

UNITED STATES SPECIAL OPERATIONS PARACHUTE TEAM

:

"BLACK DAGGERS"
APPLICATION FORM

RETURN BY:

CURRENT DATE:

LAST NAME, FIRST MIDDLE

RANK

DATE OF RANK

SSN

DATE OF BIRTH

PLACE OF BIRTH BPED

ETS

LAST PCS

PMOS _____

SMOS _____

AMOS _____

DMOS _____

_____ PULHES _____

APFT SCORE _____ APFT **MUST BE CURRENT** _____ HEIGHT _____

WEIGHT _____

MARITAL STATUS _____ NUMBER OF FAMILY MEMBERS _____

EDUCATION LEVEL: MILITARY _____ CIVILIAN _____

PRESENT MILITARY ADDRESS: _____

PHONE (DSN) _____

PHONE (COM) _____

PRESENT HOME ADDRESS: _____

PHONE _____

AIRBORNE QUALIFIED: YES ___ NO ___

ARE YOU CURRENTLY ON JUMP STATUS: YES NO ___

USPA MEMBERSHIP #: _____ NUMBER OF FREEFALL JUMPS: _____

NUMBER OF FREEFALL JUMPS IN THE PAST YEAR: _____

DATE OF FIRST FREEFALL JUMP: _____

ASSIGNMENTS FOR THE LAST THREE YEARS:

UNIT FROM TO SUPERVISORS NAME/PHONE NUMBER

PARACHUTING EXPERIENCE: Briefly relate prior parachuting experience and areas of interest, i.e. size of canopy, flag jumps, etc.

