



VIRGINIA DEFENSE FORCE

APPLICATION FOR ENLISTMENT



APPLICANT INFORMATION					
Last Name <small>(Include suffix, I, II, Sr., Jr.)</small>		First		M.I.	Date
Residence Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address		Emergency Contact	
Work Phone		Cell Phone		Emergency Contact Number	
Mailing Address (if different from above)					
City		State		ZIP	
Employer		Employer Address			
Height: Feet	Inches	Weight	Hair Color	Eye Color	Gender
Date of Birth <small>(mm/dd/yyyy)</small>		Marital Status	Dependents	Religious Preference	
Photo ID Card Type and ID Card Number					
High School Graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>		If no, did you obtain a GED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>If no, documentation of legal residence is required.</i>					
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/>		Signature			
DEGREE-TYPE EDUCATION BEYOND HIGH SCHOOL (DOCUMENTATION MUST BE ATTACHED)					
School		Location		Year Graduated	Degree
School		Location		Year Graduated	Degree
School		Location		Year Graduated	Degree
CIVILIAN WORK EXPERIENCE					
MILITARY SERVICE					
Do you have prior military service? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>If yes, documentation of an honorable discharge must be attached.</i>					
Other Military training (attach documentation)					
REMARKS/CONTINUATION					
DISCLAIMER AND SIGNATURE					
I certify that my answers are true and complete to the best of my knowledge.					
Signature				Date	