APPENDIX A:
CANDIDATE INFORMATION WORKSHEET
(Revised 12/06/2019)

AUTHORITY: 10 U.S.C. 8013, Secretary of the Air Force; powers, duties, and delegation, as implemented by AFMAN 36-2664, Air Force Military Personnel Testing System, Executive Order 9397 (SSN) and Executive Order 13478 (PII).

PURPOSE: Used to process and track Test of Basic Aviation Skills (TBAS) results.

ROUTINE USES: For use in Personnel Selection/Classification.

DISCLOSURE: Voluntary - Failure to provide SSN will result in disqualification for TBAS testing

AF SORN: F033 AF B, Privacy Act Request File, and F036 AF PC Q, Personnel Data Systems (PDS)

PLEASE COMPLETE THIS WORKSHEET BY ENTERING ALL APPROPRIATE INFORMATION
**READ AND FILL ALL BLOCKS IF LEFT BLANK WE WILL BELIEVE IT IS NOT APPLICABLE**

1. FIRST NAME: ____________________, MI: _____ LAST NAME: ____________________.
2. SSN: ________-______-__________.
3. SEX (M/F): ______.          4. DATE OF BIRTH (MM/DD/YYYY): ____________________.
5. ETHNICITY: _____ HISPANIC OR LATINO   ____ NOT HISPANIC OR LATINO

6. Race (Check all that apply)
   ____ AMERICAN INDIAN OR ALASKA NATIVE   ____ WHITE
   ____ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER   ____ ASIAN
   ____ BLACK OR AFRICAN AMERICAN

7. FILL IN THE FOLLOWING ABOUT YOUR CURRENT RESIDENCE:
   ZIP CODE _______________.  CITY, STATE _________________________.

8. CHECK THE ENTRY THAT REPRESENTS YOUR HIGHEST LEVEL OF EDUCATION OBTAINED:
   ____ HIGH SCHOOL GRADUATE   _____ 1 YEAR COLLEGE
   ____ 2 YEARS COLLEGE   _____ 3 YEARS COLLEGE
   ____ UNDERGRADUATE DEGREE   _____ MASTERS DEGREE
   ____ DOCTORATE DEGREE

9. ENTER EDUCATION INFORMATION:
   UNDERGRADUATE INSTITUTION: ________________________________________.
   UNDERGRADUATE MAJOR:  ______________________________________________.
   
   BASED ON A 4-POINT SCALE, ENTER YOUR CURRENT CUMULATIVE GRADE POINT AVERAGE TO TWO DECIMAL PLACES (E.G., 3.25). (NOTE TO PILOT/CSO/ABM CANDIDATES: YOU WILL BE ASKED TO SHOW THE TEST EXAMINER YOUR CURRENT TRANSCRIPTS.) _______________.

10. CHECK THE ENTRY THAT INDICATES YOUR CURRENT STATUS
   ____ AF ACADEMY CADET                      ____ ROTC CADET/APPLICANT
    ____ OTS APPLICANT (ENLISTED)          ____ OTS APPLICANT CIVILIAN
    ____ ACTIVE DUTY OFFICER               ____ ANG PILOT TRAINING APPLICANT
    ____ AF RESERVE PILOT TRAINING APPLICANT  _____ NONE OF THE ABOVE

11. CHECK THE ENTRY INDICATING YOUR COMMISSIONING SOURCE:
    ____ AF ACADEMY _____ ROTC _____ OTS _____ OTHER
12. CHECK THE ENTRY INDICATING YOUR HIGHEST AERONAUTICAL RATING:

   _____ NONE     _____ STUDENT PILOT’S LICENSE
   _____ PRIVATE PILOT’S LICENSE  _____ COMMERCIAL RATING
   _____ AIRLINE TRANSPORT RATING

13. ENTER THE TOTAL NUMBER OF INSTRUCTIONAL AND PILOT IN CHARGE FLYING HOURS YOU HAVE FLOWN AS A LICENSED AND/OR UNLICENSED PILOT. (NOTE TO PILOT/CSO/ABM CANDIDATES: YOU WILL BE ASKED TO SHOW THE TEST EXAMINER YOUR PILOT LOGBOOK BEFORE TAKING THE TBAS TEST.) ____________.

14. CHECK THE ENTRY(S) REPRESENTING THE TYPE(S) OF AIRCRAFT IN WHICH THE FLYING HOURS YOU INDICATED IN QUESTION 13 WERE ACCUMULATED.

   _____ FIXED WING                _____ ROTARY WING  _____ SINGLE ENGINE
   _____ MULTI ENGINE           _____ RPA  _____ OTHER
   _____ CERTIFIED FLIGHT INSTRUCTOR   _____ NOT APPLICABLE

15. AFOQT TEST LOCATION (OPTIONAL) ________________________________________.

16. EMAIL ADDRESS (OPTIONAL) _______________________________________________.

17. HAVE YOU EVER TAKEN THE TBAS BEFORE (ATST, EPQT, Manpower or TAPAS)?

   YES _____   NO _____   IF YES,
   WAS THE TEST WITHIN THE LAST SIX (6) MONTHS (ATST, EPQT, Manpower or TAPAS)?
   YES _____   NO _____

   IF YOU ANSWERED YES TO EITHER QUESTION INFORM THE TEST EXAMINER.  IF NO PROCEED.

18. DO YOU UNDERSTAND THE TBAS CAN ONLY BE TAKEN TWICE IN YOUR LIFETIME?

   YES _____   NO _____   IF YOU ANSWERED NO CONTACT THE TEST EXAMINER  IF YES CONTINUE.

TO THE BEST OF MY KNOWLEDGE I AM PHYSICALLY AND EMOTIONALLY FIT TO TAKE THE TEST OF BASIC AVIATION SKILLS TEST BATTERY TODAY.

I UNDERSTAND ONE RETEST OF THE TBAS IS ALLOWED AFTER 180 DAYS FROM THE ORIGINAL TEST DATE HAVE PASSED. I AM NOT AWARE OF ANY PHYSICAL OR MENTAL CONDITION (i.e., PERSONAL STRESSES, SICKNESS, LACK OF SLEEP, ETC) WHICH WILL NEGATIVELY IMPACT MY ABILITY TO PERFORM UP TO MY ABILITY ON THE TBAS.

I VERIFY THAT THE INFORMATION ON THIS CANDIDATE INFORMATION WORKSHEET IS CORRECT. I UNDERSTAND THAT FALSIFICATION OF ANY OF THE INFORMATION ON THIS WORKSHEET WILL RESULT IN MY DISQUALIFICATION FROM CONSIDERATION FOR AIR FORCE PILOT TRAINING.

I UNDERSTAND THAT DISCUSSING THE CONTENTS OF THIS TEST WITH ANYONE OTHER THAN THE TEST ADMINISTRATOR WILL RESULT IN MY DISQUALIFICATION FROM CONSIDERATION FOR AIR FORCE PILOT TRAINING. FURTHER, I UNDERSTAND DISCUSSION OR DISCLOSURE OF CONTROLLED TEST MATERIAL IS A VIOLATION OF ARTICLE 92, UCMJ, PUNISHABLE BY UP TO 2 YEARS HARD LABOR AND A DISHONORABLE DISCHARGE.

CANDIDATE’S SIGNATURE ________________________________

DATE ________________________________