

*****Requirement for National Guard and Reserve Members*****

Department of Defense Employer Information

Date: _____ (Please Print Clearly)

Name of Military Member: _____

Rank / Grade: _____ **SSN:** _____ **DOB:** _____

Unit of Assignment: _____ **Branch** _____

Employment Status: *(Please circle the your correct civilian work status below)*

Fulltime Part time Volunteer Student None

Are you a first responder: Yes No

Position Title: _____

Position Begin Date: _____ **End Date** _____

Employer Business Name: _____
(If enrolled in college please list the institutions name.)

CEO/Supervisor Name: _____
(Mr., Mrs., Ms., Miss, Dr.) (Last) (First)

Position Title: _____
(Example:President, Branch Supervisor, etc)

Employer Address: _____

City: _____ **State:** _____ **Zip Code** _____

Employer Phone Number: _____ ()

Employer Email Address: _____