



Office of Special Investigations

Individual Mobilization Augmentee - Application

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?

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?

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?

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 (e.g. FBI Academy or DEA Academy)?

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

5. Education

School Name	Location	Years Attended	Degrees Received	Major

Other training, certifications, or licenses held:

6. Employment Information (List most recent/current employer first)

Employer #1

Employer Name and Address	Position Title/Duties Skills	Dates Employed
		From:
		To:
		Reasons for leaving:
Supervisors Name and Title:	Supervisors Phone #:	May we contact your supervisor?

Employer #2

Employer Name and Address	Position Title/Duties Skills	Dates Employed
		From:
		To:
		Reasons for leaving:
Supervisors Name and Title:	Supervisors Phone #:	May we contact your supervisor?

Employer #3

Employer Name and Address	Position Title/Duties Skills	Dates Employed
		From:
		To:
		Reasons for leaving:
Supervisors Name and Title:	Supervisors Phone #:	May we contact your supervisor?

7. References

Name	Title	Company/Agency	Phone # (No DSN)	Email

8. 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

9. Required Application Documents

Instructions:

- Application MUST BE submitted as a complete single (1) PDF in the order listed below.
- Application MUST BE submitted with the following naming convention example: OSI Reserve Officer Application - Last Name, First Name (Example: OSI Reserve Officer Application - Doe, John).
- Submit complete application in single PDF, in the correct order, with correct naming convention to the following email address: AFOSI.HQ.DPR@us.af.mil

1. OSI IMA Application – Completed, signed and dated (this document)

2. Letter of Intent – Why do you want to join the OSI IMA Program?

3. Resume

4. Last 3 evaluations/sister service equivalent (EPRs/OPRs) in descending order (e.g. 2020, 2019, 2018).

5. Letter(s) of Recommendation (Applicant can submit up to 3 letters of recommendation).

6. DD Form 214 (if applicable).