

# Colonel/Lieutenant Colonel Command Assignment Selection Board Worksheet

*[For use of this form see USARC Reg 140-5; the proponent agency is G-1.]*

## PRIVACY ACT STATEMENT

**AUTHORITY:** Title 10, U.S. Code Annotated, Sections 3012 and 3013.

**PRINCIPAL PURPOSE:** To provide information essential to select candidates to fill U.S. Army Reserve command vacancies in the ranks of Lieutenant Colonel and Colonel.

Official Military Personnel Folders that the board will require.

**ROUTINE USES:** To provide selection board members with a synopsis of pertinent qualifications and to compile the list of

Official Military Personnel Folders that the board will require.

**EFFECT OF FAILURE TO PROVIDE REQUESTED INFORMATION:** Furnishing this information is voluntary, but failure to do so may delay or prevent assignment of the respondent to a command position in the rank of Lieutenant Colonel or Colonel.

## SECTION I. INDIVIDUAL OFFICER COMPLETE

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_  
(Last, First, MI)

\* RANK \_\_\_\_\_ DOR: \_\_\_\_\_ MRD: \_\_\_\_\_ DOB: \_\_\_\_\_

CONSIDER ME FOR THE FOLLOWING BRANCH/AOC VACANCIES

*[Only include BR/AOC for which current qualification is held; i.e., qualified in last 5 years.]*

BR & AOC: \_\_\_\_\_ BR & AOC: \_\_\_\_\_ BR & AOC: \_\_\_\_\_

ALL OFFICERS WILL BE CONSIDERED FOR BRANCH IMMATERIAL POSITIONS.

CURRENT DUTY STATUS:  AGR  TPU  IMA  IRR  ARNG

CURRENT DUTY ASSIGNMENT: \_\_\_\_\_  
(Title, Unit, UIC, MSC/IRR/IMA)

HOME ADDRESS: \_\_\_\_\_

BUSINESS TELEPHONE #: \_\_\_\_\_ HOME TELEPHONE #: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

### TPU ONLY

1. I am willing to travel up to \_\_\_\_\_ miles for a command position.
2. I am willing to accept personal responsibility to any financial obligation incurred based on any such assignment.  YES  NO
3. I am willing/available to serve on an active duty tour.  YES  NO
4. My total years of Active Federal Service (AFS): \_\_\_\_\_ (IF APPLYING FOR AD TOUR - AFS MAY NOT EXCEED 15 YEARS)

\_\_\_\_\_  
(SIGNATURE/DATE)

\* Do not include "(P)" unless you are currently listed on a promotion selection list.

## SECTION II. UNIT COMMANDER COMPLETE (or records custodian if unit commander applying or unavailable)

DATE LAST PHYSICAL EXAM: \_\_\_\_\_ PULHES: \_\_\_\_\_

DATE LAST APFT: \_\_\_\_\_ (Check one)  PASS  FAIL  PROFILE (Enter date) \_\_\_\_\_

CURRENT HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

MAX ALLOWABLE WEIGHT IAW AR 600-9: \_\_\_\_\_

MEETS BODY FAT STANDARDS: (Check one)  YES  NO  NA

I CERTIFY THAT I HAVE PERSONALLY VERIFIED ALL INFORMATION CONTAINED HEREIN:

\_\_\_\_\_  
(SIGNATURE/DATE)

\_\_\_\_\_  
(TYPED NAME/GRADE/TITLE)