



## 160<sup>TH</sup> SOAR(Abn) Officer Application

### PREREQUISITES

1. Volunteer
2. U. S. Citizen (native born or naturalized).
3. No **limiting** physical profile. **Must be able to pass the APFT (no alternate events)**
4. Able to pass a background security investigation and currently possess at least a secret or interim secret clearance.
5. Have no history of recurring disciplinary action.
6. Be able to pass a Flight Physical (Aviators only), and a Night Stalker Swim test.

### INSTRUCTIONS:

Complete each question in detail. An incomplete or modified application will not be processed. Ensure that you include a current commercial and DSN work phone number and complete unit mailing addresses for each person you list as a reference. It is critical that you provide the correct e-mail address for your references. Otherwise, they will have no way of receiving the reference letter for your portion of the application.

**APPLICATION REQUIRED DOCUMENTS:**

APPLICATION PACKET	REMARKS
Application (Send <b>immediately</b> upon completion)	
<p align="center"><b>THE FOLLOWING <u>SUPPORTING DOCUMENTATION</u> CAN BE COMPLETED VIA FAX OR EMAILED TO YOUR RECRUITER. THE RECRUITER MUST HAVE THESE DOCUMENTS TO SEND PACKET TO REVIEW.</b></p>	
<ul style="list-style-type: none"> <li>• DA Photo (within the last 12 months, must have current rank.) If unable to obtain a current DA Photo due to location, send your recruiter a digital photo of yourself in ACU's up against a plain wall from knees up. However, a DA Photo must be completed prior to the assessment.</li> </ul>	
<ul style="list-style-type: none"> <li>• Security Clearance Verification</li> </ul>	
<ul style="list-style-type: none"> <li>• DA Form 705, APFT Scorecard (within the last 6 months)</li> </ul>	
<ul style="list-style-type: none"> <li>• DA Form 759 (Aviators and UAS Operators only, do not send 759-1)</li> </ul>	
<ul style="list-style-type: none"> <li>• SERE-C Certificate (if qualified)</li> </ul>	
<ul style="list-style-type: none"> <li>• OER's (last 5 minimum)</li> </ul>	
<ul style="list-style-type: none"> <li>• Current ORB</li> </ul>	

**MAILING ADDRESS AND CONTACT INFORMATION:**

**160<sup>TH</sup> SOAR (Abn) RECRUITING TEAM      UNCLASS COMM: (270) 798-9819**  
**Building #6922                                      DSN: 635-9819**  
**FT CAMPBELL, KY 42223                        EMAIL: Return to Primary Recruiter and Cc: 160threcruiters@socom.mil**

NOTE: If you need to get information to the Special Operations Aviation Regiment Recruiting Office, the following facsimile number may be used:

**UNCLASS COMM FAX (24 hour auto receive): (270) 439-4390**

NOTE: If you need to copy any part of this application, it must be in the same format as the original.

**IF YOU HAVE ANY ADDITIONAL INFORMATION THAT EXCEEDS THE SPACE ALLOWED FOR THE ANSWER, CREATE A WORD DOCUMENT AND E-MAIL IT TO THE RECRUITER HANDLING YOUR FILE.**

**APPLICATION SUMMARY**

BIOGRAPHICAL INFORMATION			
LAST NAME:		FIRST NAME:	MIDDLE NAME:
RANK / DOR / YG:		SSN:	SEX:
BIRTHPLACE:		DOB (MM/DD/YY):	AGE:
HOME ADDRESS:		CITY:	STATE / ZIP:
UNIT :		CITY:	STATE / ZIP:
HOME PHONE:		CELL PHONE:	WORK PHONE:
WORK EMAIL:		PERSONAL EMAIL:	

