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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:					
Citizenship, Criminal History, and Medical Information					
Are you a citizen of the United States?					
Have you ever been convicted of a felony?					
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)					
Military Service					
What is your military status?					
If you separated from the military, did you separate from the military under honorable conditions?					
What is your date of separation?					
What is/was your military affiliation?					
What is/was your military grade/rank?					
What is/was your military career field (e.g. AFSC 71S3 – Special Investigations)?					
If you are currently Active Duty military, when do you plan on separating from the military?					
Are you currently working with a recruiter?					

	What is your recruiter's phone number (No DSN)?			
	What is your recruiter'	s email address?		
4.	Law Enforcement Experience			
	•		orcement Training Center's (FLETC) alent (e.g. FBI Academy or DEA	
	If so, when did you complete F	LETC CITP, FBI Academy	or DEA Academy?	
5.	Acknowledgement			
	I certify that all answers given herein are true and complete to the best of my knowledge			
	Print Name	Date	Digital Signature	

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