DUTY PREFERENCE FOR MEDICAL PROGRAMS Privacy Act Statement AUTHORITY AND PURPOSE: 5 U.S.C. 301, Departmental Regulations; and E.O. 9397(SSN). Provided information is used to assist officials and employees of the Navy in the management, supervision and administration of Navy personnel (officer and enlisted) and the operations of related personnel affairs and functions. ROUTINE USES: Information will be utilized by Department of the Navy officials in verifying qualifications and suitability for future assignments. Contact information may also be provided to applicable personnel as it relates to your established future duty stations. DISCLOSURE: Voluntary. However, failure to provide the requested information may result in an administrative assignment to future duty without your preference.										
To be completed by Applicant										
Name: (Last Name, First Name, Middle Initial)										
DOB (dd/mm/yyyy)	Gender: Male									
Email:	Home Phone				Work	Phone				
Collocation With Aactive Duty Sp	ouse Requeste	ed:		Yes			No		N/A	
Is Buddy System Requested?	Yes	No If	yes to the que	estion ab	ove or this que	estion, p	please provide t	he followi	ng information:	
Name: (Last Name, First Name,	Middle Initial)									
Rank.and Corps: Duty Station:										
Detailer's Name:				Telephone Number:						
Duty Preferences:	1.									
	2.									
	3.									
OIS Class (dd/mm/yyyy)										
		To be co	ompleted by	NAVCR	JITDIST perso	onnel				
NAVCRUITDIST:								UIC:		
Recruiter: Telephone Number:										
Please provide the following App	licant information	on:								
Home of Record with Zip Code:										
Mailing Address with Zip Code:										
Education Level (Yrs): Gr					aduation Date (dd/mm/yyyy):					
Current License: Yes No				B.D. C	B.D. Cert. Date (dd/mm/yyyy):					
Current Pending License: Yes No										
Active Service? Yes No Prior Current										
If Yes - Specialty: Years:					Ran			ank.and Corps:		
Brief Summary of Civilian Exper	ience:	I								
Marital Status: Married Single/Divorced/Widow										
Number of Family members (e)	cluding active	duty members):								
		To be complete	d by NAVME	DCOM/N	AVCRUITCO	M pers	onnel			
Grade:	Designator:						OIS Class:			
Subspecialty Code(s):	1st		2nd			3rd				
Scholarship Student?	Yes)							
New Accession Bonus? Yes No End of Obligated Service Date:										
							I			
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