MILITARY / AVIATOR QUALIFICATION(S)			
PMOS:		FLIGHT TIME	
SMOS:		TOTAL CIVILIAN FLIGHT TIME:	
ADDITIONAL SKILL IDENTIFIER(S):		TOTAL MILITARY FLIGHT TIME:	
PRIMARY AIRCRAFT / UAS:		UAS (AC/AO/PO) TOTAL TIME:	
OTHER AIRCRAFT / UAS QUAL(S):		PC:	NVG:
		IP / SP / IE:	NS:
AIRCRAFT RATINGS:		MP / ME:	COMBAT:

**FLIGHT SCHOOL AVIATORS ONLY:**     Within top 10% Class Standing     Former SOF Soldier

**QUALIFICATIONS (Check all that apply)**

- PC     IP     SP     IE     MP     ME     UT     XP  
 AC (UAS)     AO (UAS)     PO (UAS)  
 AMCO     ASO     TACOPS     ALSE  
 SERE-C     A/R     DLQ     Dunker/HEEDS  
 SFQL     Ranger     Airborne     Jumpmaster     Military Free Fall  
 Air Assault     Pathfinder     Rigger     Combat Diver     Jungle Expert

Other:

**ASSIGNMENT PREFERENCE**

Please rank in order 1-4

FTCKY	
HAAF	
JBLM	
Needs of the REGT	

\*NOTE: UAS only located @ Ft Campbell, KY

**AIRCRAFT PREFERENCE (AVIATORS ONLY)**

Please rank in order 1-4

A/MH-6 (only at Ft Campbell)	
MH-60	
MH-47	
Needs of the REGT	

Request a Conditional Assessment for a Warrant Officer Aviator Position (AV Commissioned Officers Only requesting reversion from Commissioned to Warrant Officer pending a favorable assessment and HRC approval)     Yes     No

Additional Preference Request/Remarks:

**APPLICATION SUMMARY (CONTINUED)**

What was your report date to current Assignment (MM/YY)?

Are you currently on orders?  Yes  No If 'YES', next Duty Station Report Date (MM/YY):

Are you currently Deployed?  Yes  No If 'YES', Redeployment Date (MM/YY):

Are you scheduled to Deploy?  Yes  No If 'YES', when (MM/YY): Redeployment Date (MM/YY):

How did you learn about the 160<sup>TH</sup> SOAR(Abn)?

- Email Contact  Telephone Request  Visited Recruiting Office  
 Former Night Stalker  Current Night Stalker  Newspaper or Magazine Ad  
 WOAC or AVCCC Brief  I am a Former Special Operations Soldier  Other:  
 Recruiting Team Brief (Location):

Have you previously applied to the 160<sup>TH</sup>?  Yes  No If 'YES', what year? (YYYY)

Have you previously assessed for the 160<sup>TH</sup>?  Yes  No If 'YES', what year? (YYYY)

Are you willing and able to attend Airborne School?  Yes  No  Currently Qualified

Are you willing and able to attend SERE School?  Yes  No  Currently Qualified

Are you willing and able to attend Dunker Training?  Yes  No  Currently Qualified

Have you ever applied to or been assessed by any other organization? If so, what were the dates and outcomes?

**STATEMENT OF UNDERSTANDING**

(Type initials at the end of each statement)

**I have read the Pre-Requisites for the application to the 160<sup>TH</sup> and certify that to the best of my knowledge I am qualified for selection to the organization.**

**I understand that I will be assessing for the needs of the 160<sup>TH</sup> with regard to duty location and aircraft, which will be determined pending a favorable assessment.**

**I understand that if accepted for assessment, I will be required to pass the Night Stalker swim test.**

**I understand that if accepted for assessment, I will be required to pass a standard Army Physical Fitness Test.**

**MILITARY EDUCATION AND TRAINING**

List all military courses which you have attended, including those currently in progress. Begin with the most recent.

DATE (YYYY)	COURSE	QUALIFICATION

**CIVILIAN EDUCATION**

Detail your civilian education (i.e., high school, college, technical/vocational schools) including those currently in progress. Begin with the most recent.

