

DIVISION OFFICER'S PERSONNEL RECORD FORM

Authority to request the information in this form is derived from 5 U.S.C. 301, Departmental Regulations. Purpose of this form is to provide the Division Officer with readily accessible data concerning personnel in his/her division. The information is used by the Division Officer to manage and administer his/her personnel; to determine training needed; to record training completed; to maintain readily accessible data concerning performance, work assignment, and other personnel data to enable the Division Officer to guide and counsel those assigned to him;/her. Disclosure of the following items of information on this form is mandatory; name, rate, SSN, local address and phone number (if applicable), work center/berthing/bunk number (if applicable). Disclosure of the following itmes of information is voluntary; reenlistment intentions, rate desired, special qualifications, name of spouse, names and ages of children. Other items of information may be obtained from member's service record. Failure to provide those required items of information listed above may result in administrative action being taken; no action will be taken if the individual refuses to disclose those voluntary items of information

NAME		RATE	<input type="checkbox"/> USN <input type="checkbox"/> USNR	SSN	NEC/PRI/SEC /
DEPT/DIV	WORK CENTER	DUTY SECTION		BERTHING	BUNK/LOCKER#
DATE OF BIRTH	RELIGIOUS PREFERENCE			SECURITY CLEARANCE/ACCESS	
ABD	DATE REPORTED	PRD	EAOS	U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	
GENERAL QUARTERS STATION	UNDERWAY WATCH STATION			PHYSICAL READINESS TEST	

SPECIAL QUALIFICATIONS OR INTERESTS:

PERMANENT HOME ADDRESS AND PHONE NUMBER	LOCAT ADDRESS AND PHONE NUMBER
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MARTIAL STATUS	NO. OF DEPENDENTS	NAME OF SPOUSE/MILITARY <input type="checkbox"/>
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NAMES AND AGES OF CHILDREN:

NEXT OF KIN	RELATIONSHIP	ADDRESS AND PHONE NUMBER
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PREVIOUS DUTY

DATE REPORTED	UNIT	DIVISION	DESCRIPTION OF DUTY

PERFORMANCE TRAITS

EVALUATION DATE	PERFORMANCE KNOWLEDGE	QUALITY OF WORK	EQUAL OPPORTUNITY	MILITARY BEARING CHARACTER	PERSONAL JOB ACCOMPLISH INITIATIVE	TEAMWORK	LEADERSHIP (Optional for E1-E3)

AWARDS AND COMMENDATIONS:												
COMMENTS:												
FORMAL EDUCATION												
HIGH SCHOOL <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12				COLLEGE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4				MAJOR				
<input type="checkbox"/> HIGH SCHOOL GED <input type="checkbox"/> COLLGGE CLEP			PART I		PART II		PART III		PART IV		PART V	
ASVAB TEST SCORES												
FORMS 5/6/7	GI	NO	AD	WK	AR	SP	MK	EI	MC	GS	SI	AI
FORMS 8/9/10	GS	AR	WK	PC	NO	CS	AS	MK	MC	EI	VE	
GENERAL PQS	DAMAGE CONTROL	DATE	3-M	DATE	FIRE FIGHTING	DATE	SHIP CLASS	REQUAL DC SHIP CLASS	DATE			
NAVAL EDUCATION RECORD												
ITEM	TITLE			DATE COMPLETED	MARK	TITLE			DATE COMPLETED	MARK		
SERVICE SCHOOLS												
MILITARY CORRESPONDENCE COURSES												
OTHERS												
NAVY-WIDE EXAMINATION ELIBIBILITY SECTION												
PARS		MILITARY LEADERSHIP		PROFESSIONAL COURSE		MILITARY COURSE		EXAMINATIONS				
RATE	DATE COMPLETED	RATE	DATE COMPLETED	RATE	DATE COMPLETED	RATE	DATE COMPLETED	RATE	DATE COMPLETED	RESULT		
DATE PRESENT RATE:				ELIGIBLE NEXT RATE <input type="checkbox"/> Yes <input type="checkbox"/> No				RECOMMENDED NEXT RATE: <input type="checkbox"/> YES <input type="checkbox"/> NO				