

Michigan Defense Force Pre-Qualification Worksheet

Page One of Two



E-Mail To: recruiting@mi.defenseforce.us

Mail Via US Postal Service To:

Michigan Defense Force
ATTN: Recruiting
Joint Force Headquarters - Michigan
3411 North Martin Luther King Junior Boulevard
Lansing, Michigan 48906

Submitted by: (Print full name) _____

1. "By my signature hereon, I freely indicate without coercion my interest in serving in the Michigan Defense Force. I understand and hereby agree that criminal background will be conducted and by my signature hereon authorize the Michigan Defense Force to initiate reviews and maintain records thereof."

2. By my signature hereon, I certify that the information I have provided herein to be true and factual.

Signature _____ Date _____

Section II: Complete following information for Michigan State Police background review.

1. Social Security Number _____

2. Drivers License Number _____

3. Date of Birth _____

Section III: If prior service, complete the following. Use complete dates (day month year). Incomplete data will be rejected.

4. Prior Military Service Branch (1) _____

Complete Dates _____ to _____

Prior Military Service Branch (2) _____

Complete Dates _____ to _____

Prior Military Service Branch (3) _____

Complete Dates _____ to _____

Rank _____ Current Military Status _____ Character of Service _____

Military Specialty(ies) or Schools:

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Notice: State laws require that all applicants be considered without regard to race, religion, color, sex, or national origin. The Defense Force fully supports equal opportunity and will fulfill our obligation to the fullest.

Full Name _____

Address _____

City/State/Zip _____

Phone Number _____ **Email Address** _____

Previous Address _____

Sex ____ **Race** ____ **Place of Birth** _____ **Citizenship** _____

Height (in) _____ **Weight (lbs)** _____ **Hair Color** ____ **Eye Color** _____ **Marital Status** _____

Have you been bonded? _____ **Have you been accused of or convicted of a crime?** _____ **Explain:**

Do you have a physical handicap or illness that could limit your duties? _____ **Explain:**

Educational Achievement (include school/college, state, degree, and year graduated)

1. High School:

2. College Degree:

3. Graduate Degree:

4. Additional:

Civilian Experience (specialty, title, years served, and/or number supervised):

Remarks / Continuation:

Prior Military Applicants: Attach ALL separation documents to this completed application.

Below for official use

Background check completed on - _____

Check completed by - _____

Results - _____

Comments - _____