



Office of Special Investigations Individual Mobilization Augmentee - Initial Screening Questionnaire

1. Applicant Information

Full Name (Last, First, MI):

Personal Email:

Work Email:

Personal Phone Number:

Work Phone Number (No DSN):

Home Address:

Current Employer:

2. Citizenship, Criminal History, and Medical Information

Are you a citizen of the United States?

Have you ever been convicted of a felony?

Do you have any pending/on-going disciplinary actions or investigations?

Have you ever been subject to disciplinary action or investigation by an employer?

If selected for employment, are you willing to submit to a pre-employment drug screening test?

If selected for employment, are you willing to submit to a medical screening?

Do you have any medical conditions that would disqualify you from serving as an OSI IMA?
(Note: Reference AFI 48-123 Medical Examination and Standards)

3. Military Service

What is your military status?

What is/was your military affiliation?

What is/was your military grade?

What is/was your military career field (e.g., AFSC 71S3 – Special Investigations)?

If you are currently on Active Duty, what is your projected date of separation?

If you separated from AD, what was your date of separation?

If you are currently a member of the Reserves/Guard, what type are you (e.g., IMA, TR, IRR, ART, AGR)?

If you separated from the Reserves/Guard, what was your date of separation?

If you separated from the military, did you separate under honorable conditions?

Are you currently working with a recruiter?

If so, what is your recruiter's rank and full name?

What is your recruiter's phone number (No DSN)?

What is your recruiter's email address?

4. Law Enforcement Experience

Have you successfully completed the Federal Law Enforcement Training Center's (FLETC) Criminal Investigator Training Program (CITP) or equivalent (DEA, USPS, CID, or FBI Academy)?

If so, when did you complete FLETC CITP, DEA, USPS, CID, or the FBI Academy?

Are you currently a GS-1811?

5. Acknowledgement

I certify that all answers given herein are true and complete to the best of my knowledge.

Print Name (First Name, MI, Last Name) Date Signature

Instructions:

- Initial Screening Questionnaire **MUST BE** submitted with the following naming convention example: TSgt John A. Smith – OSI Initial Screening Questionnaire – 30 Aug 23
- Submit complete Initial Screening Questionnaire with correct naming convention to the following email address: AFOSI.HQ.DPR@us.af.mil