SCREENING QUESTIONNAIRE

COMMANDING OFFICER, NAVRESPERSCEN,
4400 DAUPHINE STREET, NEW ORLEANS, LA 70149-7800

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC 275; Personnel Records and Title 10 USC 652; Ready Reserve: Requirement of Notification of Change of Status. PRINCIPLE PURPOSES: To maintain accurate and current data on Reserve personnel. ROUTINE USES: Information is used by Navy personnel to update military personnel records and identify Naval Reserve resources. DISCLOSURE IS MANDATORY FOR NAVAL RESERVISTS: Failure to reply and to keep the Navy advised of changes in status could act to the detriment of the reservist in the event of involuntary recall to active duty or mobilization under Title 10 USC 673 or Title 10 USC 672(a).

PART I EDUCATION/CIVILIAN EXPERIENCE

HIGH SCHOOL, COLLEGE OR PROFESSIONAL (Name and Location)	ATTENDED FROM	ATTENDED TO	SEM HOURS EARNED	DEGREE TITLE	DEGREE DATE	MAJOR FIELD OF STUDY	SPECIALIZATION WITH MAJOR

NAME AND ADDRESS OF EMPLOYER: *(If Federal Government, include title of agency, grade and series)*

KIND OF BUSINESS:

PRESENT POSITION: *(YRS and MOS)*

EXACT TITLE OF YOUR POSITION: *(Give present and former position if change occurred during past year)*

NO. OF EMPLOYEES SUPERVISED: *(Present Position)*

FORMER POSITION: *(YRS and MOS)*

BRIEF DESCRIPTION OF DUTIES AND RESPONSIBILITIES. INDICATE SPECIAL SKILLS OR LICENSES IN EFFECT: *(Bar membership, CPA, Denomination if a member in the Chaplain Corps, Medical or Dental Board Certification, Merchant Marine, Professional Engineer or Engineer-in-Training, Registered Architect or Architect-in-Training, etc.)*

FOREIGN LANGUAGE PROFICIENCY (See instruction sheet)	LANGUAGE PROFICIENCY SOURCE CODE	PROFICIENCY RATING (Digit Code) SPEAK	WRITE	READ	LISTEN

PART II STATEMENT OF PHYSICAL CONDITION: *(Completely darken in appropriate oval)*

- ○ *I certify to the best of my knowledge I have no medical defect, disease or disability which would disqualify me for full military duty.*
- ○ *I certify that my medical condition has undergone a change during the past year. (PHYSICIAN'S REPORT REQUIRED)*
- ○ *I believe I am physically disqualified for general military service because of changes in my physical condition which may disqualify me for retention as a reservist and for active military service. (PHYSICIAN'S REPORT REQUIRED)*

PART III STATEMENT OF UNDERSTANDING - DEPENDENT CARE RESPONSIBILITIES

- ○ *I understand I am responsible for making adequate dependent care arrangements in advance to insure that I am available to meet my military duties and obligations. (Completely darken in oval after reading statement).*

CERTIFICATION BY PERSON COMPLETING THIS FORM

I certify that the information I have provided is true, complete, and accurate to the best of my knowledge. I also certify that I will expeditiously notify NAVRESPERSCEN in the future of any circumstances that could delay or preclude my availability for mobilization.

SIGNATURE: *(Member)*

DATE: *(Signed)*

FORM NUMBER

SOCIAL SECURITY NUMBER

FOLD

FOLD

SAMPLE

NRPC 3060/2 (NEW 06-93) (TEST)

