

COMBAT SKILLS DATABASE SOLDIER INFORMATION WORKSHEET

STUDENT INSTRUCTIONS: COMPLETE THIS FORM AND BRING IT WITH YOU TO HSC SOATB FOR INPROCESSING

WRITE ALL ENTRIES NEATLY IN "ALL CAPS", BLOCK LETTERS

LAST NAME (INCLUDE SURNAMES I.E. RODRIGUEZSALVADOR NOT RODRIGUEZ)	
FIRST NAME	
MIDDLE INITIAL (MI)	
SOCIAL SECURITY NUMBER (###-##-####)	
DOD ID # (ON YOUR CAC CARD)	
RANK	
MOS	
DATE YOU ARRIVED AT HOLD PLATOON (DAY MONTH YEAR I.E. 25 APRIL 18)	
GENDER (M OR F)	
DATE OF RANK (DAY MONTH YEAR I.E. 25 APRIL 17)	
DATE OF BIRTH (DAY MONTH YEAR I.E. 25 APRIL 89)	
EYE COLOR	
HAIR COLOR	
HEIGHT (IN INCHES I.E. 71 IN)	
WEIGHT (IN POUNDS I.E. 198)	
RACE (WHITE, BLACK/AFRICAN AMERICAN, HISPANIC, ETC.)	
HOME OF RECORD (CITY,STATE I.E. CHARLESTON, SC)	
BARRACKS ROOM NUMBER	
LOCAL ADDRESS (IF NOT LIVING IN BARRACKS, STREET, CITY, ZIP)	
CONTACT PHONE NUMBER (INCLUDING AREA CODE)	
ENTERPRISE EMAIL ADDRESS (JOHN.A.DOE.MIL@MAIL.MIL)	
BLOOD TYPE	
RELIGIOUS PREFERENCE (BAPTIST, CATHOLIC, MUSLIM, NO PREF., ETC)	
ARE YOU A US CITIZEN? (YES OR NO)	
MARITAL STATUS (SINGLE, MARRIED, DIVORCED)	
DID YOUR FAMILY MEMBERS ACCOMPANY YOU TO FT. CAMPBELL? (YES OR NO)	
IF MARRIED, DATE OF MARRIAGE (DAY MONTH YEAR I.E. 25 APRIL 14)	
SPOUSE NAME (FIRST NAME ONLY)	
SPOUSE CONTACT PHONE NUMBER (INCLUDING AREA CODE)	
SPOUSE EMAIL	
IF MARRIED, FAMILY LOCATION (CITY,STATE I.E. CHARLESTON, SC)	
NUMBER OF CHILDREN (1,2, 3 ETC.)	
IF YOU ARE TDY, HAVE YOU HAD YOUR HOUSEHOLD GOODS SHIPPED ALREADY? (YES OR NO)	
DO YOU HAVE A POV OR RENTAL CAR HERE AT FT. CAMPBELL WITH YOU? (YES OR NO)	
BASIC ACTIVE SERVICE DATE (BASD) (DAY MONTH YEAR I.E. 25 APRIL 04)	
ETS (DAY MONTH YEAR I.E. 25 APRIL 22)	
GT SCORE	
FATHER'S NAME (FIRST, MI, LAST) (IF DECEASED, LEAVE BLANK)	
FATHER'S PHONE NUMBER (INCLUDING AREA CODE)	
MOTHER'S NAME (FIRST, MI, LAST) (IF DECEASED, LEAVE BLANK)	
MOTHER'S PHONE NUMBER (INCLUDING AREA CODE)	
IF YOU ARE MARRIED, LIST SPOUSE ADDRESS (STREET, CITY, STATE, ZIP)	
IF YOU ARE SINGLE, LIST PARENTS ADDRESS (STREET, CITY, STATE, ZIP)	
IF NEXT OF KIN IS NOT YOUR PARENTS OR SPOUSE, LIST NAME OF NOK	
IF YOU COMPLETED ImPACT TESTING ALREADY, LIST DATE OF COMPLETION	

EGP STUDENT: ATTACH A COPY OF YOUR ORDERS OR 1610 OR ATRRS ASSIGNMENT EMAIL WHEN TURNING THIS SHEET IN

STOP- OPERATIONS SECTION BELOW

EGP ASSG STATUS (CIRCLE): FC TDY-R 3D BN TDY-E 4TH BN TDY-E 3D BN TDY-R 4TH BN TDY-R FC ATRRS UNK

MEAL CARD (CIRCLE): YES NO

NOTES/ISSUES: