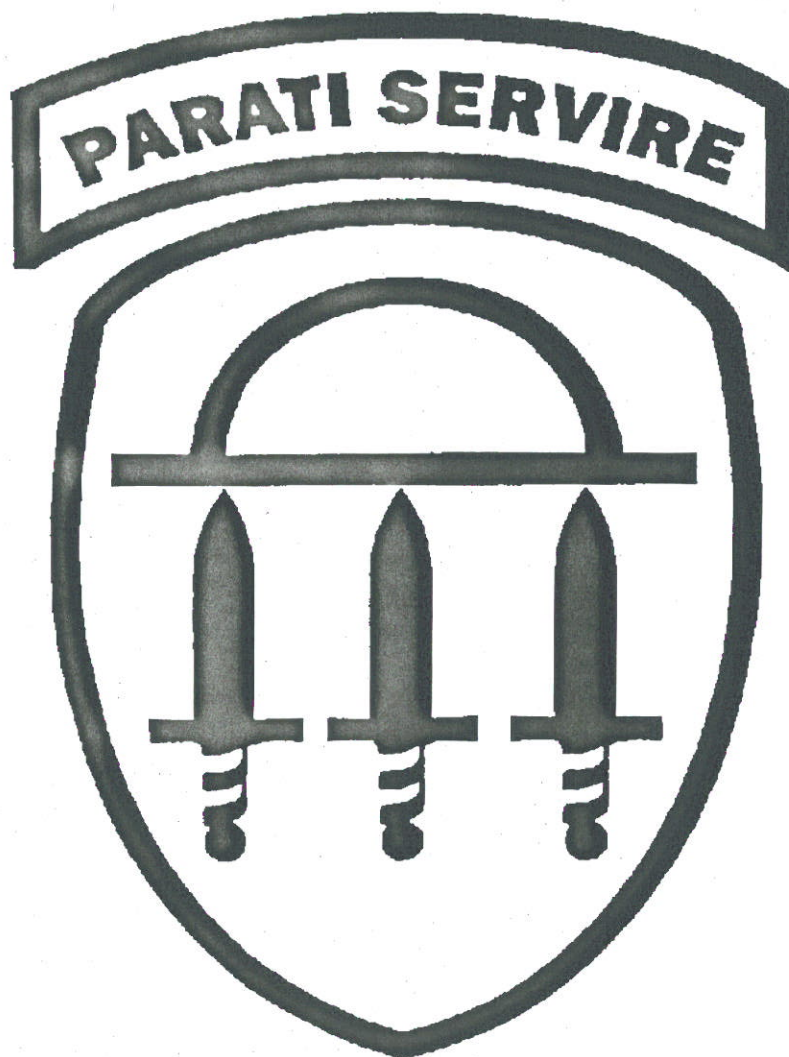


# APPLICATION



# PACKAGE

## GSDF APPLICATION CHECKLIST

This checklist along with all supporting documents must be attached to the front of **GSDF APPLICATION** and submitted to G1, personnel officer. Incomplete applications cannot be processed.

### GSDF RECRUITER CHECKOFF

- GSDF FORM 11a-d (Application)
- DD FORM 369 (Police Records Check)
- DD FORM 2760 (Qualification to Possess Firearms or Ammunition)
- GSDF Uniform Information
- FEMA FORM 95-23 (EMI Independent Study Course Enrollment)
- GSDF FORM 350-10 (Initial Entry Training)
- DD FORM 214 (official copy, prior military only)
- Official copies of school diplomas and/or transcripts
- Official copies of pertinent licenses, training or specialized certificates
- Applicant has carefully reviewed entire application and signed in all required areas.
- Applicant understands the importance, obligations and responsibilities of GSDF ID Card.
- Applicant understands service/attendance requirements of 1 or 2 years, depending on position assignment.
- GSDF will check background information, including police records.
- Applicant is between the ages of 18 and 64.
- Carefully review all APPLICANT CERTIFICATIONS on pages 3 & 4 of application.
- Administer Oath.
- Applicant should keep copies of the entire applicant package and any future orders, certificates, awards, etc.

Recruiter's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### GSDF G1 CHECKOFF

- Documents complete
- Fingerprint Card
- ID Card Application
- ID Card Picture
- Type of ID Card issued:     Temporary         Regular
- GSDF Patches and Flash
- Background Check requested (fingerprint card / consent form)
- Information posted to GSDF Database
- 201 File Established

G1 Signature: \_\_\_\_\_

Date: \_\_\_\_\_



State of Georgia  
Department of Defense  
Georgia State Defense Force



# APPLICATION

1. All sections must be completed, leave no blank spaces  
2. Application must be signed and dated in all areas indicated  
3. All supporting documents & certificates must be attached

DATE OF APPLICATION: \_\_\_\_\_ - \_\_\_\_\_ - 20\_\_\_\_  
DAY MONTH YEAR

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt Number: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Home Email: \_\_\_\_\_ Work Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - 19\_\_\_\_  
DAY MONTH YEAR  
\*\* Must be between 18 and 64 years of age \*\*

Social Security:    -   -

### GSDF IDENTIFICATION CARD INFORMATION

Weight: \_\_\_\_\_ lbs. Height: \_\_\_\_\_ feet \_\_\_\_\_ inches Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Gender:  Female  Male Race / Origin:  Asian  Black  Hispanic  Native Amer Ind  White  Other \_\_\_\_\_

Marital Status:  Married  Single  Other \_\_\_\_\_ If Married, spouse's name: \_\_\_\_\_

### EMERGENCY NOTIFICATION INFORMATION (list your next of kin or the person to notify in case of an Emergency):

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### HEALTH

Are you currently in good health and fitness with no physical or mental disabilities or restrictions?  YES  NO  
If no, please describe: \_\_\_\_\_

### CITIZENSHIP

CITIZENSHIP STATUS:  US Citizen  Permanent Resident  Other \_\_\_\_\_

If Permanent Resident attach copy of INS Card and list number: \_\_\_\_\_

If "Other", please attach supporting documentation and describe status: \_\_\_\_\_

**EDUCATION** (provide information for the following schools, list highest level/degree attained for each)

TYPE	SCHOOL NAME	MAJOR	DEGREE	GRADUATE ?	GRADUATION DATE
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	____ / ____ (month) (year)
Vo-Tech School				<input type="checkbox"/> Yes <input type="checkbox"/> No	____ / ____ (month) (year)
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	____ / ____ (month) (year)
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No	____ / ____ (month) (year)
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	____ / ____ (month) (year)
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	____ / ____ (month) (year)

**PRIOR MILITARY SERVICE** (attach copy of official DD Form 214)

FROM	TO	BRANCH / SERVICE	TYPE DISCHARGE	RANK / GRADE
____ / ____ (month) (year)	____ / ____ (month) (year)		<input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> Other _____	

**MILITARY SERVICE SCHOOLS** (attach copy of completion certificates)

SCHOOL NAME	LOCATION	COURSE NAME	DATE COMPLETED
			____ / ____ (month) (year)
			____ / ____ (month) (year)
			____ / ____ (month) (year)

**WORK HISTORY FOR THE LAST TEN YEARS** (attach copy of updated resume)

FROM	TO	COMPANY NAME, CITY and STATE	TITLE / JOB DUTIES
____ / ____ (month) (year)	____ / ____ (month) (year)		
____ / ____ (month) (year)	____ / ____ (month) (year)		
____ / ____ (month) (year)	____ / ____ (month) (year)		
____ / ____ (month) (year)	____ / ____ (month) (year)		
____ / ____ (month) (year)	____ / ____ (month) (year)		