DATE (YYYY)	COURSE / PROGRAM	SCHOOL NAME	QUALIFICATION / GPA

**FOREIGN LANGUAGES**

Detail any languages other than English and levels of proficiency using the Army rating system.

LANGUAGE	SPEAK / RATING	READ / RATING	WRITE / RATING

What is your GT Score?

My High School record was....  Good     Average     Poor    High School GPA:

My College record was....  Good     Average     Poor    College GPA:

What were your best subjects?

What were your worst subjects?

List any scholarships, honors, or fellowships you have received.

List all of your extracurricular activities and achievements.

List all sports in which you participated in.

Were you ever a team captain?  Yes  No

If 'YES', which sports?

Were you ever placed on probation, suspended or dropped from a school or college for academic, disciplinary or other reasons?

Yes  No

If 'YES', provide a short explanation

What do you consider your **biggest strength**? What do you consider your **biggest weakness**?

What characteristics do you most like to see in others?

**MILITARY WORK EXPERIENCE**

In chronological order, list the duties that you have performed in the military. Begin with the most recent. Give a **brief** description of your duties. The organization understands what a platoon leader does. Do not use your duty description from your OER.

DATES	RANK	UNIT	DUTIES

**AIRCRAFT MISHAP**

Have you ever been in an aircraft mishap while performing crew duties?  Yes  No

If 'YES, explain. Include dates, class of accident and your duty at the time. Do not include precautionary landings. If you require more space, create a Word Document and e-mail it to the recruiter handling your file.

**CIVILIAN WORK EXPERIENCE**

In chronological order, list each civilian job that you have held. Include off-duty employment during military service. Begin with the most recent. If you require more space, create a Word Document with the additional information and e-mail it to the recruiter handling your file.

DATES	EMPLOYER	TYPE OF WORK	REASON FOR LEAVING

**MEDICAL BACKGROUND**

Are you currently on physical profile?  Yes  No

If 'YES, explain your limitations and condition.

How would you compare your health with others of the same age and sex?

Date of last physical. Type of last physical?

List in chronological order with approximate ages, all illnesses, injuries and surgeries that you have had. Include combat wounds and chronic medical conditions. Outcome should be a concise roll up, i.e. full recovery, permanent profile, loss of mobility in leg, etc. Begin with most recent. If you require more space, create a Word Document with the additional information and e-mail it to the recruiter handling your file.

AGE	ILLNESS, INJURIES, and SURGERIES	OUTCOME

List any other medical conditions that you may have.

Are you currently taking any medications?  Yes  No

If 'YES, list them below:

TYPE / NAME	DATE STARTED	REASON



**FAMILY MEDICAL ISSUES**

Are any of your family members on the Exceptional Family Member Program (EFMP)?  Yes  No

If 'YES', provide a short explanation.

Aside from what you have already listed, do any of your family members have limitations or needs (medical, educational or social) which may affect your ability to participate in lengthy or unexpected temporary duty away from home?

Yes  No

If 'YES', provide a short explanation.

**LEGAL BACKGROUND**

**Arrest/UCMJ**

Have you ever been suspected of a felony offense, charged with a felony offense, arrested, received an Article 15, had court-martial charges preferred against you, or received a letter of reprimand or other adverse administrative action?

YES  NO

If 'YES', explain and begin with most recent.

DATE	LEGAL ACTION	REASON

**Drugs**

Do you now or have you ever used any habit forming drugs such as narcotics or barbiturates, marijuana, crack or cocaine, etc?

YES  NO

If 'YES', explain below. Include: Type, Frequency, Dates of First and Last Use

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**Alcohol**

As a result of consuming alcohol, have you ever been arrested, lost your job, publicly disgraced yourself, damaged your health, or embarrassed or hurt your family?  YES  NO

If 'YES', provide a short explanation.

DATE	CIRCUMSTANCE	OUTCOME

**Court Actions**

Have you ever brought suit or been sued in a court of law?  YES  NO

If 'YES', list any civil court actions including divorces, final and pending.