Figure 21-2

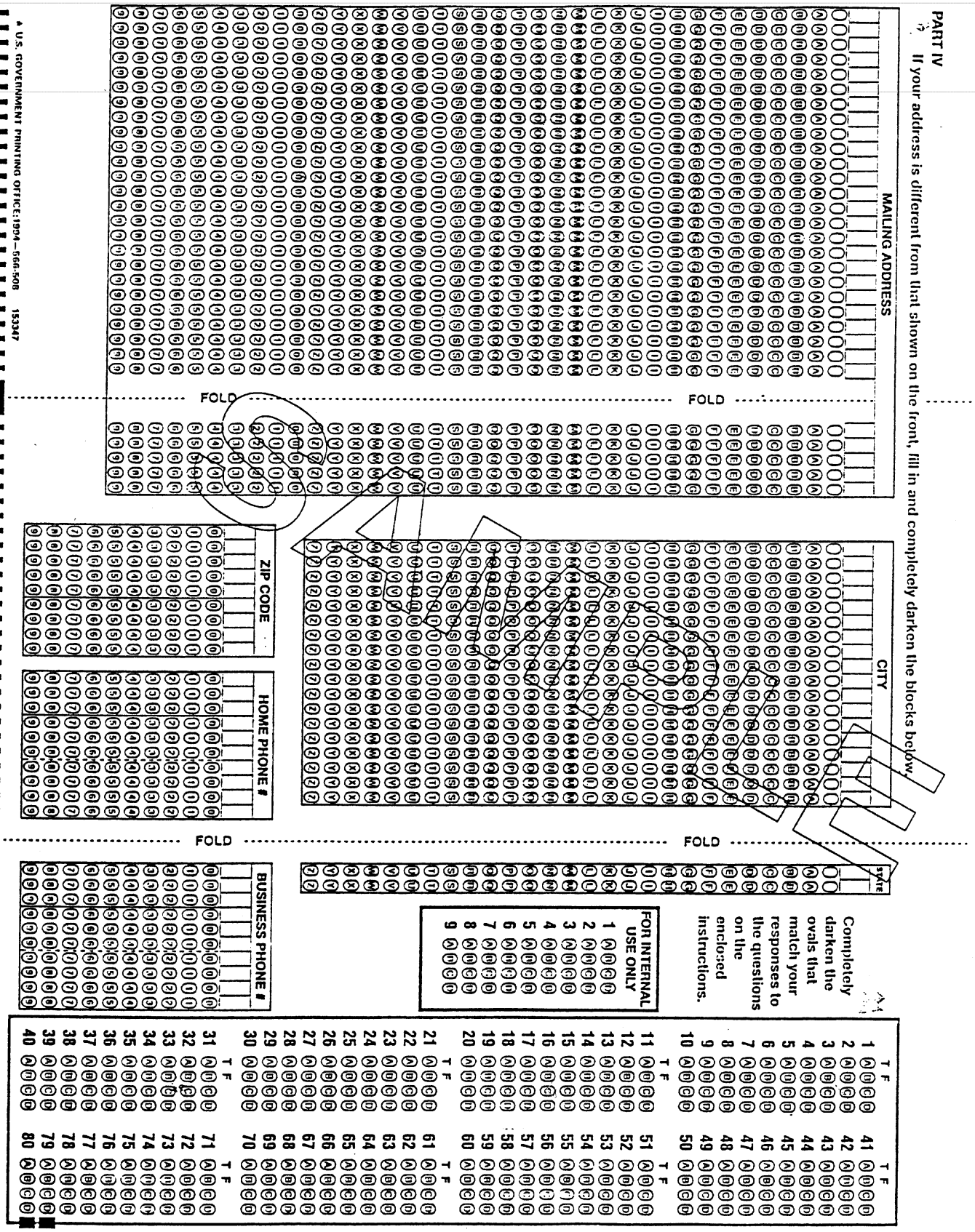
PART IV
If your address is different from that shown on the front, fill in and completely darken the blocks below.
MAILING ADDRESS
FOLD
FOLD
CITY
ZIP CODE
HOME PHONE #
FOLD
FOLD
STATE
BUSINESS PHONE #
Completely darken the ovals that match your responses to the questions on the enclosed instructions.
FOR INTERNAL USE ONLY
1 2 3 4 5 6 7 8 9
T F
1 2 3 4 5 6 7 8 9 10
11 12 13 14 15 16 17 18 19 20
21 22 23 24 25 26 27 28 29 30
31 32 33 34 35 36 37 38 39 40
41 42 43 44 45 46 47 48 49 50
51 52 53 54 55 56 57 58 59 60
61 62 63 64 65 66 67 68 69 70
71 72 73 74 75 76 77 78 79 80
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Figure 21-2