

## **U.S. ARMY CYBER SPECIALTY DIRECT COMMISSIONING PILOT PROGRAM APPLICATION**

### **CHECKLIST:**

- Completed or filled version of this application form.
- A recent full-length professional photograph.
- Transcripts of undergraduate and graduate education (student or unofficial copies are sufficient for the initial phase; however, certified copies may be required later). A minimum of Bachelor's degree is mandatory.
- Cover letter or sample writing. Highlight strengths and experience that you believe qualify you for this program.
- Most recent resume or up-to-date curriculum vitae.
- Proof of relevant professional certifications and/or certificates of completion for training (optional).
- Prior military service documents, if applicable (e.g., DD214 or other official discharge papers).
- Letter(s) of recommendation or reference (optional). Submit no more than three strong letters.

### **IMPORTANT NOTES:**

- Applicant must be a U.S. Citizen. Non-U.S. Citizens or Dual Citizens are not eligible.
- Ensure all personally identifiable information (e.g., social security number, personal phone number, and street address) is redacted throughout the application packet.
- After your application is sent, you will receive an email confirming receipt of your application packet within seven business days. Additional instructions and packet status notifications will follow if/when appropriate.
- If your experiences align with the specified requirements, you will be contacted by an Army Cyber Corps representative to schedule the interview process.
- Persons on Active Duty in any Branch of Military Service are not eligible for this program.

**APPLICATION FORM**

Demographic questions are optional, but your answers assist us with processing your application. Sign and date the form when complete.

Applicant's Details

First: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Age: \_\_\_\_\_

Sex/Gender: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

How would you describe yourself? (Race or Ethnicity): \_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

Have you ever been convicted of a crime? [ ] YES [ ] NO

If yes, please describe the crime, state nature of the crime(s), when and where convicted, and disposition of the case:

If hired, are you willing to submit to and pass a controlled substance test? [ ] YES [ ] NO

How do you rate your current health? \_\_\_\_\_

Note: Certain conditions may disqualify people from entering military service (e.g. depression, ADHD requiring medication, obesity, major health issues) Speak with a recruiter early in the application process if you have a disqualifying condition.

Citizenship(s): \_\_\_\_\_ (Reminder: Non-U.S. citizens and dual citizens are ineligible.)

**EDUCATION, TRAINING AND EXPERIENCE**

Include a copy of all college transcripts, professional certifications, etc. List most recent education first.

**College/University 1:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Start Date: \_\_\_\_\_ Graduation Date: \_\_\_\_\_ Years Completed: \_\_\_\_\_

Did you graduate?  YES  NO

**College/University 2:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Start Date: \_\_\_\_\_ Graduation Date: \_\_\_\_\_ Years Completed: \_\_\_\_\_

Did you graduate?  YES  NO

**College/University 3:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Start Date: \_\_\_\_\_ Graduation Date: \_\_\_\_\_ Years Completed: \_\_\_\_\_

Did you graduate?  YES  NO

**College/University 4:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Start Date: \_\_\_\_\_ Graduation Date: \_\_\_\_\_ Years Completed: \_\_\_\_\_

Did you graduate?  YES  NO

**MILITARY SERVICE:**

Include a copy of your DD214 (Proof of Military Service) and/or other official documents confirming proof of military service/discharge.

Status: \_\_\_\_\_ Branch: \_\_\_\_\_

Rank/Grade: \_\_\_\_\_ Total Years of Service (as stated in DD214): \_\_\_\_\_ year(s) \_\_\_\_\_ month(s)

MOS/AOC/FA (print or type): \_\_\_\_\_

Duties:

Other Details:

**ARMY SERVICE COMPONENT OF INTEREST:**

I am seeking commission into: \_\_\_\_\_

Select your requirement preference: \_\_\_\_\_

Note: It is mandatory to select a preference from the available requirements given in the previous drop-down list. This list may change according to the needs of the Army.

Detail the skills and qualifications you have acquired to include licenses, training, certifications, and awards that make you a match for the requirement preference:

Do you speak, write or understand any foreign language(s)? [ ] YES [ ] NO

If yes, give the language(s) and your level of fluency:

**EMPLOYMENT HISTORY**

Detail your employment history during the previous FIVE years and account for any gaps in employment during that period. List most recent employment first. Additional employment history pages are available for download, if needed.

Are you currently employed? [ ] YES [ ] NO

Name of Employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Business Type: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Length of Employment (Include Dates): \_\_\_\_\_

Position(s) & duties:

Reasoning for leaving: \_\_\_\_\_

May we contact this employer? [ ] YES [ ] NO

Name of Employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Business Type: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Length of Employment (Include Dates): \_\_\_\_\_

Position(s) & duties:

Reasoning for leaving: \_\_\_\_\_

May we contact this employer?  YES  NO

Name of Employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Business Type: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Length of Employment (Include Dates): \_\_\_\_\_

Position(s) & duties:

Reasoning for leaving: \_\_\_\_\_

May we contact this employer?  YES  NO



**PROFESSIONAL REFERENCES**

List at least three people who have extensive knowledge of your experience. Please include professional references only.

Name (Last, First): \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Occupation/Title: \_\_\_\_\_

Number of Years Acquainted: \_\_\_\_\_

Name (Last, First): \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Occupation/Title: \_\_\_\_\_

Number of Years Acquainted: \_\_\_\_\_

Name (Last, First): \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Occupation/Title: \_\_\_\_\_

Number of Years Acquainted: \_\_\_\_\_

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if am hired. I authorize the verification of all information listed above.

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