided in this application for	m/packet is tru	e, accurate	e, and complete.	I understand				
that providing false or fraudulent information may be grounds for non-selection or removal from program									
participation, if determined prior to commissioning. Once commissioned, provision of false or fraudulent									
information during this applications furthermore, I authorize the v	•				-				
Signature:		Date:							