DATE	CIRCUMSTANCE	OUTCOME

**FINANCIAL STATEMENT**

**Housing (Current)**

- GOVT Quarters     Purchasing (conventional home)     Purchasing (manufactured home)     Renting  
 Other:

What is your monthly payment?                      If you are purchasing a home, what is the remaining balance?

Do you own any additional properties?     YES     NO

If 'YES', provide data.

PROPERTY DESCRIPTION	MONTHLY PAYMENT	BALANCE OWED

**General**

	MONTHLY AMOUNT
Utilities (Cell and Home Phone, Gas, Electricity, Water, Trash, Internet, etc.)	
Food	
Medical	
Insurance	
Entertainment	

**Vehicles**

Include all cars, motorcycles, boats, jet-skis, etc.

YEAR	MAKE	MODEL	MONTHLY PAYMENT	BALANCE OWED

**Credit Cards**

List all credit cards that you have. Do **NOT** include card numbers.

TYPE OF CARD	MONTHLY PAYMENT	BALANCE OWED

**Other Loans**

List any other loans that you have.

TYPE OF LOAN	MONTHLY AMOUNT	BALANCE OWED

**Additional Expenses**

List any additional expenses or obligations that you have.

NAME OF EXPENSE	MONTHLY PAYMENT	BALANCE OWED (IF APPLICABLE)

**Total Monthly Expenses**

MONTHLY TOTAL	TOTAL REMAINING BALANCES

**Income**

	MONTHLY INCOME
Base Pay	
Additional Military Entitlements	
Spouse's Income	
Other Income (for annual bonus divide total by 12)	
<b>Total Monthly Income</b>	

**Bankruptcy**

Have you ever declared bankruptcy?  YES  NO

If 'YES', explain.

Are you under any financial strain or hardship that could pose a problem if you are assigned to this unit?  YES  NO

If 'YES', explain.

Have you ever had financial problems, late payments, excessive debt, etc?  YES  NO

If 'YES', explain.

**GENERAL INFORMATION**

**Foreign Travel**

List your foreign travel including military assignments.

COUNTRIES	DATES	REASON

List any members of your immediate family that resides overseas.

RELATIONSHIP	AGE	COUNTRY LIVING IN	CITIZENSHIP

**Additional Information**

Do you and your spouse participate in your unit's family readiness group (FRG)? Give a short description of why or why not.

Are your dependents capable of caring for their own needs in your absence?  YES  NO

If no, explain.

Why do you want to be assigned to this unit?

What jobs do you want in this unit?

If you are successful in your selection, how long do you want to be assigned to this unit?

**Qualities:** Rate yourself on the qualities listed below.

	WEAK ←————→ STRONG				
	1	2	3	4	5
Agility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moral Courage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Strength	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Traits:** Numerically rank the following 14 traits from your strongest (1) to your weakest (14).

Use every number and use one number for each space (pull-down numbers).

<b>Integrity</b>		<b>Courage</b>		<b>Reliability</b>		<b>Confidence</b>		<b>Initiative</b>	
<b>Decisiveness</b>		<b>Discipline</b>		<b>Professionalism</b>		<b>Adaptability</b>		<b>Team Player</b>	
<b>Perseverance</b>		<b>Humility</b>		<b>Judgement</b>		<b>Loyalty</b>			

Which is your strongest trait and provide a short explanation? menu

Which is your weakest trait and provide a short explanation? menu

No matter how careful we are, we all have embarrassing moments. Please describe your most embarrassing moment or experience.

Describe a success you've experienced during your military career (on or off duty)?

Describe a failure you've experienced during your military career (on or off duty)?

What things or situations are you most afraid of?

What behavior or characteristics do you most dislike to see in other people?

What characteristics do you most dislike about yourself?

**LETTERS OF REFERENCE (LOR)**

References **ARE** required. A solid reference can greatly enhance the strength of your application. Of course, by implication a bad reference can adversely impact your chances for assessment.

Please include all pertinent information.

*If an individual is in the armed services please list the appropriate rank.*

<b>LOR #1: BN COMMANDER</b>		<b>LOR #2: COMPANY COMMANDER</b>	
<b>NAME:</b>		<b>NAME:</b>	
<b>RANK:</b>		<b>RANK:</b>	
<b>UNIT:</b>		<b>UNIT:</b>	
<b>POST:</b>		<b>POST:</b>	
<b>PHONE:</b>		<b>PHONE:</b>	
<b>E-MAIL:</b>		<b>E-MAIL:</b>	

**\*Flight School applicants: Leave LOR#1 (BN CDR) block blank\***

<b>LOR #3: Instructor Pilot (Aviator only) / Co-Worker</b>		<b>LOR #4: Friend or Co-Worker</b>	
<b>NAME:</b>		<b>NAME:</b>	
<b>RANK:</b>		<b>RANK:</b>	
<b>UNIT:</b>		<b>UNIT:</b>	
<b>POST:</b>		<b>POST:</b>	
<b>PHONE:</b>		<b>PHONE:</b>	
<b>E-MAIL:</b>		<b>E-MAIL:</b>	
<b>RELATIONSHIP:</b>		<b>RELATIONSHIP:</b>	

<b>LOR #5: Friend or Co-Worker</b>	
<b>NAME:</b>	
<b>RANK:</b>	
<b>UNIT:</b>	
<b>POST:</b>	
<b>PHONE:</b>	
<b>E-MAIL:</b>	
<b>RELATIONSHIP:</b>	

**OFFICIAL FORM INSTRUCTIONS**

The next 5 documents are official consent forms. Carefully read each one. By placing your name or initials and dating the document you are certifying that you accept the terms that are stated on each. This in no way obligates you to the 160<sup>TH</sup> SOAR(Abn), it merely allows the organization to perform a full review and assessment of you. **Print off the Security Clearance Verification Sheet and have it signed by your S2 and send it in to your recruiter handling your packet.**

**VOLUNTEER STATEMENT****I. GENERAL**

As a staff officer, you can expect to assist in the planning, coordination and implementation of special operations aviation missions. As an operational pilot, crew-member, and UAS Operator/Technician, you will be exposed to the most demanding duty of your military career. As a volunteer, you will be expected to expend every effort in fulfilling mission requirements that are vital to the national defense. You will receive little recognition for your efforts due to the inherent secrecy and sensitivity of your training and real-world mission contingencies. You are sworn, under threat of breach of national security, to remain silent pertaining to all contingency training and operations (a separate security statement will be executed). After certifying volunteer status you may be evaluated by the Special Operations Aviation Training Battalion (SOATB) to determine your individual capabilities and compatibility for known unit contingencies. If accepted you can expect assignment to the 160<sup>TH</sup> SOAR(Abn) for a normal tour of duty. If you request curtailment of this voluntary assignment you will be reassigned based upon the needs of the Army and your individual qualifications. Reassignment will be effected immediately upon termination of volunteer status. Upon successful completion of your assignment, the experience which you have gained will warrant individual tracking of your career. Continued assignment or reassignment to a similar unit is probable based upon your desires, the Regiment Commander's recommendation and the needs of the Army. An extension of your tour may be possible upon request. You must understand that duty with the 160<sup>TH</sup> SOAR(Abn) does not guarantee an increased opportunity for promotion, desirable assignments or other perceived rewards. You will have the personal satisfaction of being a member of an elite team that trains for success.

**II. EXECUTION**

By order of the Office of the Deputy Chief of Staff for Operations and Plans, Headquarters, Department of the Army, those personnel occupying key staff or operational positions with designated elements must be volunteers. In recognition of this fact and having read and understood the information above.

I, \_\_\_\_\_, hereby volunteer for duty with the 160<sup>TH</sup> SOAR(Abn).

Volunteer's Initials:

Rank:

Date:





**DEPARTMENT OF THE ARMY**  
**160<sup>TH</sup> SPECIAL OPERATIONS AVIATION REGIMENT (AIRBORNE)**  
**7277 NIGHT STALKER WAY**  
**FORT CAMPBELL, KENTUCKY 42223-6012**

AOAV-SA

MEMORANDUM FOR COMMANDER, 160<sup>TH</sup> SOAR(Abn)

SUBJECT: Active Duty Service Obligation (ADSO)

I understand that assignment to the 160<sup>TH</sup> SOAR(Abn) for training in the AH/MH-6, MH-60, MH-47, and MQ-1C will result in an ADSO of four years. I also understand the ADSO will go into effect upon completion or termination of this training. I understand that the ADSO is to the U.S. Army and not the 160<sup>TH</sup> SOAR(Abn).

Full Name:

Date:

**PRIVACY ACT STATEMENT**

**1. AUTHORITY:** 5, U.S.C. Sec. 301; 10 U.S.C. SEC.3012

**2. PURPOSE:** The Officer Application serves as an integral source of information for assignment consideration to the 160th SOAR(Abn).

**3. ROUTINE USES:** The Officer Application is used to screen potential candidates for assignment to the 160<sup>TH</sup> SOAR(Abn). All information you provide may be disclosed only to members of the 160<sup>TH</sup> SOAR(Abn) who have a need for the information in the performance of their official duties.

**4. DISCLOSURE:** Disclosure of information in the Officer Application is voluntary. Failure to provide all information requested may hinder favorable consideration of the application for assignment.

Full Name:

Date:



**DEPARTMENT OF THE ARMY**  
**160<sup>TH</sup> SPECIAL OPERATIONS AVIATION REGIMENT (AIRBORNE)**  
**7277 NIGHT STALKER WAY**  
**FORT CAMPBELL, KENTUCKY 42223-6012**

AOAV-SA

MEMORANDUM FOR COMMANDER, 160<sup>TH</sup> SOAR(Abn)

SUBJECT: Voluntary Consent to Psychological Assessment

1. I hereby request and volunteer to participate in cognitive, physical, psychomotor and personality assessments as a part of the selection process for assignment to the 160<sup>TH</sup> SOAR(Abn). I understand that all psychological assessments will be accomplished under the direction of the 160<sup>TH</sup> Psychologist. I further understand that information obtained from these assessments will be used for two purposes: one, to aid the selection board in a determination of my suitability to serve as a member of the unit, and two, to aid in compiling an anonymous database for future studies. No other use of the information obtained from these psychological assessments will be made without my prior consent.
2. I understand that since my psychological assessment is an employment screen, I will not be provided a debrief during this assessment selection process. I understand that if there are findings which should be brought to my attention, the Regimental Psychologist will provide me appropriate feedback.
3. I understand that, at any time, I may withdraw my consent to participate in the assessment, thereby removing myself from consideration for assignment to the unit. I further understand that my non-consent or withdrawal of consent, to participate in the assessments will create no adverse effect on my career or otherwise incur any penalty.

Full Name:

Date:



**DEPARTMENT OF THE ARMY**  
 160<sup>TH</sup> SPECIAL OPERATIONS AVIATION REGIMENT (AIRBORNE)  
 7277 NIGHT STALKER WAY  
 FORT CAMPBELL, KENTUCKY 42223-6012

AOAV-SA

MEMORANDUM FOR RECORD

SUBJECT: Security Clearance Verification

1. **APPLICANT:** Complete **SECTION I** and hand carry this form to your Security Manager so that it may be properly verified.
2. **SECURITY MANAGER:** Please complete **SECTION II** so that we may verify this individual's level of clearance.

**SECTION I**

LAST NAME	FIRST NAME	MI	RANK	SSN

  

DATE OF BIRTH (MM/DD/YY)	PLACE OF BIRTH	CITIZENSHIP

**SECTION II**

CLEARANCE	DATE GRANTED (MM/DD/YY)	TYPE INVESTIGATION	DATE COMPLETED (MM/DD/YY)

VERIFYING OFFICIAL	
NAME:	
RANK:	
FULL UNIT ID and LOCATION:	
SIGNATURE:	

3. POC is 160<sup>TH</sup> SOAR(Abn) Primary: Commercial (270)798-9819 Secondary: DSN 635-0943.



**DEPARTMENT OF THE ARMY**  
**160<sup>TH</sup> SPECIAL OPERATIONS AVIATION REGIMENT (AIRBORNE)**  
**7277 NIGHT STALKER WAY**  
**FORT CAMPBELL, KENTUCKY 42223-6012**

AOAV-SA

MEMORANDUM FOR RECORD

SUBJECT: Voluntary Polygraph Examination

1. As a requirement for consideration of assignment to the 160<sup>TH</sup> SOAR(Abn), I voluntarily consent to submit to polygraph examinations as deemed necessary by the Commander, 160th SOAR(Abn).
2. I further understand that refusal to submit to polygraph examinations will prevent favorable consideration of my request for assignment to, or continued retention in, the 160<sup>TH</sup> SOAR(Abn). I certify that this is a voluntary statement, executed willfully, without coercion.

Full Name:

Date:

AOAV-SA

**MEMORANDUM FOR RECORD**

**SUBJECT:** Voluntary Social Media Examination

1. As a requirement for consideration of assignment to the 160th SOAR(Abn), I voluntarily consent to a social media review on public websites. The review will consist of an internet search of public social media websites using email addresses and/or usernames; under no circumstance will I provide my personal password(s) for complete access to my social media websites.
2. I understand that information obtained from these searches will be used to aid the selection board in a determination of my suitability to serve as a member of the unit. No other use of the information obtained from these searches will be made without my prior consent.
3. I further understand that refusal to submit usernames and email addresses for a search of social media use may prevent favorable consideration of my request for assignment to the 160th SOAR(Abn). I certify that this is a voluntary statement, executed willfully, without coercion.

Full Name:

Date:

**You have submitted an application, what happens next?**

Thank you for your interest in our organization. The following is provided as guidance for understanding the application process:

1. You have received a 160<sup>TH</sup> SOAR(Abn) application packet. The application is self-explanatory. However, if you have questions please feel free to contact the recruiting office for assistance. Once you have completed the application it is beneficial to you and to our organization to submit your supporting documentation in a timely manner.
2. The character references that you listed are mailed a questionnaire within 24 hours of receipt of your application. The questionnaire is digital to aid the individual in returning the questionnaire as quickly as possible. It is recommended that you contact each one personally. Inform them that they will be receiving a questionnaire. In the same time frame as the references, we may request a Manner of Performance (MOP) from the Special Management Division at DA informing us on how you rank amongst your peers.
3. When the packet is complete and ready for review, it is transferred to the Assessment Office. Upon receipt of your packet, the Assessment Office will provide you with an update and contact information. The review process takes an average 2-3 months to complete. Communication with the Assessment Office should be limited to providing your status and document updates (Orders, OER's, DA 705/759, ORB, etc..)
4. Once the application has completed the review process, the Assessment Officer will contact you with one of three possible results: (1) Approved for Assessment (2) Not Approved for Assessment – Reapply (3) Not Approved for Assessment – Do not Reapply. If your application is approved for an assessment, you will be provided a list of Assessment dates to select from. If your application is disapproved for an assessment, a letter will be sent to you with an explanation.
5. In the event an assessment is scheduled, instructions are provided via a letter of instruction.

Again, thank you for your interest with the 160<sup>TH</sup> SOAR(Abn). We are looking forward to receiving your application. If you have any questions, contact our office (270) 798-9819/0943 or DSN 635-9819.

*CW4 Robert L. Minton*  
Regimental Recruiting Officer